2010

Syrian Arab Republic

Third National MDGs Progress Report

Foreword

Syrian Arab Republic

The third national report on the Millennium Development Goals (MDGs) of the Syrian Arab Republic comes ten years after the Millennium Declaration to confirm the national commitment to strive relentlessly to achieve the MDGs which were adopted when the General Secretariat of the United Nations convened the Millennium Development Summit, in September of 2000 attended by leaders from 189 nations. At its conclusion, the Summit issued the Millennium Declaration (MD) which focused on the importance of achieving peace, security and development of various peoples. The themes of the MD revolved around eight interrelated goals involving fighting poverty in all its forms and paying attention to education, health, empowerment of women, and the environment as an essential element for achieving sustainable human development in addition to inviting all countries to strengthen partnership for development.

The Syrian Arab Republic pays increased attention to achieving the eight MDGs through integrating them into national development plans. This attention has yielded the transitional progress on achieving most of the goals relating to education, health, environment and gender equality by 2015. Additionally, this has resulted in reduced inequality of the development gap in human development indicators among governorates and regions of Syria.

Despite the achievements made during the first ten years of the new millennium, there are still some serious challenges facing the full achievement of these goals, especially with respect to climate change and its impact on development efforts in poverty reduction and environmental sustainability and to the current global financial and economic crises and their impact on most of the eight MDGs.

This report, as did the first and second reports, monitors the progress towards achieving the MDGs and points out achievement gaps in some of the indicators. Thus, it represents the kind of motivation to move forward in achieving these goals.

Finally, I would like to thank all who contributed in completing this report. Special thanks to the United Nations Development Programme, the Regional Center, and United Nations organizations operating in Syria.

Amer Hosni Lutfi, PhD
Head of the State Planning Commission

United Nations Organizations:

This report, the third report of the Millennium Development Goals in the Syrian Arab Republic, is released at a critical time, both at the global level and at the national level. The global economic crisis continues to cast its shadow that did not cease to impact economies worldwide, threatening the efforts of countries to achieve the development goals in the last five years remaining before 2015. Pressures faced by donor countries to reduce their aid budgets would lead to a reduction of the resources available to developing countries in the process of growth. This would thus lead to greater difficulties in addressing the crisis on the one hand and in making progress or leaps on its way to achieving the MDGs. On the national level, the report comes at a time at which the country is departing from the 10th Five Year Plan (FYP) and embarking on the 11th FYP, in which the Syrian government put the MDGs on top of national development plans and strategies within the reform and development program which puts achieving sustainable human development at its top priority.

This third national report on the MDGs, which was prepared in cooperation between the Government of the Syrian Arab Republic (GoS), represented by the State Planning Commission and relevant ministries, and the United Nations organizations in Syria led by the United Nations Development Programme (UNDP), confirms the commitment of the GoS to the United Nations Millennium Declaration. The first and second national MDG reports released in 2003 and 2005, respectively, created a source of valuable data that contributed effectively to supporting decision makers with information and data at a high level of accuracy and diversity. This report comes to complement this task. It is based on household income and expenditure survey data of the Central Bureau of Statistics (CBS), in addition to multiple studies and research recently conducted by the UNDP that deals with the analysis of poverty and distribution data, the pro-poor growth and the impact of the global economic crisis on economic growth in Syria.

The objective of this report is to assist decision makers in making decisions required to achieve sustainable and equitable development in all the regions of the country, taking into account the concepts of distributive justice, targeting of vulnerable groups via programs of subsidies and cash transfers as instruments adopted by the GoS to achieve equitable development, which enables the less developed regions to catch up with integrated development in addition to eliminating the obstacles facing the achievement of the overall national development goals.

It is worth mentioning that the United Nations organizations operating in Syria do not save any effort to support the GoS at various levels to achieve and reach the MDGs. The release of this report coincides with the 65th session of the United Nations General Assembly in September 2010 which will review the progress made towards achieving the MDGs at the global level.

In conclusion, I extend sincere thanks and immense appreciation to the State Planning Commission, to all national authorities and all national experts that contributed to the publication of this third national MDG report in the Syrian Arab Republic.

I take this opportunity also to reiterate the commitment of the United Nations organizations in Syria to work with everyone to achieve these goals in the context of overall national development and integral human development.

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List of Figures and Tables

List of Tables in the Annex

Table of Contents

Abbreviations

AS/RCC	Arab States Regional Center in Cairo
CBS	Central Bureau of Statistics
CDM	Clean Development Mechanism
CITES	Convention on International Trade in Endangered Species
DAC	Development Assistance Committee
DNA	Designated National Authority
DOTS	Directly Observed Treatment, Short Course
DoTS	IMF Direction of Trade Statistics
FPL	Food poverty line
FYP	Five Year Plan
GDP	Gross Domestic Product
GEF	Global Environment Facility
GHG	Greenhouse Gases
GoS	Government of Syria
HIPC	Heavily indebted poor countries
HIV/AIDS	Human immunodeficiency virus/Acquired immune deficiency syndrome
ICT	Information and communication technology
IMF	International Monetary Fund
IMR	Infant mortality rate
IPCC	International Panel on Climate Change
kW/h	Kilo Watt /hour
LAS	League of Arab States
LDCs	Least Developed Countries
LPL	lower poverty line
MCHS	Mother and Child Health Survey
MDGs	Millennium Development Goals
MICS	Multiple indicator cluster survey
MMR	Measles, mumps and rubella vaccine
NGO	Non-governmental organization
NPL	National poverty line
ODA	Official development assistance
OECD	Organization for Economic Cooperation & Development
POPs	Persistent organic Pollutants
PPP	Purchasing Power Parity
RBAS	Regional Bureau for Arab States
SL	Syrian Lira (Syrian Pound)
SCFA	Syrian Commission for Family Affairs
SPC	State Planning Commission
TOE	Tonnes of oil equivalent

TPL	Total poverty Line
U5MR	Under five mortality rate
UNCCD	United Nations Convention to Combat Desertification
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
UPL	Upper poverty line
WHO	World Health Organization

Introduction:

In September 2000, the Millennium Summit was held at the United Nations headquarters in New York. The Summit was attended by representatives of more than 180 countries, including 50 heads of states. Representatives signed the Millennium Declaration committing them and their countries to achieve a set of specific goals aimed at improving the living conditions of deprived populations by the year 2015. These goals were categorized in 8 major groups: (i) eradicate extreme poverty and hunger, (ii) achieve universal primary education, (iii) promote gender equality and women empowerment, (iv) reduce child mortality, (v) improve maternal health, (vi) combat HIV/AIDS, malaria and other diseases, (vii) ensure environmental sustainability, (viii) develop a global partnership for development.

The goals included 18 targets and about 50 main indicators to measure and evaluate the progress towards achieving these goals. Over the last few years, the official MDG framework has been revised and expanded to include 4 new targets, namely:

- **Target 1. (b):** Achieve full and productive employment and decent work for all, including women and young people.
- **Target 5. (b):** Achieve universal access to reproductive health by 2015.
- **Target 6. (b):** Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.
- **Target 7. (b):** Reduce biodiversity loss, through achieving a significant reduction in the rate of loss by 2010.

The current official MDG framework effective since 2008 thus contains 21 targets and about 60 main indicators (see the full official list of MDG targets and indicators in the annex).[1]

The first MDG country report for the Syrian Arab Republic was issued in June 2003 and included the data of 2001, followed by a second report in September 2005 and including the data of 2004; both were prepared in cooperation between the State Planning Commission (SPC) and UNDP.

This is the third country progress report which evaluates the MDGs achievements up to 2009 and draws the prospects for attaining the MDGs set for 2015. The report monitors the progress made on the national level as well as the regional (southern, north eastern, central, and coastal) and governorate sub-national levels based on availability of data.

Syria has incorporated the MDGs into development planning, which contributed to guiding Syrian policies and programmes and assessing their effectiveness. This report presents the successes achieved in reducing extreme poverty, the improvement in school enrolment rates, and in maternal and child health, combating malaria and HIV/AIDS as well as plans to expand access to clean water and sanitation, thus generally proving that the MDGs are attainable. Despite these achievements, disparities amongst governorates still exist. The report clearly highlights the governorates and areas that will require special attention from the government and the private business and community sectors in order to enable them to catch up with other governorates on track to meet the MDGs. In particular, the report shows that in spite of multiple factors affecting the incidence of poverty in Syria, climate changes resulting from the deterioration and degradation of the ecosystem negatively impacted the poverty rates. The report highlights the key bottlenecks confronting the progress on the MDGs and the measurement of indicators that allow evaluating performance, points out to the factors that enhance the achievement of each goal and, finally, provides a list the policies and interventions required to scale up the achievement.

This report has been prepared in cooperation between the SPC, CBS, SCFA and the Ministries of Education, Higher Education, Health, Social Affairs, Labor, and Environment, with support from the UNDP-Syria and RBAS/RCC.

The report is a resource document in the hands of officials, researchers and the general public to inform them of the progress made in the Syrian Arab Republic with regards to the reduction of poverty

[1] UNDG "Addendum to 2nd Guidance Note on Country Reporting on the Millennium Development Goals" which was endorsed by the United Nations Development Group during its 30th meeting in November 2009.

and human development over the years from 1990 and up to 2009. It also presents a comprehensive picture that helps decision makers and policy planners with the actions on the allocation of financial and non-financial resources in such a way that ensures making progress in areas of deprivation and removing obstacles hindering the achievement of the MDGs.

Executive Summary (Main Findings):

The MDGs aim to eradicate extreme poverty and hunger, achieve universal primary education, promote gender equality, reduce child mortality, improve maternal health, combat HIV/AIDS, Malaria and other diseases, ensure environmental sustainability, and expand global partnerships for development. In September 2000 Syria committed to achieving these eight time-bound goals, including 60 associated indicators.

The overall aim of the 2010 Country MDG Report is to capture Syria's progress towards the MDGs, highlight the new realities that impact the achievement of the MDGs and address the challenges and strategic policy interventions as we progress towards 2015. Additionally, the report was drafted (amongst those of 30 other countries) to provide country-level based evidence for the preparation of an MDG Synthesis Report to be presented as a key UNDP input to the UN High Level Plenary Meeting "MDG Summit" in September 2010.

As with most countries in the Arab region, water resources are already stretched to their limits. In Syria, the depletion of water resources as a result of two successive seasons of drought and ensuing land deterioration have negatively affected agricultural productivity, income levels and in many cases led to internal migration shifts- hence contributing to the process of "urbanization of poverty". Thus while multiple factors define the incidence of poverty in Syria- climatic changes, as a result of degradation to the ecosystem and the accompanying desertification, have had one of the strongest influences on poverty dynamics. Accordingly, the major challenge faced by Syria to achieve the MDGs lies in the area of poverty reduction and the environment.

Gains in education, in particular on ensuring access to primary education for all and corresponding enrolment with decreases in the gender gap and the rate of literacy in the age category (15-24), have brought Syria on track towards achievement of MDG2. However, there are issues with the quality of primary education, drop-out rates, and the gender gap on the national level in primary and secondary education, with the effect of these issues extending to MDG3, Gender Equality, as the desired objective in primary and secondary vocational education shall not be achieved without guaranteeing the fulfillment of these objectives. Significant reductions in rates of child mortality (infant and under-5) have exceeded specified annual MDG targets at the national level. Likewise, while maternal mortality rates are on the decline nationally; a major challenge remains related to equal distribution of services in a way that reduces geographical disparities.

Overall, the report shows that the MDGs are attainable, but highlights regional disparities as a cross cutting theme in achieving the MDGs in Syria, and the specific challenges of reaching poverty reduction and environmental targets. Addressing those two challenges will be the main policy challenge framing Syria's efforts to achieve the MDGs by 2015.

Goal 1: Eradicate Extreme Poverty & Hunger

Syria has achieved insufficient progress with regards to halving extreme poverty. The findings show that poverty reduction in Syria has been concentrated mainly in urban areas. Accordingly, the extreme national poverty rate in urban areas fell from 12.6% to 9.9% between 1996/1997 and 2006/2007; while this rate fell only from 16% to 15.1% in rural areas. Hence, extreme poverty in Syria does remain largely a rural phenomenon. However, it was the urban Southern region which experienced the largest increase in extreme poverty since 2004 (its poverty incidence in 2007 is almost twice that of 2004). Accordingly, this region, which had the lowest levels of poverty in 2004, became the second poorest region in 2007. The report argues this is directly related to the impact of successive droughts and the ensuing pattern of rural-urban migration from the North Eastern rural region to the Southern urban region.

Improvement in the Poverty Gap Ratio – which determines the depth and spread of poverty below the lower poverty line- has been evident between the years 1997 and 2007. The poverty gap

ratio was reduced from 2.88% to reach 1.97% in 2007, surpassing the target for that year (2.1%). These low figures reveal the shallowness of poverty in Syria thus suggesting substantial scope for future poverty reduction. In line with the improvement in the poverty gap, the share of the poorest quintile (20% of the population) in total household expenditure rose from 7.91% in 1997 to 8.17% in 2007, indicating a slight improvement in the distribution of household consumption expenditure.

This improvement in the relative expenditure of the poorest 20% of the population is mirrored in the rapid decline in the proportion of the population below the food poverty line (which declined from 3.6% to 1.2% from 1996 to 2007). The decrease in the proportion of underweight children (under-five years of age) also suggests Syria is on track with regards to reaching the target of halving hunger. Thus although extreme poverty did not decline significantly since the mid 1990s, there was a notable improvement in the conditions of the poorest of the poor.

Finally, the 17.5% increase of the population in Syria between 2001 and 2008, was accompanied by a fall in the share of the population employed (from 46.6% to 44.8%) due to difficulties encountered by the economy in creating the requisite number of new jobs to absorb an increase in working age population (250,000 new entrants into the labor force annually). The above phenomenon has been accompanied by a reduction of the share of youth amongst the employed population from 30.8% in 2001 to 20.4% in 2008.

Goal 2: Achieve Universal Primary Education

The report shows that the net enrollment ratio in primary education for the age group (6-11 years of age) increased from 95.4% in 1990 to 98% in 2006 and then to 99% in 2008. Hence, Syria is on track to reach the target by 2015. In respect to quality however, the picture is less promising. The proportion of students starting grade 1 who reach fifth grade of primary education, rose from 93% in 1990 to 95.3% in 2008, which means that progress has been limited over this 18-year span. It is evident that the progress in Syria is slow and off track in achieving this aspect of the goal. The values of the indicators show the level of progress achieved regarding the **accessibility** dimension of educational services; but does not highlight the **quality** dimension, which still requires additional efforts.

Goal 3: Promote Gender Equality and Women Empowerment

On all levels (primary, secondary, and university), gender disparities in education were reduced. In primary education, the girls to boys' ratio rose from 90.3% in 2004 to 92.4% in 2008. According to the Basic Education Law No. 32 of 2002, both primary and elementary levels of education were merged into basic education as of 2009. In this regard, the ratio of girls to boys reached 95.6% as of 2009. These recent developments suggest that that target is attainable in the near future.

The ratio of girls to boys increased substantially in secondary education reaching 112% in 2008, and witnessed a rise in tertiary education to reach 90% in 2008. Yet, it fell in vocational education from 70% in 1990 to 66% in 2008. This last figure illustrates the points that are made in the following paragraph highlighting the fact that the improvement in education has not led to similarly impressive improvements in women's participation rates in economic and political life.

It was also found that the percentage of women in wage employment in the service sector rose from 21% in 1991 to 29% in 2007. As for women participation in parliament, it witnessed a major increase since the first legislative term in 1971 which was at 2%, to 9.6% in the fifth term from 1990 to 1994, and increased again in the ninth term to 12.4% from 2007 to 2011. The participation of women in leadership positions in the government is still at a low 7% for ministers and ambassadors, and 20% in professional syndicates' positions.

Goal 4: Reduce Child Mortality

Investing in the health and growth of children is considered one of the national priorities in Syria, and accordingly the country has succeeded in achieving significant reduction in rates of child mortality (both under-five mortality and infant mortality rates, on which statistics appear for the first time in an MDG Report). The under-five

mortality rate fell from 41.7 for every 1000 live births in 1993 to 18.9 in 2008. If this trend continues then the MDG target will be met even before 2015.

An important component and contributing factor to the above pertains to the proportion of one year old children immunized against measles. The National Immunization Program is considered one of the most important public health programs since it is the most efficient method followed to decrease the incidence of pediatric diseases. On the national level, the proportion of children who have completed the whole immunization schedule has risen from 73.3% in 1993 to 87.8% in 2006. Additionally, the proportion of coverage for infants against measles reached 92.4% in 2006 compared to 83.5% in 1993. This trend suggests that Syria is capable of exceeding the target.

Goal 5: Improve Maternal Health

Women in their reproductive age (15-49) constitute 51% of the total number of women in Syria. At the national level, the ratio of maternal mortality fell from 107 deaths for each 100,000 live births in 1993 to 56 in 2008. This indicates that Syria has achieved substantial progress similar to other middle-income Arab countries such as Jordan and Morocco.

At the sub-national level, disparities still exist between governorates. Figures show that the Eastern region is the most vulnerable, this is due to the low economic and educational levels, and an increased ratio of births at home and births attended by traditional midwives. Given the progress so far, and despite continuing geographical disparities on the regional level in Syria, especially in the Eastern region, it is possible for Syria to achieve the target by continuing its efforts.

In 2006, 29.6% of births, especially in rural areas, took place at home with midwives still playing an important role in rural areas of the country. On the national level, the proportion of births attended by skilled health personnel rose from 76.8% in 1993 to 94.5% in 2008. This signals impressive progress, but problems with regards to maternal care in rural areas however, still need to be more vigorously tackled.

The provision of antenatal coverage is considered one of the priorities of the health sector in the field of reproductive health, which includes health education for pregnant women covering all the changes related to pregnancy and breast feeding in addition to medical checkups. Antenatal care has developed during the period from 1993 to 2006 with the rate of coverage rising from 50.3% in 1993 to 84% in 2006. The results of the multiple indicator cluster survey for 2006 show that the percentage of unmet needs for family planning methods was higher in rural areas than urban areas, where it was 13.4% and 9.2% respectively. This unmet need is a result of an increase in demand, obstacles in service provision, lack of support from local communities and husbands, incorrect information, financial costs and transport difficulties.

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases

With respect to HIV/AIDS, the main age group of concern is that of (15-24) years old who represent 22% of the total population. They are considered among the most vulnerable, with 34% of the virus cases registered within this age group. With reference to the indicator pertaining to the proportion of population in age group (15-24) with comprehensive correct knowledge of HIV/AIDS, the following has been found. According to data from the quantitative study for youth empowerment and community participation for 2008, more than 75% of the youth in the sample had knowledge and information on AIDS as a result of media campaigns. However, the level of knowledge was higher in urban areas than in rural areas.

The results of a multiple indicator cluster survey in 2006 shows clear and strong signs of stigma against HIV infected people. Women in particular exhibited this stigma in their answers with 41.4% of women saying that they would prefer to keep the infection of a family member secret, 54.5% believing that an infected teacher should not be allowed to work and 72.5% saying that they would refuse to buy food from a person they knew was HIV positive.

These results suggest that there is still much room for progress in raising awareness over the nature of HIV/AIDS to ensure that infected

individuals are not marginalized. Moreover, to achieve universal access to treatment of HIV/AIDS for those who need it by 2015 should not be a difficult goal for Syria to fulfill as it is a low HIV/AIDS incidence country (less than 0.1% as of 2005).

With respect to halting, by 2015, and reducing the incidences of malaria and other diseases, it is noted that the country has succeeded in eradicating malaria. Yet, tuberculosis is on the rise, with the number of deaths rising from 86 in 2002 to 111 in 2007.

Goal 7: Ensure Environmental Sustainability

Although historically, the proportion of land area covered by forest represented 15% of the Syrian landscape, during the twentieth century and in particular during the second half of it, this proportion declined drastically as a result of excessive deforestation. The figure stood at 3% in 2007 but the government has set a target of increasing the land area of forests to 3.86% by 2015.

CO_2 emissions have more than doubled from 25 to 59 million tonnes between 1990 and 2005. This trend has slowed down considerably in recent years with the figure only projected to increase to 60 million tons in 2010. Nonetheless, the high levels of carbon emission are still problematic and need to be addressed.

For 2008 the water deficit stood at around 2.4 billion cubic meters. This is mainly due to the rise of demand on surface and ground water for agricultural use with around 89% of the water being used by the Syrian irrigation network. Therefore, measures to promote more efficient water use in agriculture need to be pursued in order to reduce the water deficit without negatively affecting agricultural production.

There has been steady improvement in the availability of drinking water in Syria. The percentage of the population using improved drinking-water sources went from 65.6% in 1990, to 85% in 2000, and then to 92% in 2007. This means that Syria has achieved in advance the attainable value of the target. As for the proportion of population using improved sanitation it stood at 55% (Urban 75.5%, Rural 34.5%) in 1990, increased to 73.8% (Urban 94.5%, Rural 45.3%) in 2004 and recent data indicated that it reached 82.4% (Urban 95%, Rural 65%) in 2009. This progress highlights the significant urban-rural disparities that are also reflected in other indicators, however, it indicated government's strong commitment and ceaseless efforts to alleviate the situation in rural areas. Indeed, the value targeted by the GoS for drinking water was 100% which exceeds the MDG target of 82.8% and similarly, the value targeted by the GoS for sanitation was 85% which exceeds the MDG target of 77.5%. It is noteworthy that the GoS has included improving sanitation facilities as a priority in the Tenth FYP (2007-2011).

The proportion of urban population living in slums stood at 26% in 2004 thus posing a major environmental and social problem. Although the majority of indicators related to housing in slums fall within the acceptable numerical boundaries (from a quantitative aspect), the quality, structural safety, and population density of these areas, do not fall within any acceptable boundaries.

Goal 8: Develop a Global Partnership for Development

Syria is the lowest recipient of ODA in the region. For example, from 2002 to 2008 Egypt received $11.2 in ODA per capita while Syria only received $0.9 in ODA per capita. Furthermore, less than 10% of the ODA was channelled towards fields related to economic sectors with 90% of it directed towards social infrastructure in particular. Additionally, the level of untied bilateral ODA from OECD/DAC donors rose from 67.6% in 1990 to 92.3% in 2005. Yet, it fell to 84.6% in 2007 due mainly to political considerations.

Syria is in the process of implementing institutional reforms to create an appropriate regulatory environment for the application of the economic approach of a social market and in accordance with the MDGs through a balanced foreign trade policy while working towards mobilizing efforts for accession to the World Trade Organization (WTO). Syria made significant progress in handling its foreign debts and managed to reduce its debt service to export ratio from 22% in 1990 to 5.2% in 2007. This gives Syria financial space to mobilize

additional resources to finance the MDGs. The expansion of local pharmaceutical laboratories (the number of licensed pharmaceuticals for local production has increased to 4522 in 2004 from 502 in 1990) has led to a reduction in the price of the majority of locally produced drugs thus allowing a broad segment of the population to access them.

MGDs: Challenges and Strategic Interventions

Deterioration of natural resources is considered one of the basic features of poverty. This is most apparent in rural agricultural systems where depletion or contamination of water resources, land deterioration, or the death of livestock are risks affecting agricultural productivity and the level of income, which in most cases leads to an increase in poverty. The situation is further aggravated as the material resources of rural populations are often invested in economic activities that depend completely on natural resources. Therefore, poor management of environmental resources, resulting in desertification, drought, soil salinization, depletion of water resources, deterioration of biodiversity and the occurrence of natural disasters (e.g. forest fires) all lead to the loss of resources and consequently an increase in the prevalence of poverty. As a result, the number of rural people migrating to urban areas in search for work increases, where they increase the numbers and problems of the poor. This is what happened in the period from 2004 to 2009 for a significant number of residents from the Northeastern regions of Syria; their migration resulted in an increase in poverty, a reduction in educational attainment, a worsening in the health level of these segments of the society and an increase in the proportion of poor people in urban areas. The poor in urban areas often live in slums, which are prone to environmental hazards resulting from the poor quality of air and the contamination of drinking water which has a negative impact on public health. In turn, these problems contribute to an increase in the depletion of the already few material resources for that poor segment of society. In order to tackle these environmental problems, it is suggested that clear national policies are formulated to address environmental emergencies and reduce environmental pollution. Additionally, there needs to be greater focus on sustainable rural development and disaster management.

Despite the importance of economic growth, the poverty phenomenon in Syria is extremely sensitive to changes in the distribution of income. As a result, the redistributive policies are considered vital for achieving poverty reduction. As the economic urban-rural gap is still large in Syria, it is also clear that rural development policies play a major role in limiting inequality. This challenge requires the adoption of a pro-poor growth strategy, aiming at achieving a high rate of growth in GDP while at the same time, increasing the level of equality in the distribution of income and reducing the prevalence of poverty. Pro-poor policies include two sub-groups of policies; the **first** is concerned with empowering the poor and enhancing their participation in social and economic life, while the **second** is concerned with integrating the least developed regions in economic activities.

Goal 1:

Eradicate Extreme Poverty & Hunger

Since the adoption of the MDGs in 2000, acknowledgement has increased of the critical role of decent work for all as an objective of national development and as the best way out of poverty. During the UN World Summit on MDGs held in 2005, world leaders committed themselves to achieving four additional targets to the Millennium Declaration. One of these targets is to "Achieve full and productive employment and decent work for all, including women and young people." In 2008, four indicators were officially included and have to be monitored to identify progress achieved under this target as an integral part of poverty and hunger reduction strategies.

Target 1. (A) Halve[2], between 1990 and 2015, the proportion of people whose income is less than $1 a day

There are multiple factors affecting poverty in Syria. However, climate change, which resulted from the deterioration and degradation of the ecosystem, has evidently contributed to the increase in poverty rates as measured by the proportion of people below the national poverty line. Despite the slight decline of poverty ratio in general in Syria in the decade between 1997 and 2007, it is still the highest in the North-East region.

Indicator 1-1	Halve proportion of population whose daily income is below 1.25 US$ (PPP)

Data from household income and consumption expenditure surveys (HICEs) in Syria shows that the headcount poverty ratio at the international poverty line of $1.25 a day in 2005 purchasing power parity (ppp) recently decreased at a faster pace from 7.9% to 1.8% and to 0.3% between 96/1997, 03/2004 and 06/2007

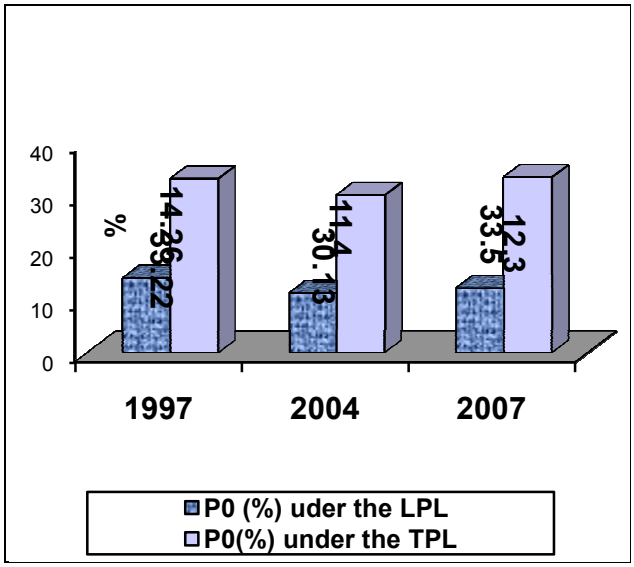
[2] According to the UNDG "Addendum to 2nd Guidance Note on Country Reporting on the Millennium Development Goals" November 2009, the poverty situation is monitored and analyzed based on national poverty lines. Due to the lack of methodological data on poverty in Syria before 1997, the targets for MDG 1 are analyzed by considering 1997 the baseline for monitoring poverty instead of 1990. Consequently, for the purpose of this report, the targets for MDG 1 are calculated on the basis of reducing the level of indicators for 1997 by half. Within the revised MDG framework adopted by the UN in 2008, the international extreme poverty line has been amended to 1.25 US$ PPP in 2005 prices.

respectively.[3] The proportion of people living below $1.25 PPP fell from 0.5% to 0.25% in urban areas while it fell from 2.33% to 1.35% in rural areas in 06/2007. Accordingly, Syria can be classified in the group of countries that have attained this goal before 2015. However, the international poverty line of $1.25 PPP a day is very low in Syria as a middle income country (MIC).

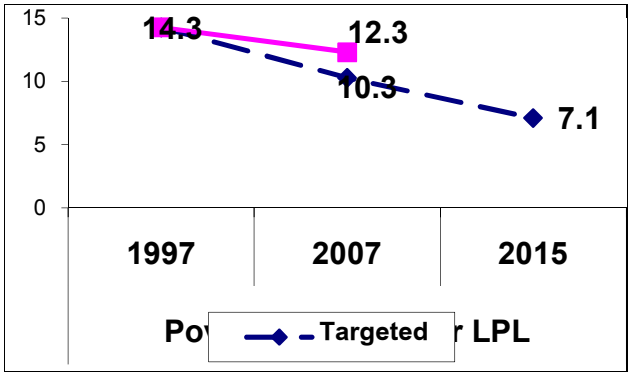
Using the national lower poverty line (LPL)[4] to provide a more accurate indicator for poverty reduction efforts on the national level in the Syrian context shows that these efforts have been insufficient in achieving the quantitative targets for MDG 1. The headcount poverty ratio at the national level has decreased from 14.26% to 11.39% over the period 1996/1997 to 2003/2004. However, it slightly deteriorated since 2004 rising to 12.3% in 2006/2007 (corresponding to 2.4 million people in 2007). Using the national upper poverty line[5], poverty was clear and relatively more widespread, especially between 03/2004- 06/2007, increasing from 30.1% to 33.6% after it posted a 33.2% in 96/1997. This means that 6.7 million Syrians are considered to be poor according to national UPL in 2007, in contrast to 4.6 million and 5.3 million people. See Figure 1 (A and B).

Poverty reduction in Syria have primarily improved in urban areas, where poverty ratio fell from 12.6% to 9.9% between 1996/1997 and 2006/2007. By comparison, there was only a slight improvement in the corresponding rural poverty ratio, which fell from 16% in 1996/1997 to 15.1% in 2006/2007. These trends made the poverty ratio in rural areas rise from 1.3 to 1.5 times the corresponding poverty ratio in urban areas and thus making poverty in Syria principally a rural phenomenon.

Figure 1
Changes in the Headcount Poverty Ratio (P0) under the national Lines
(A)



Target and Actual Poverty Ratio
(B)



Source: UNDP estimates based on HICES CBS

Poverty has a clear geographical dimension in Syria. Despite the slight decline of poverty ratios in general in Syria in the decade between 1997 and 2007, the improvement has been uneven at the sub-national level, where poverty ratio in the North-East region is still the highest (15.4% in 2007) nationally, accounting for 55.5% of the total number of poor in Syria. This is mainly due to the high poverty ratios in rural areas of this region, which reached to 19.7% in 2007. The coastal region is less poor as only 7.68% of the population are poor. (See Figure 2).

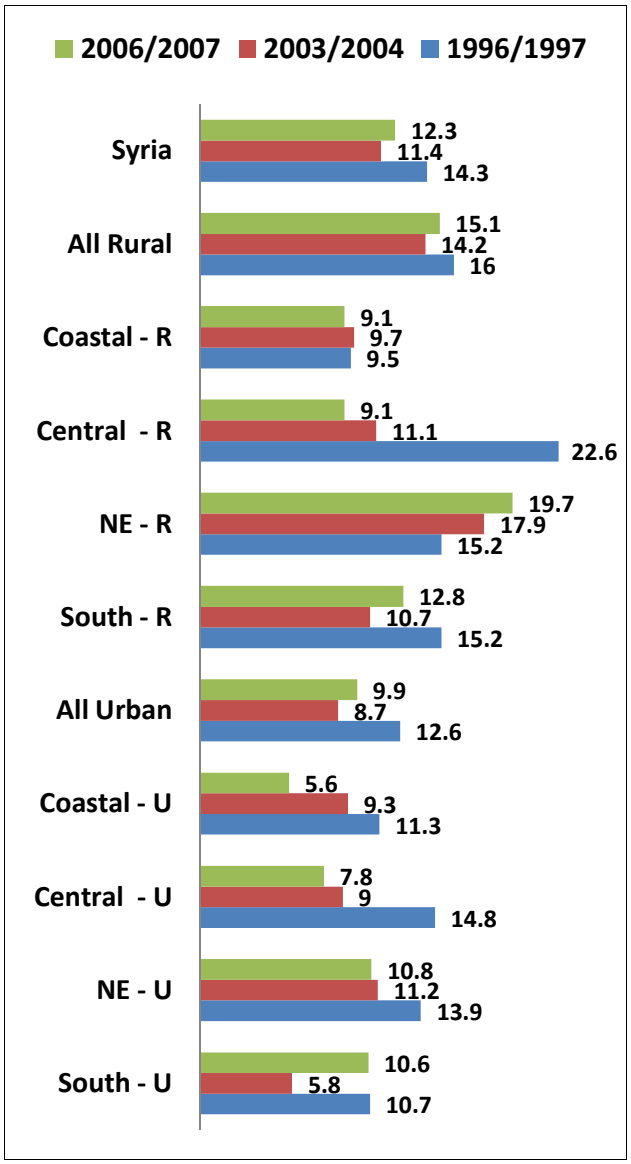
[3] "Diagnosis of the Poverty in Syria, 2005" and "Poverty and Distribution Equity in Syria", SPC and UNDP, Damascus, and the data from household income and consumption expenditure surveys (HICES) in Syria carried out by the CBS in 1996/1997, 2003/2004, and 2006/2007.

[4] National LPL in Syria reached US$2.74PPP for 2005.

[5] The National UPL in Syria reached US$3.81 PPP for 2005.

Figure 2

Changes in the Poverty Ration (P0) under the national LPL by region 1997-2007



Source: UNDP estimates based on HIES, Central Bureau of Statistics.

While multiple factors affect the incidence of poverty, climate changes resulting from the deterioration and degradation of the ecosystem have contributed to increased poverty ratios in Syria. The reductions in the rate of rain-fall during the previous years accompanied by sand storms have reduced the amount of arable land, which in turn contributed to an increase in poverty in the rural East region (namely, Hasakeh, Raqa, Dier Ezzor and in particular in vast areas of the steppe of Homs) and the displacement of households to the South in search for work. Consequently **internal factors** represented by the **climate change-poverty nexus** resulted in reduced local food production due to frequent droughts and in generating internal migration. Those migrants who have generally moved towards the urban South region were amongst the poorest segment[6] and markedly impacted the dynamics of poverty. Additionally, **external factors,**[7], represented by the dual shocks of increasing prices for basic food goods and energy products in 2007 followed by the global financial crises with economic repercussions continuing into 2008/2009, have overburdened the economic and social situation, including a negative impact on the progress of Syria towards achieving the MDG to reduce poverty and hunger.[8]

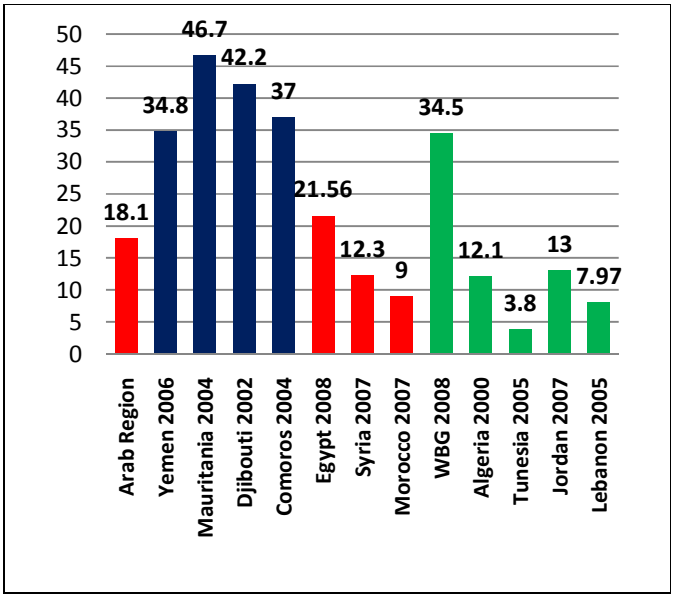
Two consistent patterns of evolution of poverty in Syria over the period 1997-2007 can be drawn from the graph shown in Figure 2. First, the increase in poverty in rural areas, particularly in the North-East region over the period 1997-2004, whereas during the period 2004-2007, it was the urban South region which witnessed the largest increase in poverty (the poverty ratio in 2007 almost doubled the poverty ratio in 2004). Accordingly, the region which has the lowest level of poverty in 2004 became the second poorest region in 2007. In fact, the UNDP (2009) report on Poverty Assessment shows that the increase in overall poverty between 2004 and 2007 was primarily driven by the sharp rise in poverty in that region. Second, this evolution of poverty in fact played a key role in reducing inequality in the North-East region and at the same time reducing the rate of growth of per capita expenditure in urban South region. The evidence suggests the occurrence of both directions coincided since 2004.

[6] Abu Ismail and Al-Laithy, *2009*.

[7] Abu Ismail and Al-Laithy, *2009*, refer to that the influx of Iraqis is one of the external factors but it is not necessarily the most important on the macro level or the regional level.

[8] United Nations Development Programme and the League of Arab States (2009).

Figure 2
Headcount Poverty Ratios (National LPLs) for Syria and selected Arab countries



Source: Khalid Abu-Ismail (2009) Poverty, Employment and Hunger in Arab States: Tracking progress towards MDG1," Background paper prepared for the third UN-LAS report on MDGs in the Arab Region

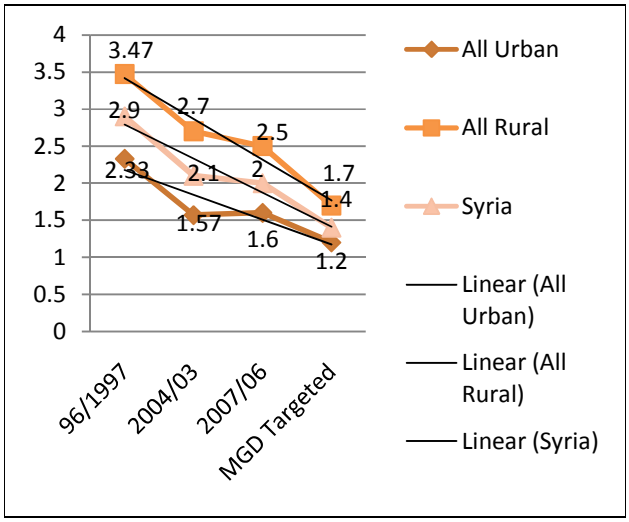
When comparing poverty ratios of some of the Arab countries, we find that while per capita consumption for Egypt, Syria, and Morocco (countries with average per capita consumption ranging between $1500 and $1800 a year), the poverty ratios in Morocco and Syria are comparable very favorably to the poverty ratios in countries with higher per capita consumption, such as Jordan, Algeria and Tunisia. This indicates that socioeconomic policies in these two countries have positive impact on reducing the poverty ratios. Additionally, when calculating the proportion of the poor of the total population of the Arab region, it is clear that there are an estimated 57.8 million people suffering from extreme poverty, 2.4 million of them are in Syria, who account for only 4% of the total poor in the Arab region.

Indicator 1-2

Poverty gap ratio at a daily income in US$ (PPP)

The improvement in the poverty gap –which determines the depth of poverty below the lower poverty line - at the national level between 1997 and 2004 is evident due to the shallowness of poverty, where the expenditure of the majority of poor people approaches the value of the poverty line. The poverty gap ratio decreased from 2.88% to 2.13% and further improved to 1.97% in 2007, surpassing the target of 2.1% for 2007 in all regions with the exception of the urban south and rural coastal regions. (See Table A2 in the Annex)

Figure 3
Poverty Gap (P1) ratio (%)

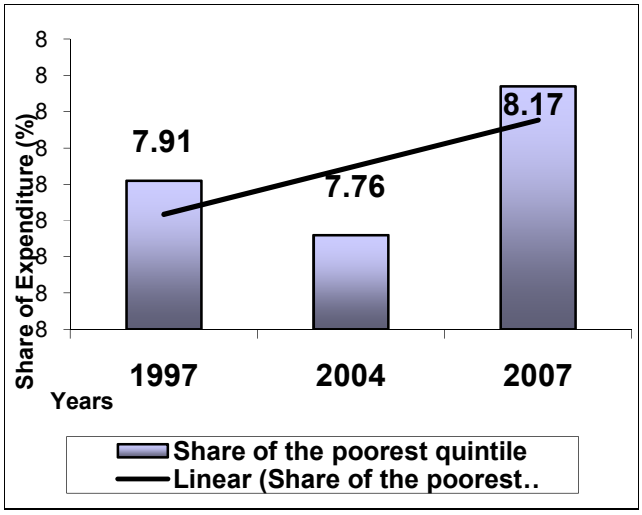


Indicator 1-3

Share of poorest quintile in national consumption

The share of the poorest quintile (20% of the population) in national consumption is used to express the degree to which the poorest segment of the population enjoys distributive equity in terms of the average expenditure of each segment. Comparison of household expenditure reveals a decline in the share of the lowest quintile from 7.91% in 1997 to 7.76% in 2004 and then a rise to 8.17% in 2007. This substantiates a slight improvement in the expenditure of the poor in 2004 market prices since the growth rate of the expenditure of the poorest population was only 0.79% between 1997 and 2007.

Figure 4
Share of poorest quintile in household consumption expenditure



Target 1. (B): Achieve full and productive employment and decent work for all, including women and young people

The growth rate of GDP per person employed in Syria has improved, however it remains low and volatile. Employment opportunities for new entrants to the labor market annually, however, are weak. Moreover the proportion of employed people living under the poverty line has not significantly improved over the last decade.

Indicator 1-4 Growth rate of GDP per person employed

The growth rate of GDP per person employed measures the productivity of labor and is defined as the growth rate of the output based on the "value added" of each unit of labor input directly contributing to production activities. The growth rate of labor productivity may be due to an increase in the efficiency of utilizing labor without any increase in other inputs, or because every worker uses other inputs e.g. physical and human capital and intermediate inputs, or due to switching in the economy or certain industries from some activities of low productivity to others of high productivity, or due to a combination of these.

Table 1 Growth rate of GDP per person employed

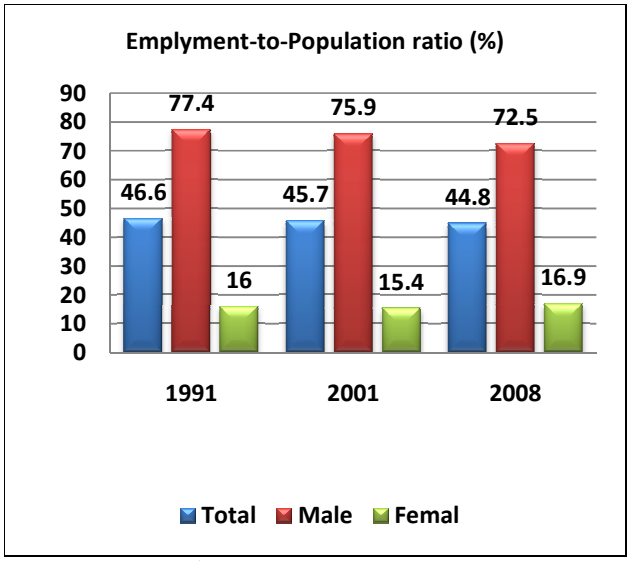
Indicator	1997	2005	2006	2007	2008
Annual growth rate of labor productivity	**8.7%**	**-2%**	**1.2%**	**4%**	**6.2%**
Annual GDP growth rate	**5%**	**6.5%**	**5%**	**5.6%**	**4.3%**

Overall the growth rate of GDP per person in Syria remains volatile and unstable. In the late 1990s it deteriorated but improved during the years since the new millennium.

Indicator 1-5 Employment-to-population ratio

Population in Syria grew between 1991 and 2008 by 50%, while the rate of those employed to population ratio fell from 46.6% to 45.7% and then to 44.8% between 1991, 2001 and 2008 respectively. The drop was disproportionate for males, who were affected with 5% drop compared to 1% increase for females over the same period. This implies that population growth has contributed to weakening employment opportunities for an estimated 250,000 new entrants into the labor market annually. Unemployment being highest amongst youth is linked not only to population growth but also to economic conditions in general, and the lack of correspondence between the skills generated by the educational system and the training and qualifications required by the private sector.

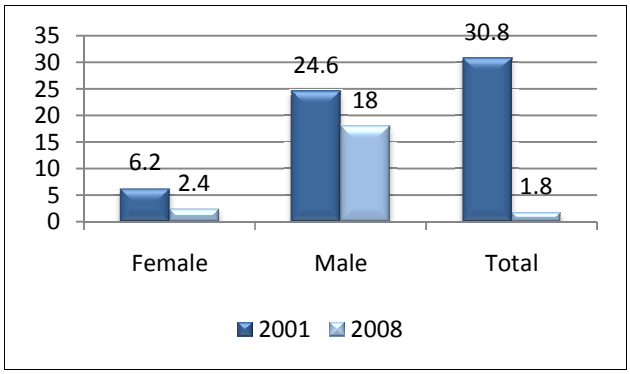
Figure 5
Employed-to-population ratios



Source: UNSD and ILO 2010

The percentage of youth employed (for the age group 15-24) did not exceed 30.8% of the total employment in 2001 and decreased to 22.2% in 2007 and to 20.4% in 2008. The impact is more dramatic amongst employed youth females in comparison to males as their percentage of the total employment fell from 6.2% in 2001 to 2.4% in 2008. For males, the percentage of employed youth to total employment between 2001 and 2008 fell from 24.6% to 18%. (Figure 7)

Figure 6
Youth Employment to total employment (%)



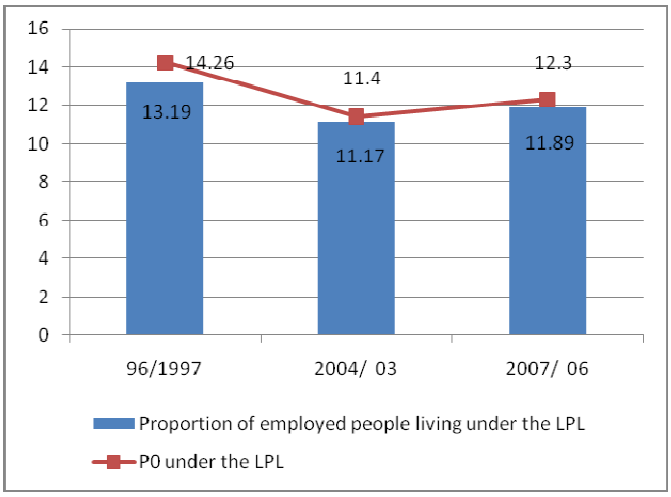
Source: CBS Statistical abstracts 2002 and Labor Survey, 2008

Indicator 1-6

Proportion of employed people living below the lower national poverty line

The change in the proportion of employed people living below the poverty line matched the change in the poverty ratio. Figure 8 demonstrates that the vast majority of the poor are employed, confirming the fact that the poor cannot afford to be unemployed. This is especially so as Syria does not have social security programs such as those available in the Arab Gulf countries.

Figure 7
Proportion of employed people living under the national Lower poverty line



Indicator 1-7

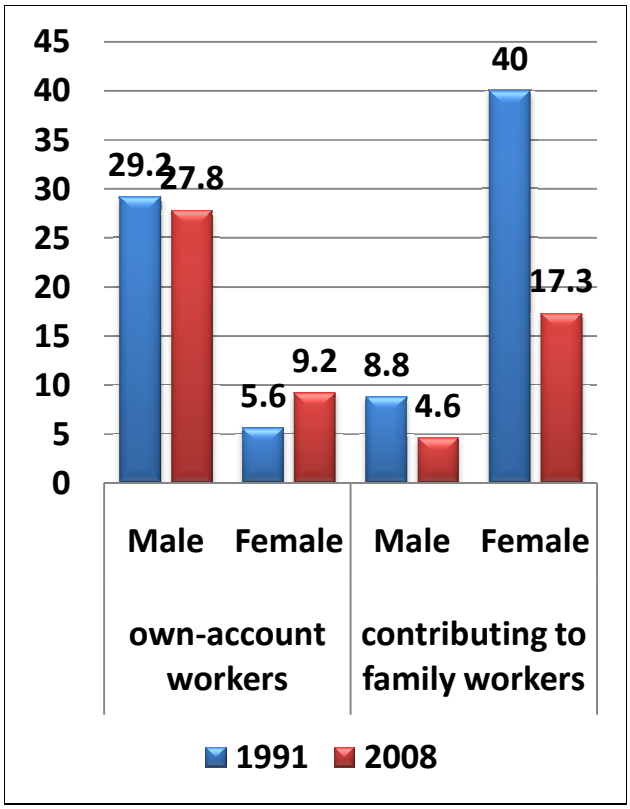
Proportion of own-account and contributing to family workers in total employment

Data gathered on employment status indicates the importance of salaries and wages as the primary source of income in Syria. Salaries and wages account for 49.2% of total household income in 2004.[9] . In 2007 the proportion of wage employees reached 53.7%, whereas the proportion of own-account workers reached 28.9% and the proportion of contributing family workers less than 8.7%. The sources of employment income across gender varied

[9] Raw data from the household income and expenditure survey, Central Bureau of Statistics, 2003-2004.

between 1991 and 2008 with a slight decrease in the number of own-account male workers from 29.2% to 27.8%. Over the period, these proportions varied. Namely, the increase was more prominent amongst own-account female workers rising from 5.6% to 9.2%, with significant change amongst female contributing family workers where the proportion fell from 40% to 17.3%. (Figure 9) This is a result of several factors, perhaps the most important of which are cost of living and the need for women to increase their involvement in working life to increase their household income.

Figure 8
Distribution of own-account and contributing to family workers



Target 1. (C): Halve, between 1990 and 2015, the proportion of people who suffer from hunger

The proportion of underweight children in Syria has improved but is still far off track from achieving MDG 1, however; the progress achieved towards decreasing the proportion of households that suffer from nutritional poverty is on track.

Indicator 1-8

Prevalence of underweight children under-five years of age

Data on severely and moderately underweight children under five reflect an improvement with a decrease from 12% in 1993 to 9.8% in 2006, and it was expected to reach 8.3% in 2006, to 7.2 in 2010 and to 6% by the end of 2015. This leaves a gap against the target of 18% in 2006. Analyzing the nutritional condition for children under age five by sex shows an improvement with a decrease in the proportion of severely underweight children from 2.9% in 1993 to 1.9% in 2006. (Figure 11)

Figure 9
Target and actual Proportion of underweight children under the age of five

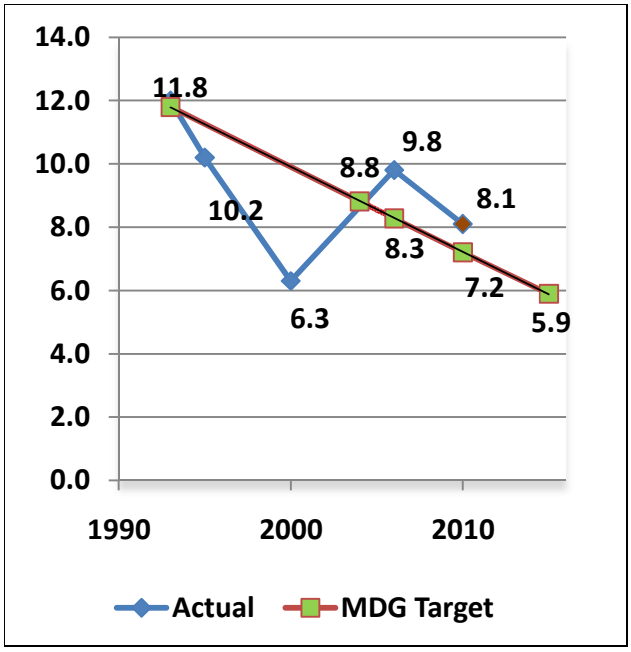


Figure 10
Proportion of underweight children under the age of five (by Type) (%)

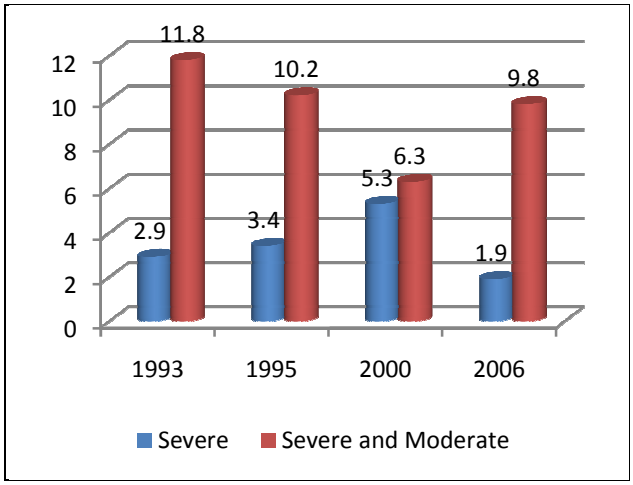
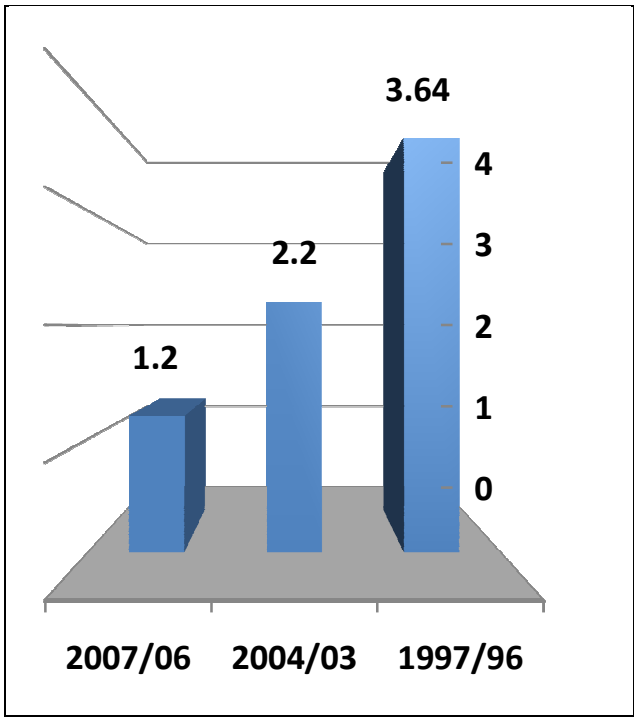


Figure 11
Percentage of (extreme) food poverty

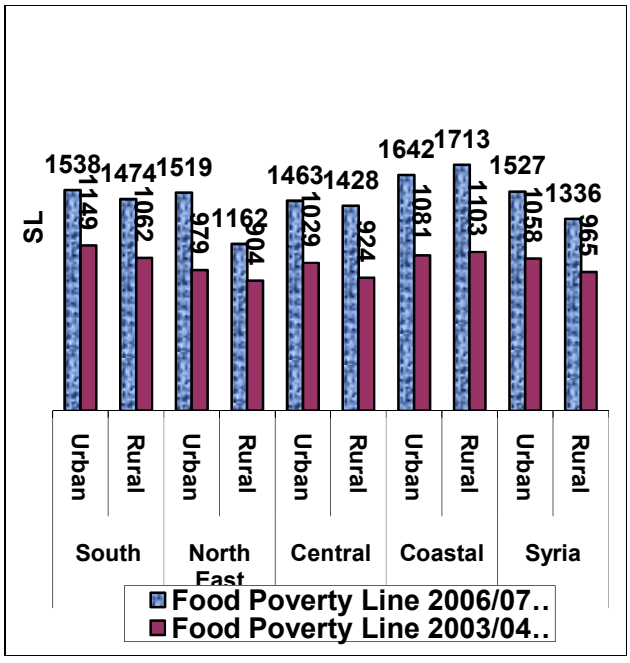


Indicator 1-9

Percentage of population who consume below minimum level of dietary energy consumption

In the absence of a nutritional survey, it is not possible to calculate the proportion of the population whose consumption is below the minimum level of dietary energy requirements and thus it is estimated as the proportion of the population below the food poverty line. This segment of the population is unable to obtain a standardized regular daily food basket.[10] The increase in food expenditure poverty lines in market prices has reduced the proportions of the population who suffer from (extreme) food poverty from 3.64% in 1997 to 2.2% in 2004 and to 1.2% in 2007 (Figure 12). Overall, per capita food expenditure rose from around SL1012 per month in 2003/2004 to SL1439 per month in 2007 with variations among rural and urban population (Figure 13).

Figure 12
Changes in the minimum level of food expenditures (SL per month in market prices)



[10] The average daily dietary energy consumption per person is based on 2100 calories in urban areas and 2310 calories in rural areas.

Goal 2:

Achieve Universal Primary Education

[11]

The importance of securing access to primary education for all children – boys and girls – is imperative to improve children's capabilities, which has a direct impact on improving their lives and future. To assure this objective Syrian policies aim towards enabling universal enrollment for all school-age children, ensuring the ability of all children to complete primary education, and preventing school drop-out for those who have already enrolled.

Target 2. (A): Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

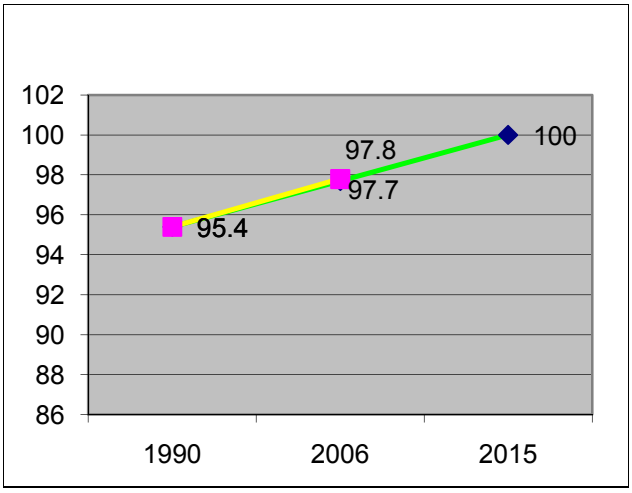
The net enrolment ratio in primary education for the age group 6-11, the proportion of pupils reaching grade 5, and the rate of literacy for the age group15-24 have all increased. These rates suggest performance is well towards decreasing gender disparities. Existing challenges remain, however, to meet this goal, given that only the first indicator is on track.

Indicator 2-1	Net enrolment ratio in primary education for the age group (6-11)

The net enrolment ratio in primary education has increased from 95.4% in 1990 to 98% in 2006 and 99% in 2008. Additionally, the ratio increased for both males (from 95.6% in 1990 to 98% in 2006, to 99% in 2008) and females (from 95.2% in 1990 to 97.7% in 2006, to 98% in 2008). Encouragingly there is hardly any gap between males and females across this indicator during the reporting period. Figure 14 shows that the development of this indicator in Syria from 97.8% in 2006 to 99% in 2008 is on the MDG track to reach 100%.

[11] UNICEF/SYR00669/ SHEHZAD NOORANI

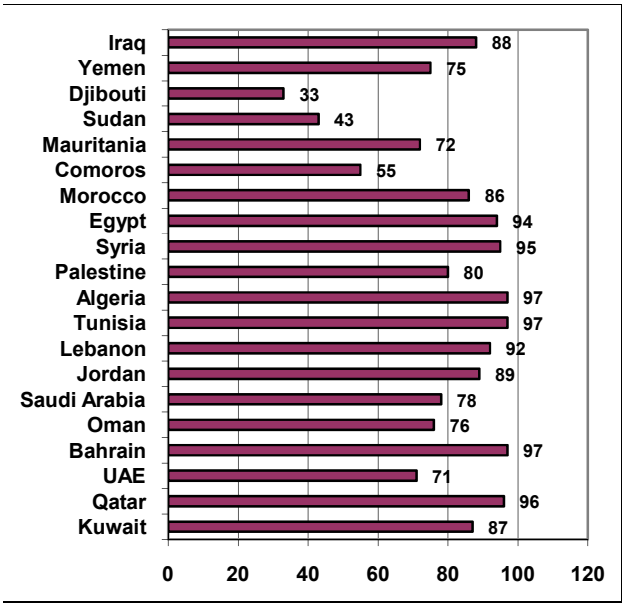
Figure 13
Target and actual net enrolment in primary education (6-11) years



While this indicator reached the aspired national target of 99% in 2008, disparities exist between governorates in Syria. The target was exceeded in some governorates like Damascus, Tartus, Rif Damascus (99.1%), Latakia and Sweida (99.5%), while performance fell short in the Eastern governorates reaching 93.8% in Dier Ezzor, 90% in Hasakeh and 94% in Raqa.

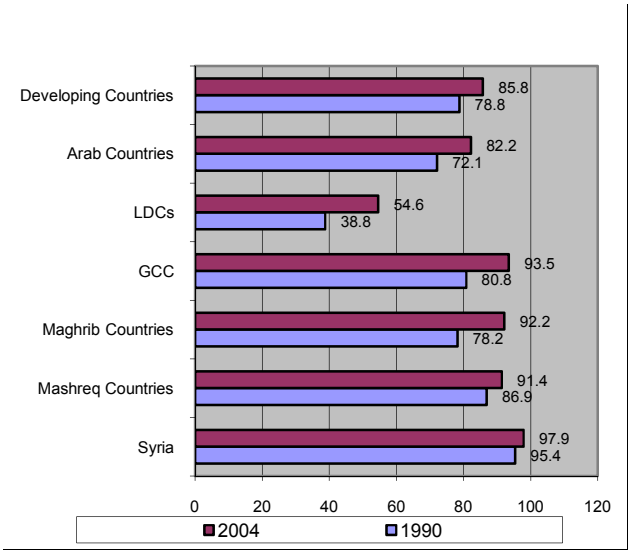
Statistics indicate the level of progress achieved regarding **accessibility** of educational services but the **quality dimension** of the educational process in Syria still requires additional efforts. With the average ratio for Syria reaching 95.4% in 1990 and rising to 97.9% in 2004, Syria has achieved substantial progress in comparison with other Arab countries where the ratio in 2004 was 91.4% in the Mashreq sub-region and 82.2% in the Arab region as a whole. Figure (15) shows the differences between the regions.

Figure 14
Net enrolment in primary education (6-11 years) in selected Arab countries



Source: Arab Human Development Report 2009, UNDP

Figure 15
Net enrolment in primary education (6-11 years) in selected country groups



Source: Millennium Development Goals in the Arab Region 2007: A Youth Lens, ESCWA, 2007

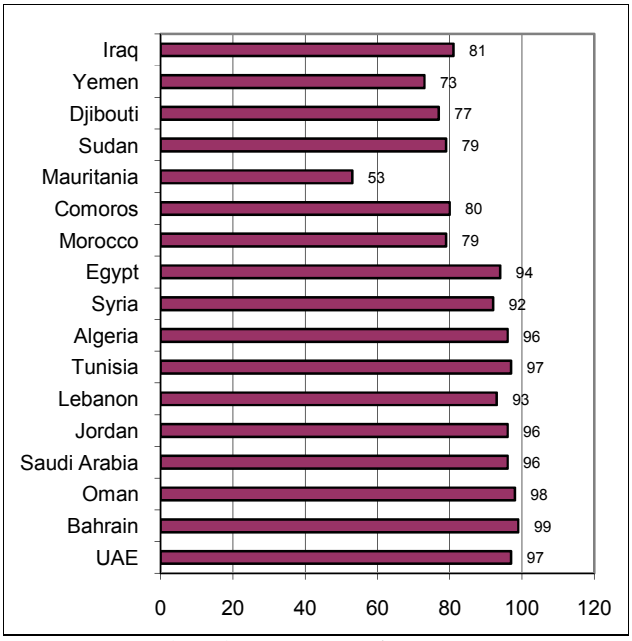
In comparison to other Arab countries, the available data for 2004 designate Syria as a regional leader in net primary education enrolment with a ratio of 95% in 2005 in comparison with Algeria, Tunisia, Bahrain (97%), Djibouti (33%), Jordan

(89%), Kuwait (87%), Oman (76%) and Saudi Arabia (78%).

Indicator 2-2 Percentage of pupils starting grade 1 who reach last grade of primary

The indicator measures an education system's success in retaining pupils from one grade to the next as well as its internal efficiency. Data on retention of pupils shows that the percentage of pupils who reach grade five rose from 93% in 1990 to 95.3% in 2008. The trend for this indicator implies a challenge towards achieving the MDG of 100%. Disaggregation by sex illustrates a trend towards closing the gender gap. The percentage for males has fallen from 96% in 1990 to 91% in 2006 but rose in 2008 again to 96%. In comparison, the percentage for females grew from 89% in 1990 to 90% in 2006 and 94.4% in 2008, which shows a decrease in the gender gap over the period 2006 -2008[12]. However this indicator highlights the problem of **primary education dropout** and emphasizes the necessity to treat the reasons behind it.

Figure 16
Proportion of pupils reaching grade 5 in selected Arab countries



Source: UNDP (2009) Human Development Report

Compared to other Arab countries, the available data for 2004 presented in Figure 17 demonstrates that the proportion of pupils reaching grade five in Syria is 92%, whereas, it is 99% in Bahrain, 96% in Jordan and Lebanon, 80% in Comoros and 53% Mauritania.

Indicator 2-3 Literacy rate of population (male and female) in the age group (15-24) years-old

The literacy rate for 15-24 years old rose in Syria from 88% in 1990 to 95.7% in 2006, and subsequently declined in 2008 to 94.5%. The gender disparity for this indicator is clear from 1990 to 2006, in addition to its increase in 2008. Looking at the distribution by sex, the rate increased for males from 90.1% in 1990 to 96.6% in 2006 and declined in 2008 to 95.9%. For females, the rate rose from 86.6% in 1990 to 94.6% in 2006 and declined in 2008 to 92.9%. Figure 18 shows the actual vis-à-vis target progress for this indicator in Syria.

[12] 2008 data taken from the statistics of the Ministry of Education and the Central Bureau of Statistics.

Figure 17
Target and actual Literacy rate for the Population aged (15-24)

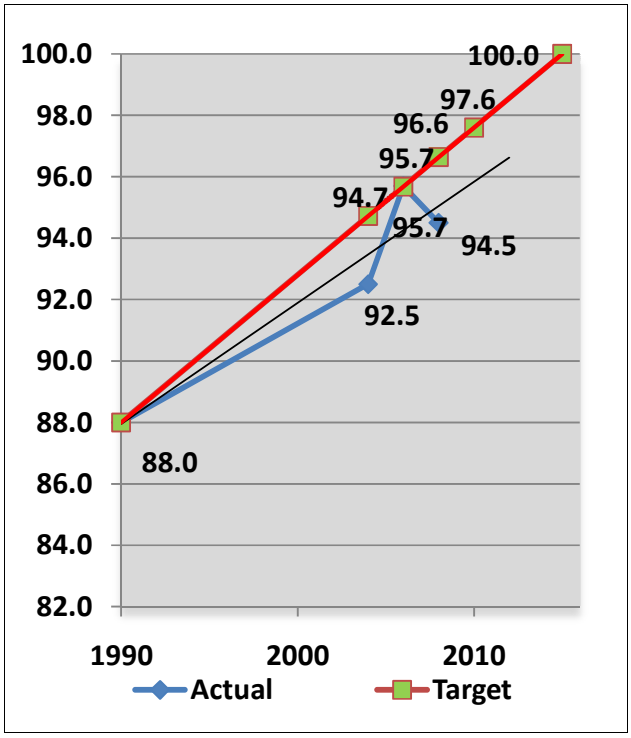
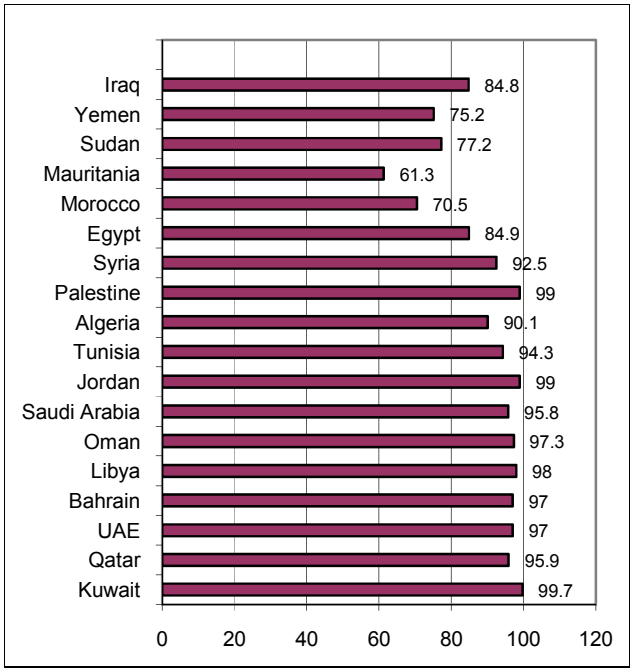


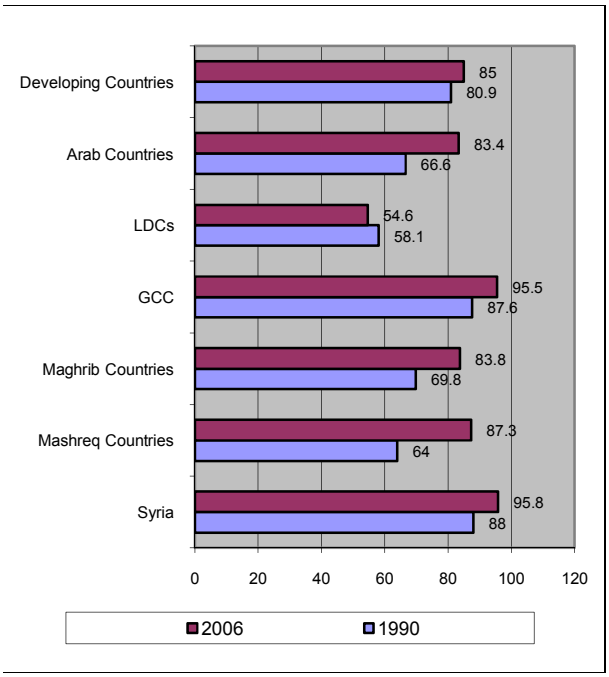
Figure 18
Literacy rate for the Population aged (15-24) in selected Arab countries, 2005



At the governorates level disparities exist with the literacy rate at its highest level in the governorates of Quneitra (100%), Tartus (99.5%), Sweida and Latakia (99.4%), and the lowest levels registered in the governorates of Raqa and Dier Ezzor (85.8%).

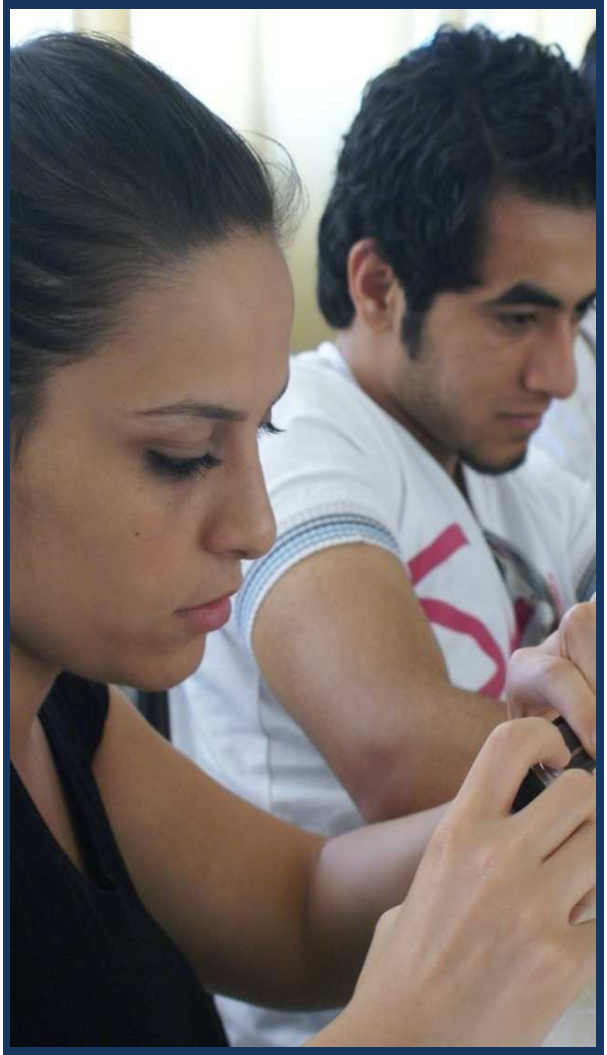
Comparison with the Arab region over the period 1990 -2006 shows that Syria performed well in the literacy rate for (15-24) years old with the rate reaching 92.6% in 2005, compared to 99.7% in Kuwait; 97% in the United Arab Emirates, Bahrain and Oman; 99% in Jordan and Palestine; and 61.3% in Mauritania, as demonstrated in Figures 19 and 20.

Figure 19
Literacy rate for the Population aged (15-24) in selected country groups



Goal 3:

Promote gender equality and empower women



[1]

[1]UNICEF/SYR10351/PAWEL KAZYSIEK

The concept of empowerment is based on an individual obtaining the power to become an effective participant politically, economically and socially in life. Moreover, it implies the ability to incur positive change in other individuals, groups or a whole community. Attaining women's empowerment can be achieved by working to remove gender disparities in education, focusing on gender issues, and overcoming traditional gender role stereotyping in economic, social and political life.

Target 3. (A): Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

The ratio of girls to boys in primary and secondary education varied at the national level and has not reached the target for both primary and vocational education. However, the ratio was above the target track for general secondary and university education. Overall, there was a rise in women's share in wage employment in non-agricultural sectors and particular in hotel, restaurant and other service sub-sectors. There was minor change in the proportion of seats held by women in national parliament, which appear to be low. Geographical disparities in the indicators reflect that they stood at a low level in the East region.

Indicator 3-1	Ratios of girls to boys in primary, secondary and tertiary education

According to the Basic Education Law no. 32 (2002), both primary and elementary levels of education are merged into basic education which is compulsory. Basic education is free for all school-age children ages 6 to 11 years. The ratio of girls to boys reached 95.6% in 2009. Additionally as a result of the efforts by the government to increase the number of schools, universities and institutes in all Syrian governorates, the ratio of girls to boys in basic education (6-11) years rose from 90.3% in 2004 to 92.4% in 2008.

This ratio increased substantially in general secondary education reaching 112% in 2008. However, the ratio fell dramatically for vocational secondary education from 70% in 1990 to 66% in 2008 after it was 85% in 2004. It is noteworthy that the annual enrollment ratio of vocational secondary education accounts for 40% of that of general secondary education. This means that out of every 10 basic education graduates who continue their education only 3 enroll in vocational secondary education whereas 7 enroll in general secondary education. At the university level the ratio spectacularly rose to 91.3% after it was 58% in 1990. Figures 21-24 show these developments.

Figure 20
Ratio of female to male in primary education (6-11) years

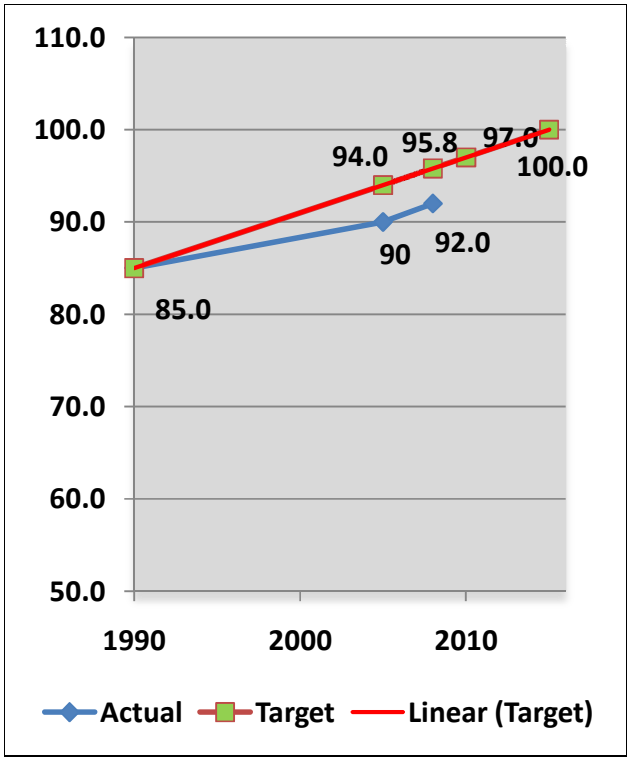


Figure 21
Ratio of female to male in general secondary education

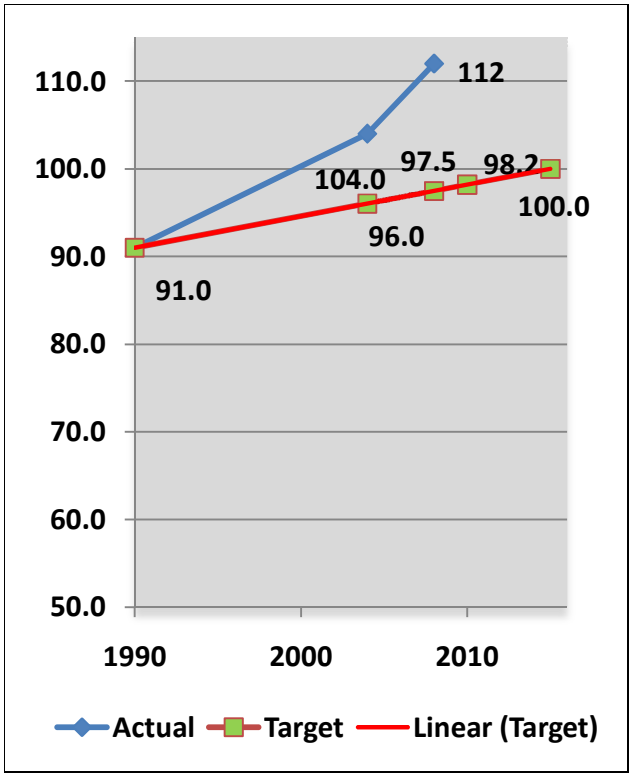


Figure 22
Ratio of female to male in vocational secondary education

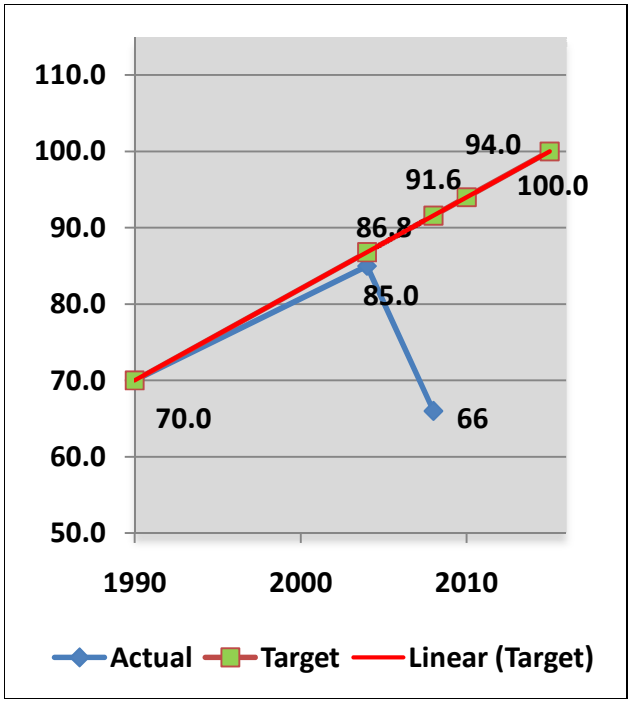
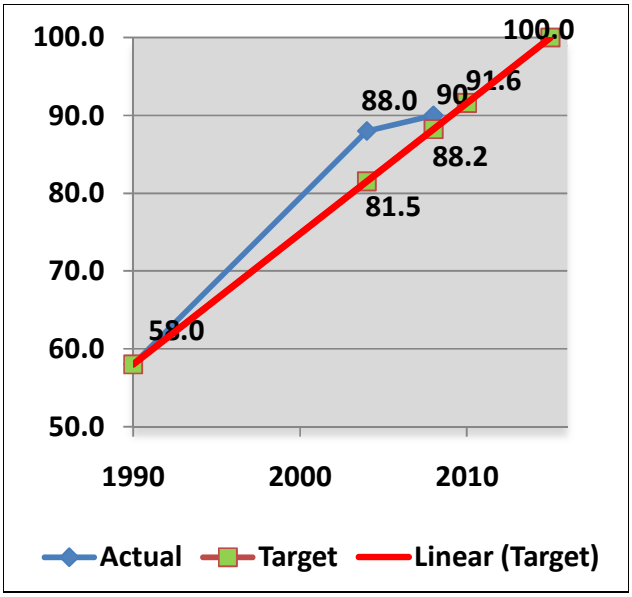


Figure 24
Ratio of female to male in tertiary education



At the governorate level, the ratio of girls to boys in education varied with only the governorate of Rural Damascus being able to achieve the target with a ratio of 98% in **primary education**. Due to community culture, which permits early marriage of girls and engages female in agriculture, the lowest ratios were registered in the Eastern governorates (Dier Ezzor 86%, Raqa 88%, Hasakeh 89%). In **general secondary education**, the ratio was 159% in the governorate of Rif Damascus, 131% in the governorates of Latakia and Sweida, and fell in Raqa (86%), Aleppo (87%) and Idleb (92%). For **vocational secondary education,** the ratio varied among governorates to reach 134% in Quneitra, 110% in Rif Damascus, and falling to 27% in Raqa, 34% in Dier Ezzor and 50% in Idleb. Climate change and related droughts in the Eastern areas have led to high dropout rates in secondary education (especially amongst males) in order to help the head of families. This has also resulted in high rates of internal migration. The situation is similar in the Northern areas that suffer from high dropout rates as well. In **tertiary education**, the ratio varied from one governorate to another and the statistics from Damascus, Al-Baath and Tishreen Universities indicate that the enrolment ratios of girls to boys were high, registering 139% at Damascus University and 153% at Tartus University. The lowest figures were registered in Raqa (27%), Idleb (36%), Dier Ezzor (45%) and Hasakeh (56%), thus the Eastern governorates and Idleb have the lowest enrolment ratios of girls to boys.

Indicator 3-2 — Share of women in wage employment in the non-agricultural sector

Data from the CBS over the period from 1991 to 2007 points to a change in the rate of women participation in economic activities. The share of women in wage employment in the service sectors rose from 21% in 1991 to 29% in 2007. In particular, this share increased in the hotel and restaurant sub-sectors from 7% in 1991 to 13% in 2007. Additionally female employment slightly increased in the industrial, building and construction sector. However, there was a decrease in the rate of participation for women in the financial and insurance sub-sector (Figure 25). However, variations from one governorate to another existed depending on the nature and culture of the particular governorate or region.

In comparison with other Arab countries, data for the period 1995-2005 on the rate of participation of women, by their economic activity, indicates that the rate in agriculture reached 58% in Syria, 88% in Yemen, 1% in Saudi Arabia, 2% in Jordan and 5% in Oman. In the industrial sector and during the same period, the rate of female participation for Syria reached 7%, while the highest rate amongst Arab countries was 28% in Algeria, 19% in Morocco, 14% in the United Arab Emirates and Oman, 1% in Djibouti and 3% in both Yemen and Qatar. In the services sector, the rate reached by Syria was 35%, while Saudi Arabia registered 98%, Qatar 97%, Yemen 9% and Morocco 25%. (Figure 26)

Percentage of women participation in the economic sectors to paid employment.

Percentage of women in paid employment by economic activity in a number of Arab countries 1995-2005

Percentage of seats occupied by women in the parliament in 2007

Figure 25
Share of Women in Wage Employment in Syria by economic activity

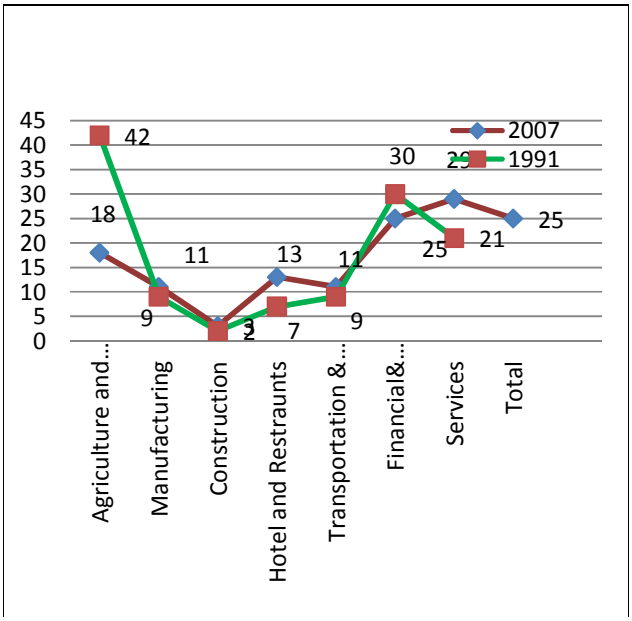
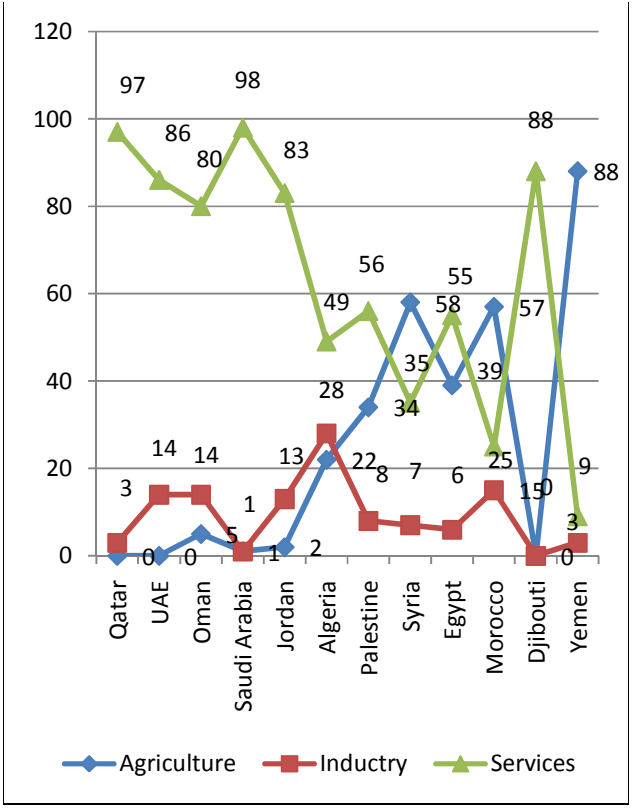


Figure 26
Share of women in wage employment in selected Arab countries by economic activity, 1995-2005



Indicator 3-3 **Proportion of seats held by women in national Parliament**

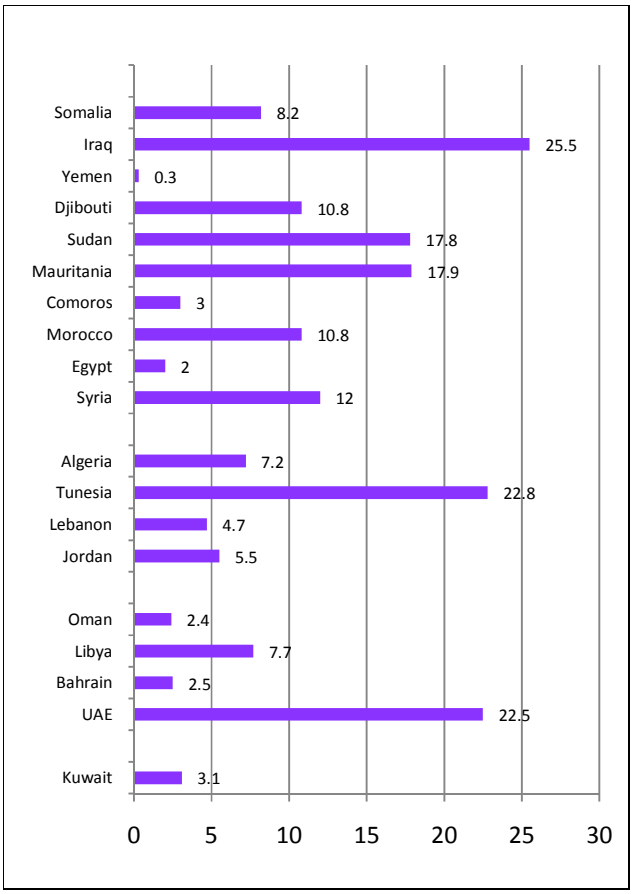
The percentage of representation of women in Parliament has increased dramatically since the first legislative term in 1971 when the rate of participation did not exceed 2%. Participation rose to 9.6% in the fifth term (1990-1994), rising again in the ninth term (2007-2011) to 12.4%, which is equal to 31 out of 250 members of Parliament. As a result, parliamentary representation index[13] for Syrian women rose from 0.353 in 1990 to 0.379 in 2000 and then to 0.442 during the current ninth term.

At the legislative authority level, the percentage of women occupying administrative and organizational positions rose and fell slightly starting at 18.2% in 2000, slightly falling to 17.8% in 2004 then rising to 19% in 2006, and then falling again to 17.8% in 2007. Apparently, social factors hinder the empowerment and participation of women in local councils especially in rural areas. In general, women participation in leadership positions in government is low accounting for 7% for Ministers, 7% for ambassadors and 20% for Trade Unions.

Contrasted with Arab countries,[14] Syria occupied a moderate position in 2007, whereas female representation increased in parliament in Iraq to 25%, Tunisia to 22.8%, and the United Arab Emirates to 22.5%, whilst it decreased significantly in Yemen to 0.3% and in Oman to 2.4% and Bahrain to 2.5%, as shown in Figure 27. There is however, no female representation in the Qatari Advisory Council or Saudi Arabian Shura Council.

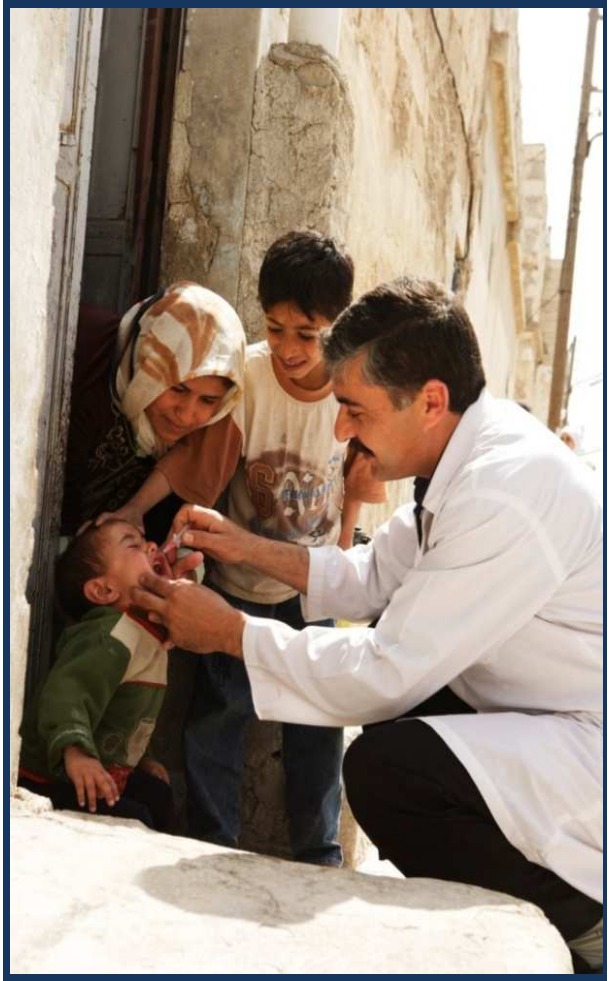
[13] Parliamentary representation index is a sub-index of the Gender Empowerment Index (GEM). See UNDP (2009).
[14] Based on the available data from the International Parliamentary Union for 2009.

Figure 27
Percentage of seats held by women in National Parliament, 2007



Goal 4:

Reduce Child Mortality



[1]

[1]UNICEF/SYR00594/SHEHZAD NOORANI

Saving children's lives and helping them to grow in a healthy manner represents a major Millennium Development Goal. Infant mortality until the age of five is associated with a number of factors, some of which are: pre and post natal maternal health; health conditions such as services in urban and rural areas; availability of vaccines at health centers; availability of appropriate medicines including those for HIV/AIDS, etc.; economic conditions such as the level of household poverty which is associated with malnutrition; and social conditions associated with the level of household education and health awareness.

Target 4. (A): Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Syria has succeeded in achieving a significant reduction in rates of child mortality (both under-five mortality and infant mortality), exceeding the MDG target. However the rate of immunization for measles for one year olds (infants) while close was below the target. Geographical data on rates continue to be associated with the standard of living, education, and environmental pollution in addition to other factors.

Rates of child mortality are considered a sensitive indicator of a country's development and a clear indication of its priorities and values. Investing in child health is not only a prerequisite of human rights but also a sound economic decision as it is the safest way for a country to move towards a better future. Investing in the health and growth of children is considered a national priority in Syria. Syria aspires to achieve a high level of services offered to children on all health matters within the framework of their national development plans. This reflects a political commitment which has been manifested through Syria's adoption of the Convention on the Rights of the Child and endorsing all Arab and international agreements pertaining to children. This commitment is exemplified by providing free health and preventive care to all Syrians through the rural and urban health centers and hospitals and working towards developing health programmes that oversees child health. The rate of child mortality

measures the "outcomes" of the development process and not its inputs, and it is a result of a wide range of inputs (nutritional conditions, level of health care, immunization, food, drinking water, environmental conditions, etc.).

Indicator 4-1

Under-five mortality rate[15]

Syria has achieved great progress in the under-five mortality rate with it falling from 41.7 for every 1000 live births in 1993 to 20 in 2008,[16] outperforming the target of 22.8 for that year. Progress towards achieving MDG 4 during 1993-2008 was 82%, leading to a decline in the ratio by 55% during the same period. Presuming that the progress is on track towards achieving the target, it requires a decrease of 45% during the period from 1993 to 2008, as Figure 28 shows. The data from the surveys that have been carried out and the estimates provided by the Central Bureau of Statistics (CBS) for the years 1993, 2001, and 2008 indicate substantial gender disparities in the U5MR. Based on the study carried out by the Ministry of Health in cooperation with the CBS and UNICEF[17] (hereafter MoH-CBS-UNICEF) in 2008 on the causes of under-five mortality, 53.6% of deaths were boys. (See Figure 29)

Figure 28
Children under-five mortality rate for every 1000 live births

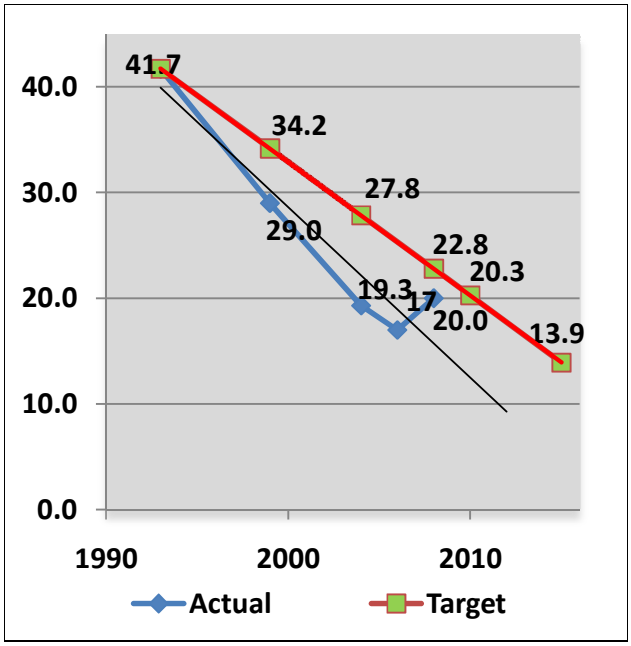
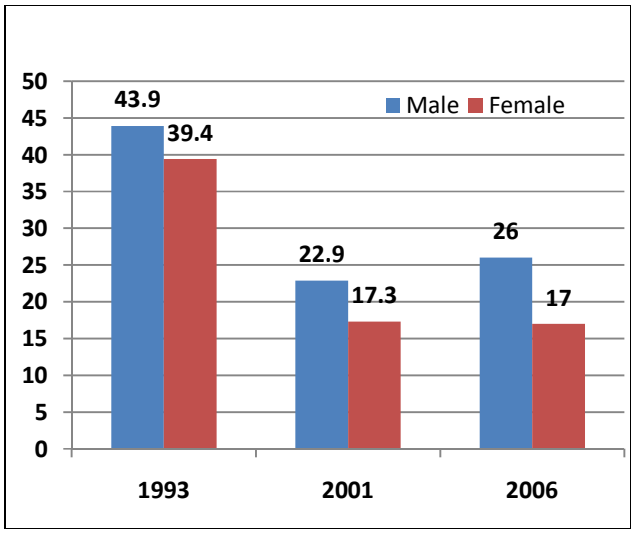


Figure 29
Children under-five mortality rate for every 1000 live births (by sex)



Regionally, the major challenge to substantially improving child health indicators is the ability to achieve equal distribution of services in a way that reduces geographical disparities. However, data indicates a clear disparity in the value of the under-five mortality rate at the regional and governorate levels. Disaggregating the overall child mortality by governorates, and urban/rural areas, it is

[15] The word 'infant' refers to children under the age of one year, while 'neonatal' refers to those who are under four weeks of age.
[16] Data from the Ministry of Health, Syria, 2010.
[17] Ministry of Health, Syria (2008).

apparent that child mortalities in the Northern and Northeastern governorates (Idleb, Aleppo, Dier Ezzor, Raqa, Hasakeh) account for half of total child mortality rates. In 1993, the rate varied from the highest of 43 deaths per 1000 live births in Raqa, to the lowest of 38.5 deaths in Tartus. In comparison, the estimates for this rate in 2008 varied from the highest of 19.49 in Raqa and Sweida to the lowest of 17.43 in Tartus, taking into consideration that the methodology applied in 2004 is approximately similar to that of 1993 and 2001.

With regards to the distribution of child mortality by governorate, according to MoH-CBS-UNICEF study around two thirds of deaths registered (69%) in the three age groups (neonatal, infant, under-five)[18] were in the Northern and Northeastern governorates (Idleb, Aleppo, Dier Ezzor, Raqa, Hasakeh). It is noticed when studying the distribution of child mortality by governorates and rural and urban areas that mortality in the rural areas of the Northern and Northeastern governorates (Idleb, Aleppo, Dier Ezzor, Raqa, Hasakeh) constituted half the child mortalities.

When comparing the under-five mortality rates based on residency, surveys and studies during the period from 1993 to 2008 shows a decline in urban child mortality rates to 54% as opposed to an increase in rural child mortality rates by 141% for the same period. Moreover, the recent MoH-CBS-UNICEF study in 2008 indicated that 25.4% of deaths occurred in urban areas in comparison to 74.6% in rural areas; this is expected because rural areas are considered high-risk areas for child mortality.

When comparing the under-five mortality rates with **Arab** middle-income countries, e.g. Egypt, and high-income countries, e.g. Qatar and Saudi Arabia, the rate in Syria is among the lowest.

Figure 30
Children under-five Mortality rates by region, 2008

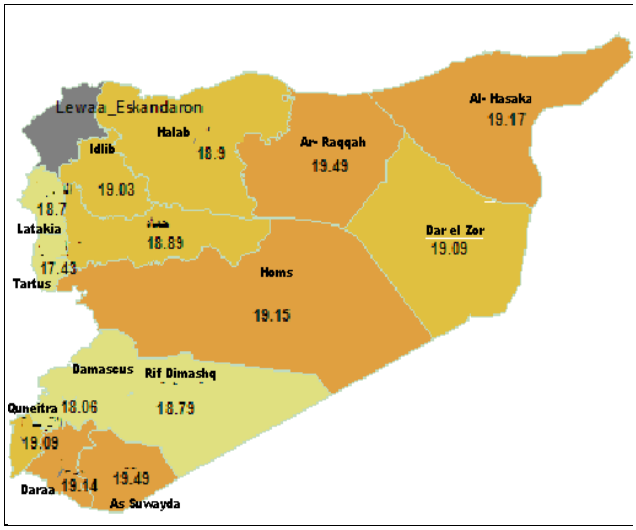
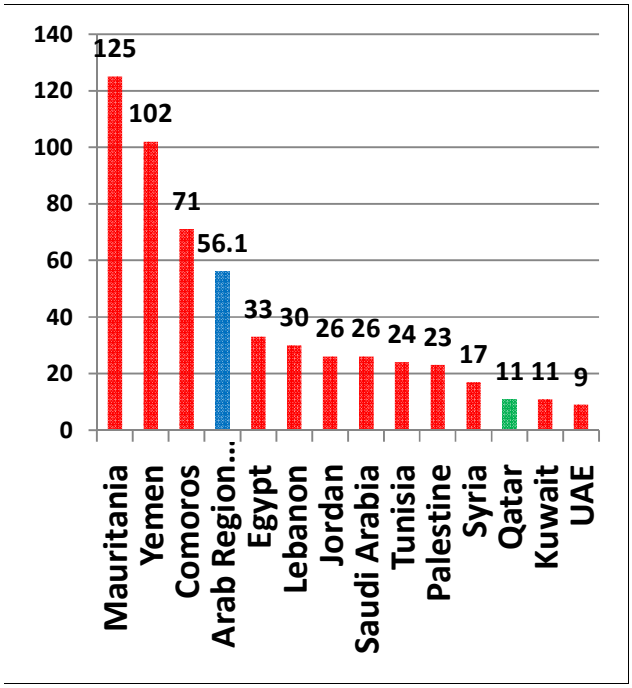


Figure 31
Children under-five mortality rate in selected Arab countries, 2005



Source: UNDP (2008) and UN and LAS (2007)

[18] The term "neonatal" refers to newly born aged four weeks or less while "infant" refers to children less than one year but more than four weeks of age.

Indicator 4-2

Infant mortality rate

Infant mortality represents the number of infants who die before the age of one year for each 1000 live births. This rate is usually used as a general measure of the prevailing health situation in society. Syrian data displays a reduction in the infant mortality rate from 34.6 deaths per 1000 live births in 1993 to 18 deaths per 1000 live births in 2008, outperforming the 2008 target of 19.2. Over the 1993-2008 period's infant mortality rate was reduced by 55% and Syria has achieved 85% of the 2015 MDG4 target.

The MoH-CBS-UNICEF study on the causes of child mortality[19] indicates that the rate of neonatal mortality, as a subset of infant mortality, fell during the period 1993-2008 from 18 deaths out of every 1000 live births to 8.8 deaths out of every 1000 live births, i.e. at an annual rate of 0.6%.

Figure 32
Infant Mortality Rates (IMR) by governorates, 2008

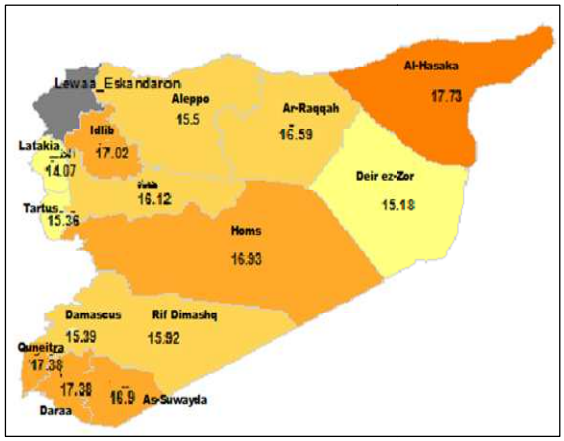
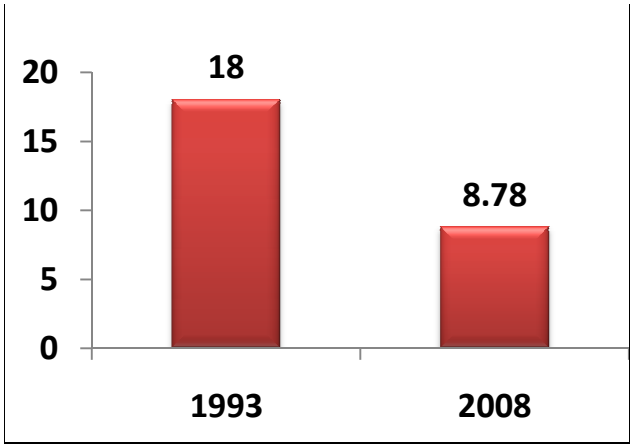


Figure 33
Trend of Neonatal mortality rate per thousand live births



For the overall trends (2008) neonatal mortality comprised 50% of total child mortality and 56.5% of infant mortality, while the mortality rate for under-one year olds comprised 88% of the under-five mortality rate. Prematurity[20] comes on top amongst the causes of neonatal mortalities at 44.1% in 2008, while based on a study carried out in 2001, prematurity was responsible for around 24% of neonatal mortalities. Based on the study of child mortality causes carried out in 2008, sepsis is the second cause of neonatal mortality (19.3%), while birth defects occupy third place (17.4%).

Geographically, the value of this indicator per 1000 live births varied between the highest rate in Hasakeh of 39.6 deaths and the lowest in Latakia of 31.2 in 1993. Whereas, according to CBS estimates in 2008, this rate reached its highest value in Hasakeh (17.73) and the lowest in Latakia (14.07).

[19] Ministry of Health, Syria (2008), op. cit..

[20] Prematurity refers to the situation where the organs of a neonatal are not mature enough to allow normal postnatal survival, and growth and development as a child. Preterm birth is by far the most common cause of prematurity, and is the major cause of neonatal mortality.

Figure 34
Under One infant mortality rate (IMR) per thousand live births

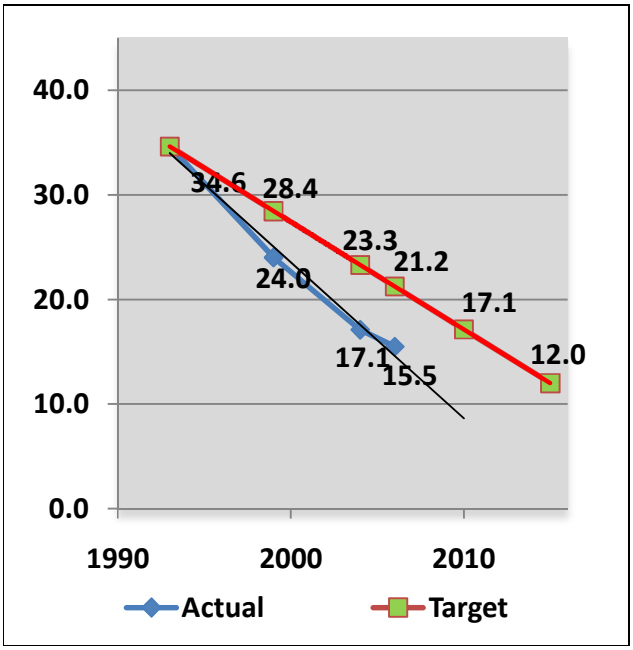
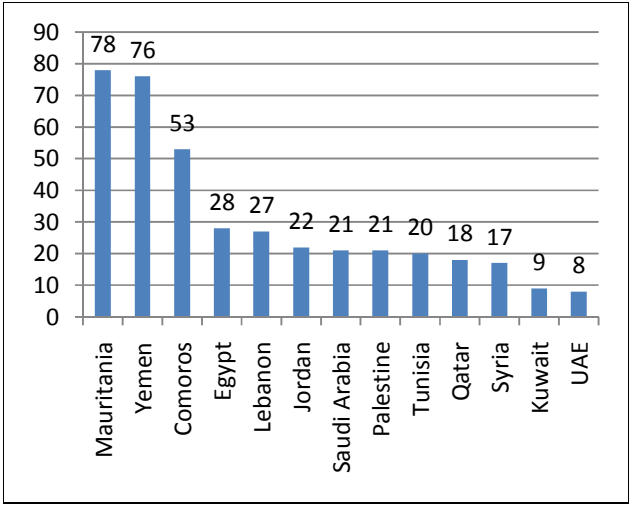


Figure 35
Infant mortality rate (IMR) in selected Arab countries, 2005



The MoH- CBS-UNICEF study on child mortality causes (2008) exposed the level of risks inherent in the rural v. urban disparities in Syria. Data shows that 27.9% of infant mortality occurred in urban areas, while the rate reached 72.1% in rural areas. Furthermore, 24.1% of neonatal mortality occurred in urban areas and 75.9% in rural areas. Those outcomes are expected given the high risk exposure for children in rural areas.

When comparing the infant mortality rate with high income Arab countries, e.g. Qatar and Saudi Arabia, (see Figure (35), Syria is ranked better.

Indicator 4-3

Proportion of one year old children immunized against measles

The National Immunization Programme is considered one of the most important public health programmes. It provides a quick and easy way to reduce child mortality and decrease the incidence of childhood diseases like polio, anomalies, blindness and deafness. Successes achieved however require continued efforts to ensure sustainability. Results of this will be reflected in the reduction of child mortality rates.

Nationally the proportion of children who have completed a whole immunization schedule has risen from 73.3% in 1993 to 87.8% in 2006. The proportion of coverage for infants against measles reached 92.4% in 2006 in comparison with 83.5% in 1993, registering the highest rate amongst all internationally approved vaccines, with slight gender differences in these rates, (92.9% for boys and 91.9% for girls) according to data from the MCHS 1993 and MICS 2006.

Figure 36
Proportion of children under one immunized against measles

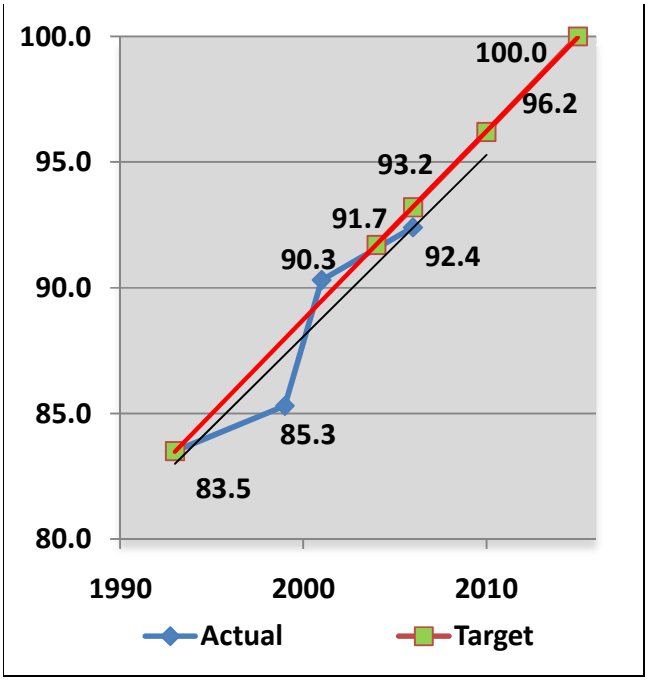


Figure 37
Proportion of children immunized against measles who completed full vaccination course (by urban - rural)

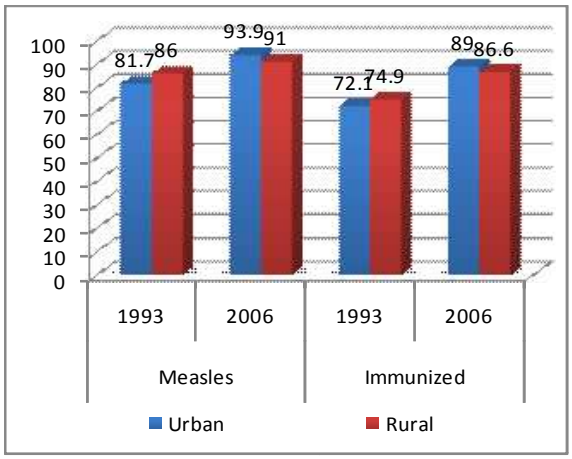
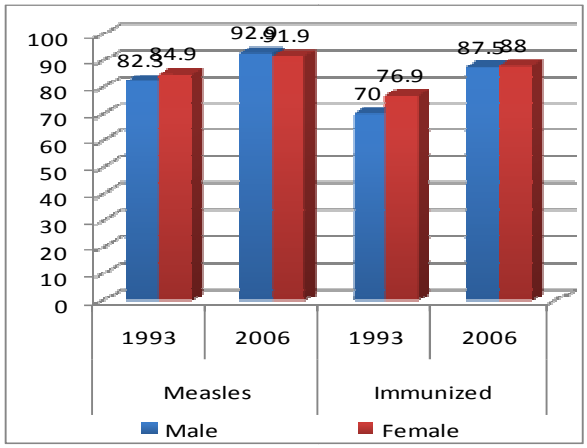


Figure 38
Proportion of children immunized against measles who completed full vaccination course (by sex)



Source: MCHS 1993 MICS 2006

Across the regions in Syria the continuous provision of vaccines at health centers at the governorates level and enhancements to the work of mobile immunization teams has contributed to increasing the proportion of children who have completed their immunization. This indicator registered its highest value in Sweida (100%) followed by Damascus (96.8%) and the lowest value in Dier Ezzor (81.5%) in 2006.

Figure 37 displays the proportion of under two children (in urban and rural areas) immunized against measles during the period from 1993 to 2006. It shows that the proportion of coverage of measles immunization in 1993 is higher in rural areas than in urban areas, with a reversal of the situation in 2006. Figure 38 indicates the proximity between the proportions of children immunized against measles and that of those who have completed the immunization schedule disaggregated by sex during the period from 1993 to 2006.

It is important to mention that Syria is capable of exceeding the target proportion of one year olds immunized against measles, which is estimated to be 97%. New vaccines have been added by the WHO to the six accredited vaccinations to ensure prevention and immunization of children. The current prescribed round vaccines to ten, which are: (TB, polio, measles, German measles, mumps, hepatitis B, tetanus, diphtheria, pertussis, haemophilus influenza vaccine) in addition to meningitis which is given to first grade children.

BOX 4- 1 : Factors affecting the reduction of child mortality

Generally, child mortality is reduced through the availability of good medical interventions and treatment services. These include sufficient number of doctors, hospitals, quality medicine and vaccines for children and mothers; availability of a large number of health programmes and campaigns, awareness programmes and parenting education (on topics such as breastfeeding, child health care, and the importance of paying attention to the cleanliness of water and food). By improving living standards the level of income has an impact on reducing child mortality, which implies an **inverse relationship** between the level of income (consequently expenditures on health) and child mortality rate. Hence reducing the headcount poverty ratio by 1% would lead to a reduction of 1.6 per thousand of child mortality. The MoH-CBS-UNICEF study on the causes of child mortality in 2008 also showed that 77% of mothers whose children had died were illiterate or had not completed primary education. This demonstrates that the higher the educational level of the mothers, the lower the child mortality rate became in the three age groups. Thus there is an inverse relationship between the rate of child mortality and the level of education of mothers. In addition, there is a **direct relationship** between the rates of child mortality and immunization coverage and the educational level of mothers. The higher the level of education of the mother, the higher the immunization coverage rate and the reduction in mortality rates. Education of the mother leads to enhancing her abilities to ensure better care for her child and makes her more aware of hygienic and nutrition issues and more capable of accessing and benefiting from available health services. In comparisons between the reduction in child mortality and the availability of clean drinking water, in areas which lack access to safe water from the general network, diarrhea is the main cause of infant mortality. This is evident, based on 2006 data, from the high child mortality rates in the southern region, especially Rif Damascus. The proportion of people who obtain water from unsafe sources, basically from tanks, reached 45.8%. In addition, the shortage of water and sanitation establishments increases the burden of household tasks on women and reduces the time left for them to care for their children.

Thus, child mortality rate is an output of a wide range of inputs, such as, nutritional conditions, health awareness of mothers, level of immunization, oral treatment of dehydration, availability of mother and child health services, availability of income and food in the household, availability of clean drinking water, and basic environmental health and general safety methods, among other factors.

Table 2 clarifies the relationships between infant mortality and under-five mortality rates to economic and social factors and how they have impacted mortality rates from 1993 to 2006.

Table 2
Development of infant mortality and under-five mortality rates and economic and social factors during the period 1993-2008

Year	Per capita GNP SL	Proportion of girls at university	Proportion of urbanization	Number of health centers	Women's participation rate in labor force	Accredited midwives	Hospitals & hospices	Average population per bed	Infant mortality rate	Under-five mortality rate
1993	33703	38%	51	673	12.8	5635	256	772	34.4	41.7
2008	75926	49%	54	1777	19	5343	462	650	15.5	16.9

Source: **Ministry of Health** (2008) and **CBS** Statistical abstracts from 2001 to 2005, Family Health Survey 2001, Population Census 2004, CBS bulletin 2006 on the occasion of the referendum.

Goal 5:

Improve Maternal Health

[1]

[1]UNICEF/SYR09845/ ROB SIXMITH

Improving women's health is an essential factor in ensuring the rights of girls and women in accordance with the Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW), the Rights of the Child Agreement, and the MDGs. In addition to achieving MDG 5, enhancing reproductive and maternal health services can directly contribute to achieving MDG 4 and MDG 6.

Target 5. (A): Reduce by three quarters the maternal mortality ratio during the period from 1990 to 2015

At the national level, a substantial improvement in reducing the maternal mortality ratio (15-49) and increasing the ratio of births attended by skilled health personnel has taken place, in spite of continuing geographical disparities on the regional level especially in the Eastern region. By continuing its efforts it is possible for Syria to achieve MDG5.

BOX 5- 1: Safe Motherhood

Safe motherhood is a basic component of reproductive health services and their functions. It represents a qualitative outcome of reproductive health in its comprehensive concept. The latter includes freedom to make reproductive decisions in terms of timing / frequency of pregnancies with equal participation of both men and women; the use of safe, effective and acceptable family planning methods that are easily accessible, thus enabling women to pass the antenatal and postnatal periods safely; and providing married couples with the best opportunities to have a healthy baby. Safe motherhood is based on four basic pillars: (a) family planning and provision of services that enable planning for pregnancies, in terms of both number and frequency, (b) provision of antenatal care to prevent possible complications and ensure early detection and treatment of pregnancy complications, (c) clean and safe delivery and postnatal care for mother and child, (d) provision of basic obstetrical care for high risk pregnancies. In Syria women in their reproductive years (15-49) constitute 51% of the total number of women in Syria. The priority of fulfilling these conditions increases in importance in light of the current maternal mortality rate, which reflects the opposite picture of safe motherhood.

Indicator 5-1 Maternal mortality ratio[21]

The maternal mortality ratio for each 1000 live births is a good indicator to measure the performance of overall health as it reflects the level of health and social care provided to mothers during pregnancy, birth and after.

At the national level, the Syrian maternal mortality rate fell from 107 deaths for each 1000 live births in 1993 to 56 deaths in 2008, therefore; the rate of progress achieved during the period from 1993 to 2008 was 68% of the MDG. Syria is capable of achieving MDG 5 by continuing its efforts. (Figure 39)

Regionally, disparities still exist between governorates. The rate per 100,000 live births reaches its highest value of 78.25 in Raqa, and lowest value of 33.08 in Damascus in 2008 according to CBS estimates, whereas the corresponding rates were 139.8 in Hasakeh and 63.8 in Damascus in 1993. This emphasizes the fact that the Eastern region is the most vulnerable with low economic and educational levels and a high ratio of home births and births attended by traditional midwives.

When comparing maternal mortality rates according to residency, surveys and studies indicate that the period from 1993 to 2008 witnessed a substantial decline in maternal mortality rates for both urban and rural areas with the ratio of 105.5 and 108.5 respectively in 1993, dropping in 2008 to 55.2 and 56.8 deaths per 100,000 live births in urban and rural areas respectively.

[21] Maternal mortality is defined as the death of a woman during pregnancy or within 42 days after the end of the pregnancy regardless if birth took place or not.

Figure 39
Target and actual maternal mortality rate in Syria

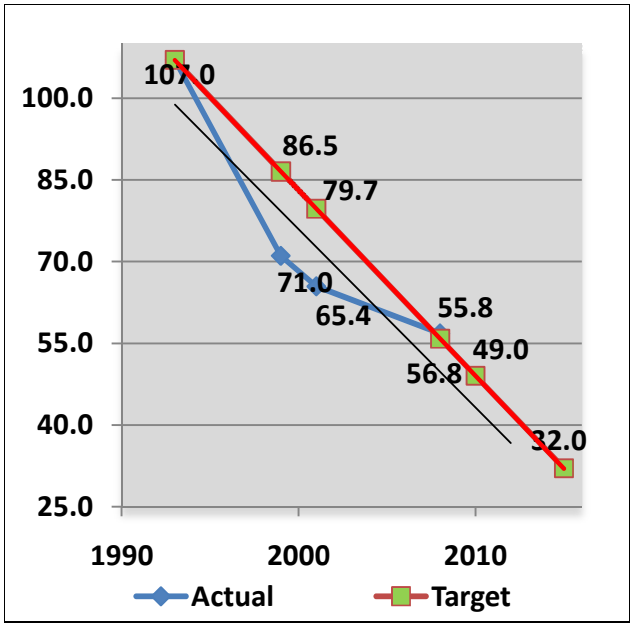
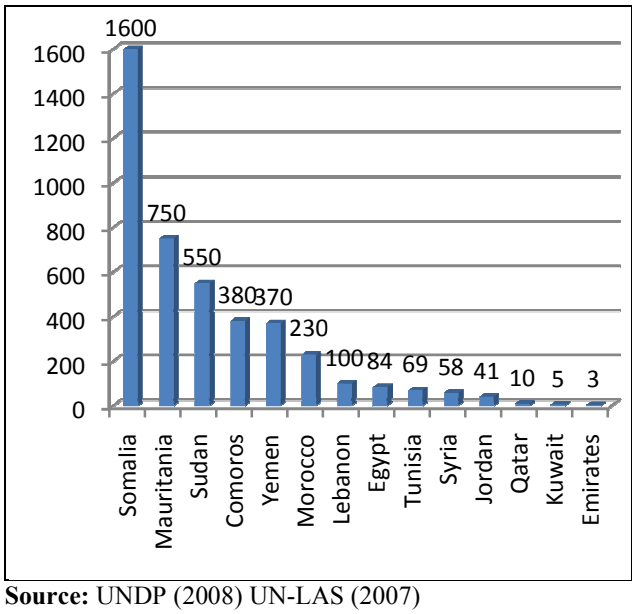


Figure 40
Maternal mortality rate in selected Arab countries, 2007



Source: UNDP (2008) UN-LAS (2007)

In the Arab world, having a baby for women especially in LDCs still represents one of the biggest health risks. Everyday 1500 women die worldwide during child birth as a result of factors that cannot be controlled. In the Arab states the maternal mortality rate fell to 272 deaths per every 100,000 live births

in 2000, in comparison with 411 deaths in 1990. This amounts to a reduction of 34% over the decade. The Arab region is on track towards reducing maternal mortality by two thirds by 2015. However, there are wide discrepancies between the countries in the region varying from 10 deaths per every 100,000 live births in some Gulf countries to 1600 deaths in Somalia. Available data indicates that Syria has achieved substantial progress, similar to that of other middle-income Arab countries like Jordan and Morocco, whereas, low-income countries like Somalia, Sudan and Mauritania continue to suffer from extremely high maternal mortality rates. (Figure 39)

Indicator 5-2 Proportion of births attended by skilled health personnel

Attendance by a skilled health professional during child birth and the accessibility of health centers providing emergency health services are considered amongst the most important measures required to protect mothers, given that three quarters of maternal mortality occur during childbirth or the period following the delivery immediately (during 42 days).

Nationally, CBS estimates indicate that the proportion of births attended by skilled health professionals reached 94.5% in 2008 compared to 76.8% in 1993. The statistics also point to an improvement in the average number of women in reproductive age, (15-49) years, per obstetrician from 666 in 1993 to 966 in 2008.

Despite the increase in births attended by skilled health professionals, traditional midwives still play a role in Syria and home births are widespread in rural areas amongst illiterate women and those who have at most completed primary education. The MICS 2006 identifies the rate of births attended by midwives at 5.5%, of which 19.4% was amongst illiterate women, while this rate was zero amongst women who attended university. The situation is similar for households with low economic and educational levels where the proportion of births attended by midwives reached 18.7% for the poorest quintile. However, a large number of births are still attended by midwives with the highest rate recorded in Hasakeh (16.9%) while the rate is zero in both Tartus and Latakia. The basic risks for home births are related to high risk pregnancies and the lack of preparedness with respect to emergency obstetric care.

Overall, 29.6% of births, especially in rural areas, took place at home. The higher the education level of women is, the higher the possibilities of births being attended by skilled health personnel. The rate of births attended by skilled health personnel increased for rich families to 98.9% in comparison with 77.6% for poor families.

Figure 41
Target and actual percentage of births attended by skilled health personnel

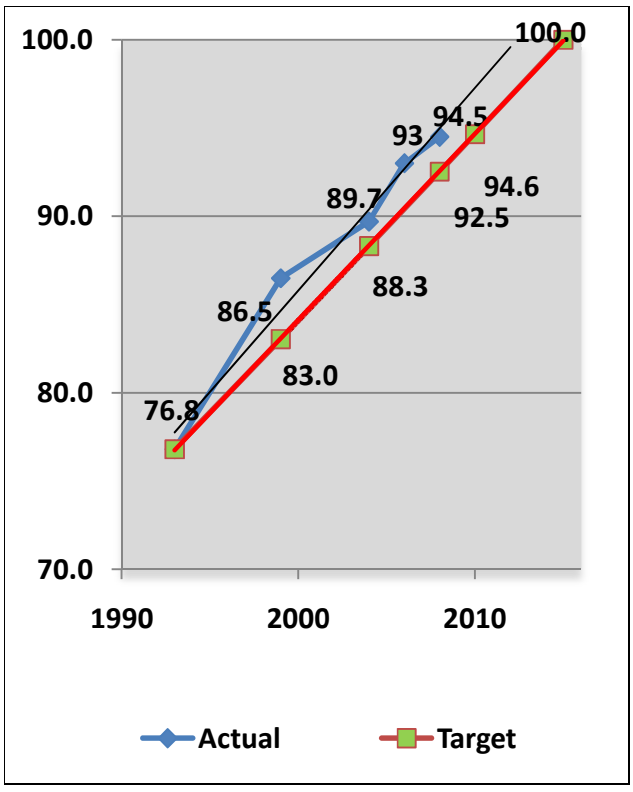
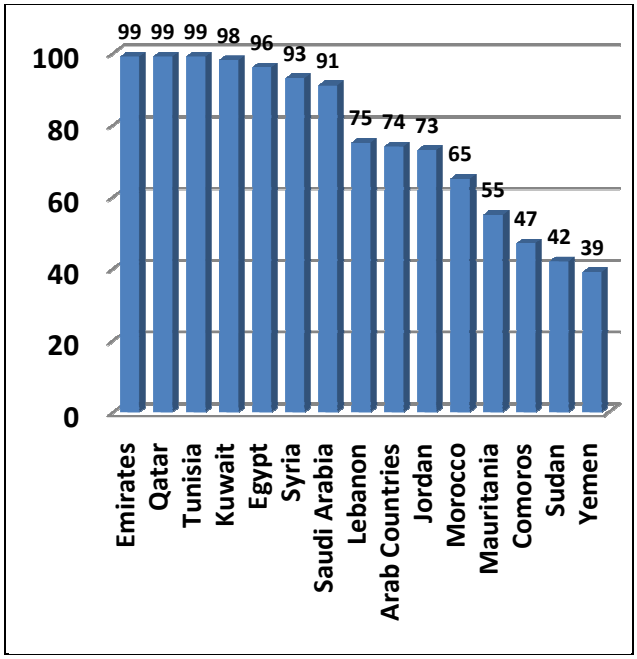


Figure 42
Percentage of births attended by skilled health personnel in selected Arab countries, 2006



Regionally, the percentage of births attended by skilled health professionals is at its highest in Tartus (100%) and it's lowest in Hasakeh (80.3%). Available data, from the results of the 2006 survey and the estimates of SPC and CBS for 2008, indicate that the percentage of births taking place at a health facility reached 70.4%. The highest percentage was recorded in Latakia (100%) and the lowest in Qunaitra (51.5%). The MICS for 2006 indicated that the rate of births attended by skilled health professionals in urban areas reached 97.6% as opposed to 88.4% in rural areas, while the rate was estimated in 2008 at 100% in urban areas as opposed to 88.7% in rural areas improving from 1993 when the rate was 91.7% in urban areas and 62.3% in rural areas.

The Arab region overall has witnessed tangible progress towards increasing the rate of births attended by skilled health professionals from 55.7% in 1990 to 70.6% in 2000. Syria, Lebanon, Egypt and Palestine achieved significant progress during the period from 2000-2005 although it was slower than the progress achieved during the 1990s.

Target 5. (B): Achieve, by 2015, universal access to reproductive health

Nationally, the use of contraceptives improved, unmet needs for women of reproductive age were reduced, adolescent births were substantially reduced, and antenatal coverage care increased. However, the last two rates are still below the prevailing level in a large number of Arab countries and developing countries in general. Moreover geographical disparities in Syria still represent a major challenge.

Indicator 5-3 — Contraceptive prevalence rate

The importance of contraceptive prevalence stems from a comprehensive view of development which looks at the combination of high fertility rates, low child mortality and high life expectancy at birth as factors leading to increased numbers of the population entering reproductive age. As a result, any change in the high rate of population growth will be slight and will consequently increase the burden of dependency.

At the national level, CBS estimates reveal an increase in the number of women using contraceptives from 39.9% in 1993 to 63.8% in 2008; attaining a progress rate of 95% during the period from 1993 to 2008.

Based on results from the MICS 2006, there is an increase in contraceptive prevalence to 58.3% in 2006. Comparison between the rates of modern contraceptive prevalence indicates an increase in women's awareness of the use of these methods, with the proportion of women using modern contraceptives rising from 25.7% in 1993 to 42.6% in 2006.

Table 3
Trend of contraceptive prevalence rates

Area	Non-users			Users of Modern methods			Users of Traditional methods			Users of All Methods		
	1993	2001	2006	1993	2001	2006	1993	2001	2006	1993	2001	2006
Urban	**50.8**	**46.1**	**35.5**	**37.8**	**41.7**	**48.2**	**11.4**	**12.2**	**15.2**	**49.2**	**53.9**	**63.5**
Rural	**72.6**	**61.7**	**48.2**	**16.2**	**27.5**	**35.4**	**11.2**	**10.8**	**16.4**	**27.4**	**38.3**	**51.8**
Total	**60.1**	**53.4**	**41.7**	**25.7**	**35.1**	**42.6**	**14.2**	**11.5**	**15.7**	**39.9**	**46.6**	**58.3**

It is noteworthy that 15.7% of women still use traditional contraceptive methods which are far less effective, thus requiring additional awareness to avoid unwanted pregnancies. According to 2006 data, the use of Intrauterine Contraceptive Devices (IUDs) accounts for 25.7% of the total modern methods followed by contraceptive pills used by 12.9% of married women. Combined the total percentage for both methods comprises 91% of modern methods and 66% of all methods. In comparison with the Family Health Survey, we note an increase in the prevalence of these two methods with IUDs at 20% followed by contraceptive pills at 12.3%, both accounting for 92% of all modern methods and 69.4% of all methods. This slight reduction in the prevalence rates of the IUD and contraceptive pills from 2001 to 2006 could be due to an increase in the prevalence of other methods (contraceptive injections and condoms).

Regionally, CBS estimates reveal geographic disparities related to contraceptive use. In 2006 it was more widespread in Sweida (81.9%) and the lowest in Raqa (39.9%). Disparities exist additionally on the local administrative, social and economic divisions, with the rate of women using contraceptives reaching 69.9% in urban areas compared with 57% in rural areas according to 2008 estimates.

In general, the higher the female education and employment status, the higher the contraceptive use. The rate reached 71% for women with university education compared with 45.2% for illiterate women. According to the MICS 2006, trends are similar for economic status of the household where the prevalence rate was 68.3% for women belonging to the richest quintile compared with 41.8% for women belonging to the poorest quintile. Figure 45 details the development of contraceptive prevalence from 1993 to 2008 by residence.

The highest rate of prevalence was recorded in Damascus (64.6%) as opposed to Raqa (7.9%) in 1993 according to MCHS, whereas, Sweida recorded the highest rate of 74.9% in 2006 according to MICS but Raqa continued to suffer from a low prevalence rate of 33.7% in 2006.

Contrasting with the Arab region, high fertility rates in the Arab States are considered a major factor behind high levels of maternal mortality. However, the number of women using contraceptives is currently increasing. Some data indicate that from 1990 to 2005, contraceptive usage in Egypt, Jordan, Kuwait, Lebanon and Syria was above 50%. On the contrary, usage remains below 10% in Djibouti and Somalia, as Figure 46 shows.

Figure 43
Target and actual contraceptive prevalence rates

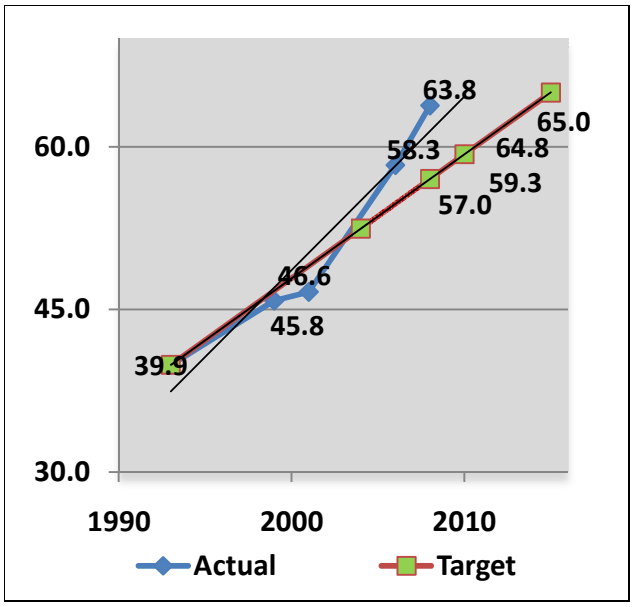


Figure 44
Contraceptive prevalence rates by governorates, 2006

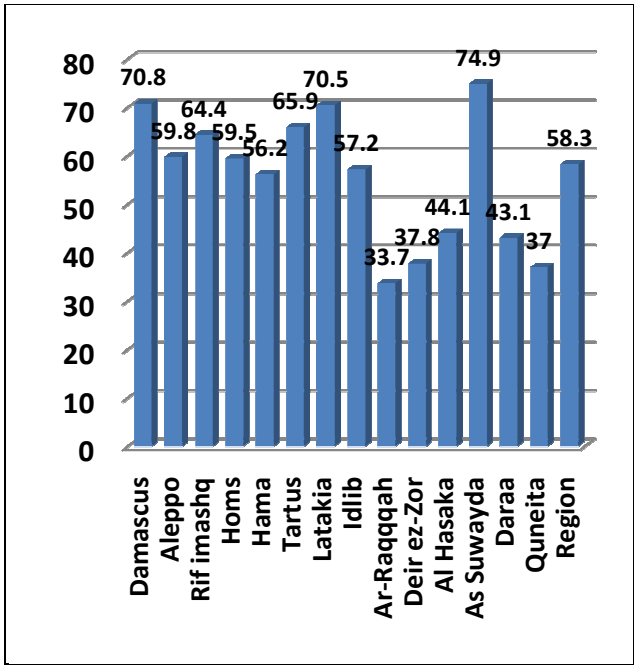


Figure 45
Contraceptive prevalence rates trend (rural-urban), 1993 2008

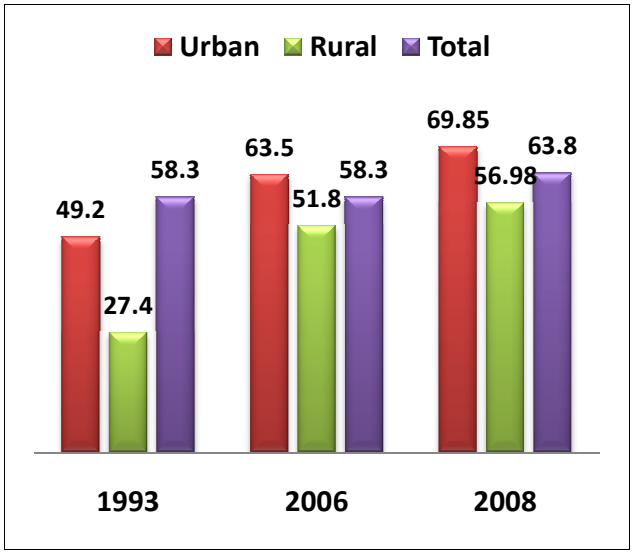
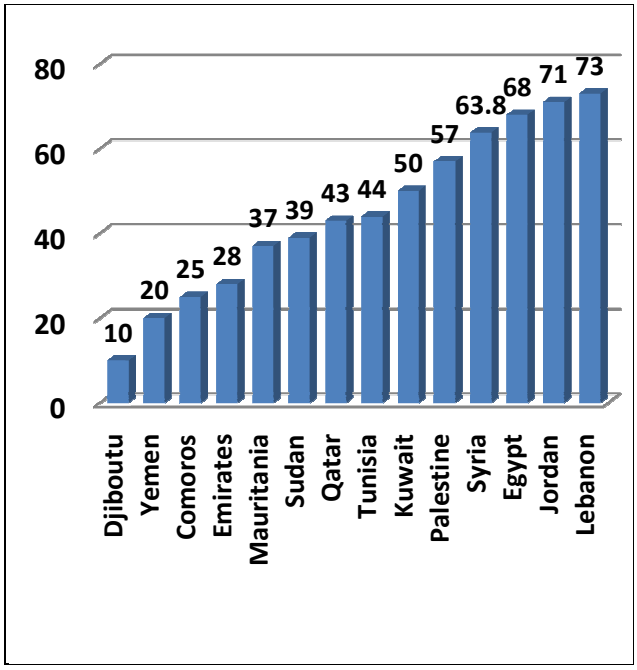


Figure 46
Contraceptive prevalence rates in selected Arab countries, 2008



Indicator 5-4 **Adolescent (15 – 19) years[22] birth rate**

Adolescents face grave health risks during pregnancy and childbirth with a larger probability of death during pregnancy than any other group and constitute around 15% of the international maternal health burden and 13% of all maternal mortalities. Investing in the health of adolescents in the age group 10-19, including 4.5 million people, educating them, developing their skills, enabling girls to complete their education and marry at a later stage are issues of utmost importance in order to achieve the MDGs pertaining to gender equality, child mortality, mental health, and HIV/AIDS.

At the national level, data from the MICS 2006 shows the rate of adolescent births in the age group 15-19 reached 60 births per 1000, i.e. there are

[22] Adolescence is defined as the age group from 10 to 19 years and it is a period of immense importance for education and acquisition of skills and values that last throughout the lives of women.

30 thousand adolescent births annually. [23] Data from the MICS 2006 demonstrate that 78.5% of adolescent births took place at a health facility; indicating a high level of awareness concerning the importance of giving birth at a health facility. The adolescent birth rate in 2001 reached 93 births per 1000 births. These rates are considered high in comparison to developing countries in general (53)[24] and to other Arab countries like Algeria (4), Saudi Arabia (7) with the exception of low income Arab countries like Comoros (95)[25]. Data from the MICS 2006 also shows that 21.6% of women in the age group 15-19 use contraceptives with the contraceptive needs of 11.5% of women unmet.

Regionally, the data from the MICS 2006 reveals that the rate of women married under the age of 18 years reached 17.7%, varying from 26.2% in Daraa to 9.5% in Hasakeh. Furthermore, 3.4% of women marry under 15 years old, though this percentage decreases as the educational level of the mother increases. As established with many indicators in Syria, discrepancies exist for urban and rural areas with the rate reaching 4% in urban areas as opposed to 2.7% in rural areas. Reflecting a relative reduction, the rate of women getting married between the ages 15 to 19 years in 2001 was 9.7%, while the rate for those who were not married in the same age group was 86.1% in 1993 and 89.2% in 2001.

Indicator 5-5

Antenatal care coverage

A. Percentage of women in the age group (15-49) who have received antenatal care (one visit at least) by skilled health personnel.

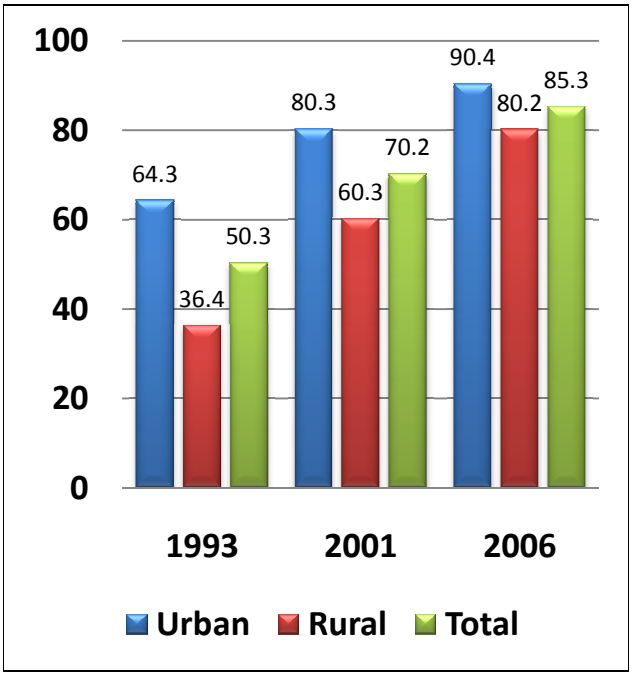
B. Percentage of women in the age group (15-49) who have received antenatal care (four visits at least) by skilled health personnel.

Provision of antenatal coverage is considered one of the priorities of the health sector in the field of reproductive health, which includes health education for pregnant women covering all the changes associated with pregnancy and breast feeding in addition to medical checkups.

At the national level, antenatal care has expanded from 1993 to 2006 with the rate of coverage rising from 50.3% in 1993 to 84% in 2006, increasing 65% over 12 years.

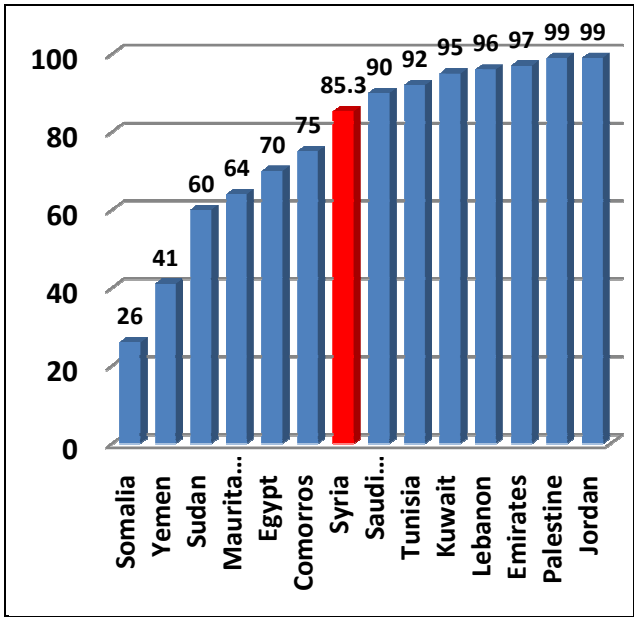
Antenatal care is affected by the economic status of the household, with coverage reaching 72.6% for the poorest households and rising to 94.6% for richer households according to 2006 data. Data from the MICS 2006 shows that 84% of women in the age group 15-49 years visited skilled health personnel as opposed to 14.7% of pregnant women who did not receive any antenatal care. The rate amounts to 19.8% in rural areas and 9.6% in urban areas.

Figure 47
Trends of Antenatal care coverage (1993-2006)



[23] Based on the assumption of 500,000 births annually.
[24] United Nations, The Millennium Development Goals Report, 2009 statistical annex, p. 10.
[25] WHO "International Health Statistics", 2009, Statistical Annex.

Figure 48
Antenatal coverage rate in selected Arab countries, 2006



Regionally, antenatal coverage varies from one governorate to another according to the data of MICS 2006. It reached the highest level in Tartus (99.4%) and the lowest (67.1%) in Idleb. This discrepancy is not only at the governorates level but it also varies from urban (90.4%) to rural areas (80.2%). This rate also varies from 63.7% for illiterate women to 77.9% for women who have completed university and higher education.

In comparison with other Arab states,[26] the antenatal coverage of 85.3% in Syria is considered moderate where coverage reaches a high of 99% in Jordan and Palestine, 97% in the United Arab Emirates and 96% in Lebanon, and a low of 41% and 26% in Yemen and Somalia respectively.

Indicator 5-6

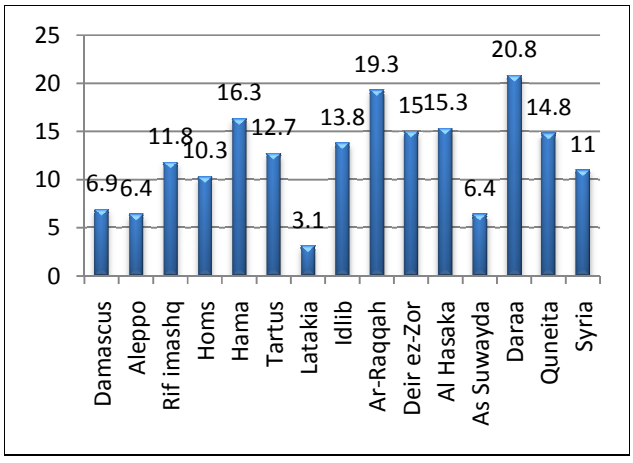
Unmet needs for family planning: (percentage of married women in the reproductive age (15-49) who have unmet needs for family planning).

Unmet family planning needs (referring to women of reproductive age who want to postpone pregnancies or prevent pregnancy altogether and who do not use any form of contraceptives) are a result of an increase in demand, facing obstacles in provision services, lack of support from local communities and husbands, incorrect information, financial costs, and transport difficulties. Priority has been given to reducing unmet needs as a basic principle in relation to ensuring births with voluntary choice.

Meeting the needs for family planning is considered one of the strategies adopted by the Ministry of Health to improve reproductive health. **Nationally,** the rate of unmet family planning needs [27] reached 11% in 2006. Results indicate that 4.8% of women want to postpone their pregnancy and 6.2% of them want to prevent it. The rate of unmet family planning needs was higher amongst uneducated women (13.9%) as opposed to women who hold a university degree and above (6.8%). It is essential to target those groups of women in future efforts. Data from the mother and child survey indicate that the percentage of unmet family planning needs reached 32.4% in 1993.

Clear discrepancies exist in the percentage of unmet family planning needs at the **governorate** level with the highest rate registered in Daraa (20.8%) and the lowest in Latakia (3.1%) in 2006 according to Figure 49. The results of MICS 2006 show that the percentage of unmet family planning needs was higher in rural areas than urban areas where it was 13.4% and 9.2% respectively.

Figure 49
Proportion of unmet needs for family planning (by governorates), 2006



[26] The State of the World's Children 2009.

[27] Total of unmet needs for family planning is the sum of the total needs to distance between pregnancies and the needs to stop pregnancies completely.

Goal 6:

Combat HIV/AIDS, malaria and other diseases

1

[1]UNICEF/SYR00575/SHEHZAD NOORANI

MDG 6 seeks to prevent infectious and sexually transmitted diseases with special attention to extending the awareness and health education especially amongst the youth population (male and female) as they are a high risk group.

Target 6. (A): Halt and begin to reverse the spread of HIV/AIDS by 2015

Syria is amongst the countries with low incidence of HIV/AIDS and available data indicates an increase in the use of condoms. Data from the quantitative study to empower youth and community participation in 2008 also indicates that more than 75% of the sampled youth had knowledge or information on HIV/AIDS. However, there is an increasing concern about risk factors that make Syria prone to an expected increase in the number of cases.

Indicator 6-1	HIV/AIDS prevalence among population aged 15-24 years

Youth population (15-24) is considered amongst the most vulnerable age group who are prone to infection by HIV/AIDS. The under 24 age group represents 22.2% of the total population with 34% of the virus cases registered overall. Addressing this challenge requires increased awareness of the disease in particular and of sexually transmitted diseases in general. The MoF data in 2007 reveals that men infected with HIV/AIDS accounted for 78% of the total number of cases while infected women were 22% of the cases. The data also indicated that the prevalence of HIV infected pregnant women in the age group (15-24) remained at the same rates of one per ten thousands (0.0001) during the period 2000-2005.

Tests for the detection of HIV/AIDS carried out till the end of 2008 have exposed 557 cases, 304 of them are Syrian and 253 non-Syrian. The number of registered deaths was 134 cases and 158 cases were under medical supervision while 80 of these cases required antiviral treatment. Studying the age of Syrians infected with AIDS, it becomes clear that the

majority of cases are concentrated in the youth age groups. 79% of those infected are under 39 years old and 26% are under 24 years old. The highest number of cases is concentrated in the largest two cities with the highest population, namely; Damascus and Aleppo. Data from the Ministry of Health indicate that the total number of children orphaned by AIDS till 2009 reached 166 children. Additionally, data shows an increase in the number of children orphaned by AIDS during the period from 2001 to 2004 according to Figure 50.

Figure 50
Number of children orphaned by AIDS, 1990-2006

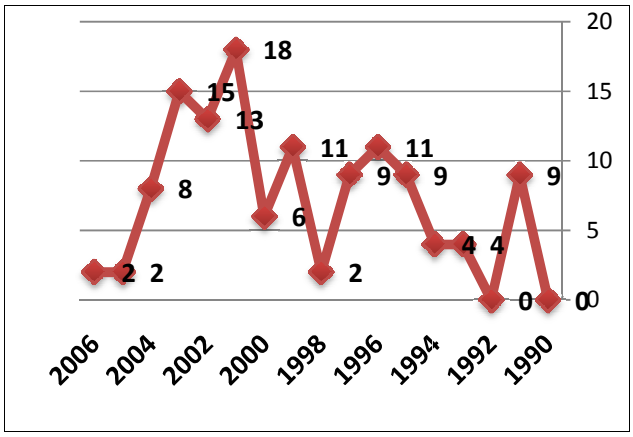
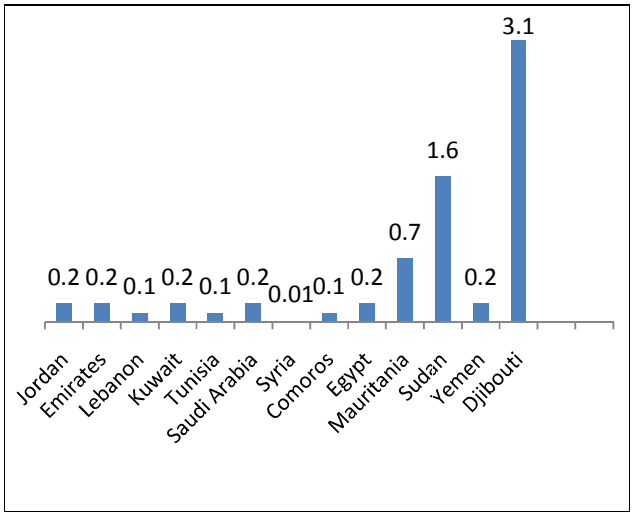


Figure 51
Percentage of HIV/AIDS prevalence in selected Arab countries, 2006



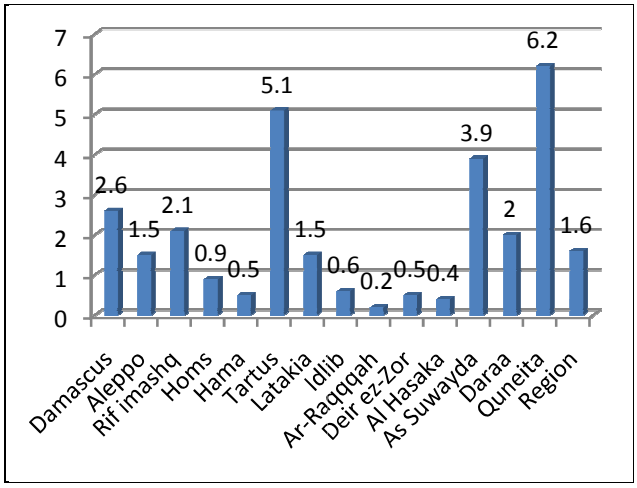
In the Arab region, Syria is considered a low incidence HIV/AIDS country. Comparatively prevalence rates have increased in Djibouti and Sudan, while Algeria, Libya and Morocco are currently witnessing epidemics of this virus restricted in certain geographical areas or amongst high risk groups.

Indicator 6-2

Percentage of population in the age group (15-24) who used condom at last high-risk sex [28].

According to the Mother and Child survey and the MICS, the rate of condom usage as a proportion of the total use of modern contraceptive methods rose from 0.3% in 1993 to 1.6% in 2006. **Within Syria**, data from the MICS shows that the governorate of Quneitra recorded the highest rate of condom prevalence (6.2%) while the lowest rate was recorded in Raqa (0.2%) (Figure 52).

Figure 52
Proportion of condom prevalence to total contraceptive prevalence in 2006



Data from this survey denotes a disaggregated increase in the prevalence rate for condom usage in urban areas (1.8%) than in rural areas (1.3%). Additionally, the prevalence of condoms usage amongst female university graduates

[28] Data on the percentage of population aged (15-24) years who use condom during the last incidence of high-risk sex is unavailable, only on the prevalence of condoms as a form of contraceptive methods.

reached 3.6% with the rate at 0.7% for illiterate women. Additionally, the prevalence rate for richer segments was about 2.2% while that of the poorest segment was 1.1%.

The Arab region,[29] overall, including Syria, has experienced substantial progress in increasing the rate of condom use which rose in Jordan from 0.8% in 1990 to 3.4% in 2002 and in Tunisia from 1.6% in 1994 to 2.5% in 2001.

Indicator 6-3

Proportion of population in the age group (15-24) year olds with comprehensive correct knowledge of HIV/AIDS

Data from the quantitative study for youth empowerment and community participation in 2008 specifies that more than 75% of the youth sampled had knowledge and information on AIDS as a result of media campaigns. However, the levels of knowledge were higher in urban areas than in rural areas. On the regional level, the proportion of girls with comprehensive knowledge of AIDS is lower in the governorates of Hasakeh, Dier Ezzor, Raqa and Idleb, than in the governorates of Tartus, Sweida, Latakia and Daraa. According to the data of MICS 2006, 96% of women said that AIDS is transmitted sexually from an infected person, as opposed to 54% who said transmission through contaminated blood transfusion, and 16% said that AIDS was transmitted as a result of not using a condom. The results of the survey reveal that the overall proportion of knowledge on the possibilities of transmitting HIV from mother to child reached 71.3%. Furthermore, 40.5% of women in the reproductive age said that HIV can be transmitted to neonatal during birth. 22.7% said that it was transmitted during breastfeeding, while 7.2% of women did not know any of the ways of HIV transmission. Also, data from the MICS 2006 indicate that the proportion of women exhibiting discriminatory attitudes to infected people and refusing to care for a member of a family infected with HIV/AIDS reached 11.7%. Moreover, 41.4% of women would prefer to keep secret the infection of a family member. Additionally, 54.5% believe that an infected teacher must not be allowed to work, and that 72.5% refuse to buy food from an infected person. Data also indicate that 9.7% of women refuse all the above discriminatory terms based on their educational level.

On the Arab level[30], available data demonstrates that the percentage of women who have a comprehensive knowledge of HIV/AIDS in Syria reached 7% in 2007, while it was 18% in Djibouti, 13% in Algeria, 12% in Morocco, 13% in Comoros, 4% in Egypt and 3% in Iraq and Jordan.

Indicator 6-4

Ratio of school attendance of orphans to non-orphans aged 10-14 years

This indicator defines the percentage of children in the age group 10-14 years who have lost both biological parents and attend school to the percentage of non-orphans (both biological parents are still alive) of the same age group who live with at least one parent and attend school.

Although the indicator is not a direct measure of the number of children who have been orphaned by AIDS, as it does not directly make distinctions among orphans, the low rates of HIV/AIDS mortalities in Syria amongst adults and children make the unavailability of this measure for the purposes of this report an insignificant problem when measuring the progress achieved towards reaching the targets of MDG 6 [31].

[29] Human Development Repot, 2007-2008.

[30] The Status of the World's Children 2009.

[31] HIV/AIDS claims the lives of an increasing number of adults as they are establishing families and raising their children. As a result of being orphaned, children in many countries around the world are facing an indefinite future; because on many occasions it is accompanied by discrimination and increased poverty which increases the welfare risks of these children. Children and adolescents orphaned by AIDS face a reduction in their opportunities of obtaining sufficient nutrition, basic health care, shelter, and clothing and they may revert to survival strategies that increase their exposure to HIV. It is probable that they will drop out of school due to discrimination, emotional disturbances, inability to pay school fees or caring for guardians infected with HIV or younger brothers and sisters. In the southern Sahara, the rate (1) reached 60% in comparison with rate (2) which reached 71%. Refer to World Bank:

Target 6. (B): Achieve by 2015, universal access to treatment for HIV/AIDS for those who need it

As Syria is a low HIV/AIDS incidence country, the cost of treatment is considered limited in comparison with other countries. Syrian citizens who are infected with HIV enjoy all the rights of citizenship stipulated in the Constitution without any discrimination to ensure the protection of the individual and the society. All government institutions and popular organizations are involved in combating AIDS, taking into consideration that education and awareness are amongst the most important methods of protection and control.

Indicator 6-5

Proportion of population with advanced HIV infection with access to antiretroviral drugs

Free medication and social care for HIV patients is provided and guaranteed. The reported number of cases with advanced HIV infection was 98 patients. They were receiving full and free medication. Expenditure by the GoS on those cases reached SL25 million in 2009, while the value of the drugs that they received reached SL6 million in 2009. All the patients are followed up regularly and are provided with medication, medical care and psychological and social guidance free of charge.

Target 6. (C): Halt and begin to reverse the incidence of malaria and other major diseases by 2015

Chronic diseases in Syria account for two thirds of the medical burden followed by infectious diseases and maternal and child diseases. Syria has succeeded in wiping out malaria, however, incidences of tuberculosis is on the rise.

Indicator 6-6

Incidence and death rates associated with malaria

a. **Death rate associated with malaria per 100,000 persons.**
b. **Incidence rate of malaria per 1000 persons.**

Indicator 6-7

Proportion of children under 5 sleeping under insecticide-treated bed nets

Indicator 6-8

Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs

The number of reported cases in 1995 was 582 falling to 14 cases in 1998, 6 cases in 2000, and no reported cases in 2005, taking into account that all the cases were imported from abroad. All given, malaria is no longer considered a problem in Syria.

In spite of the fact that the majority of Arab countries have wiped out malaria, it still exists as a pandemic in the least developed Arab countries with the average number of reported cases reaching of 3313 per 100 thousand cases in 2005. The majority of cases, 98% are reported in Djibouti, Somalia, Sudan and Yemen. Achieving Target 6. (C) in the Arab region consequently depends to a large extent on the level of progress achieved by these four countries.

Indicator 6-9

Incidence, prevalence and death rates associated with tuberculosis

A. **Incidence: number of new cases per 100,000 persons (with the exception of HIV cases)**
B. **Prevalence: number of existing cases per 100,000 persons (with the exception of HIV cases)**
C. **Death rate: number of deaths per 100,000 persons (with the exception of HIV cases)**

Tuberculosis still poses a considerable problem to public health and it may be the biggest cause of deaths resulting from infectious diseases in the Arab region. The burden of this disease is measured by three indicators, namely; incidence, prevalence and

http://ddp-ext.worldbank.org/ext/GMIS/gdmis.do?siteId=2&contentId=Content_t20&menuId=LNAV01HOME1

death rates, each measured as a percentage per 100,000 persons.

Nationally, the prevalence of tuberculosis in Syria is estimated at around 51 cases per 100,000 persons in 2004 and 46 cases per 100,000 persons in 2005. The annual incidence rate during the 1990's was estimated in the range of 4500-5000 cases, and it was relatively high in the North Eastern and Eastern governorates, reaching 5187 in 2000. The incidence has been reduced to 4138 cases by 2009.

Figure 53
Incidence of Tuberculosis cases, 2002-2008

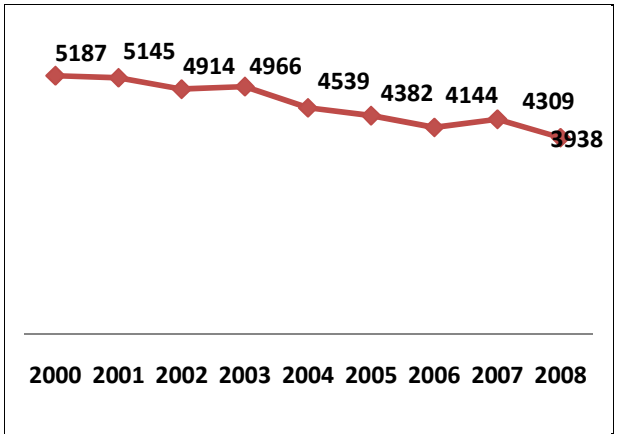
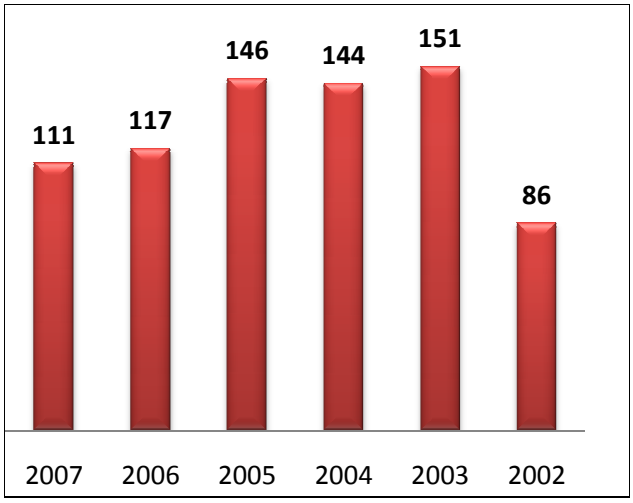


Figure 54
Death rates associated with Tuberculosis, 2002-2007



With regards to deaths resulting from tuberculosis, the number has risen from 86 deaths in 2002 to 111 deaths in 2007 as Figure 54 shows.

At the Arab level, estimates indicate that the number of people infected with tuberculosis reached 240,000 in the region in 2005 and that the number of deaths reached 43,000. This implies that the incidence of tuberculosis is 75 per 100,000 and the death rate is 13 per 100,000 people. The average prevalence rate in the region has fallen by 17% since 1990, i.e. 107 per 100,000 people. The least developed Arab countries remain affected, with Djibouti having the highest rates reaching 1161 per 100,000 people followed by Mauritania and Sudan with rates of 590 and 400 per 100,000 people respectively.

Indicator 6-10

Percentage of tuberculosis cases detected and cured under directly observed short course treatment

A. Number of new cases detected and cured under directly observed short course treatment.
B. Patients treated successfully under directly observed short course treatment.

At the national level, the number of new cases detected and cured under the directly observed short course treatment, known as the DOTS strategy[32], was 4138 cases in 2009 while the number of cases detected since the onset of the programme in 2004 was 4708 cases.

At the Arab level, the scope of care based on the DOTS strategy has been expanded, however; the rate of detection within the DOTS framework has been relatively low in the regional as a whole. The percentage of newly detected cases reached 59% in 2004 whilst the international target stood at 70%. This implies that at least 41% of tuberculosis patients do not receive a high level of care. Tunisia and Lebanon recorded the highest rates of detection and treatment through DOTS, while the United Arab Emirates had the lowest rate.

[32] Directly Observed Treatment, Short Course (DOTS) is a strategy to control tuberculosis recommended by WHO.

Figure 55
Tuberculosis prevalence rates in selected Arab countries in 2008

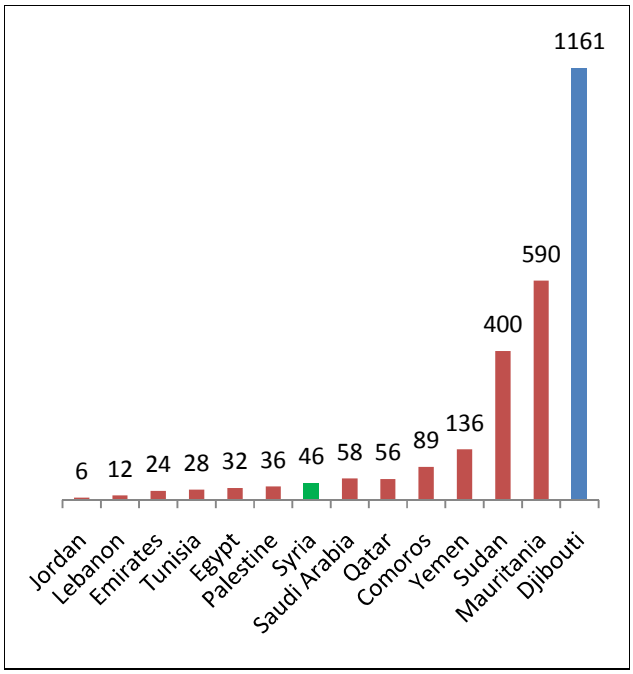
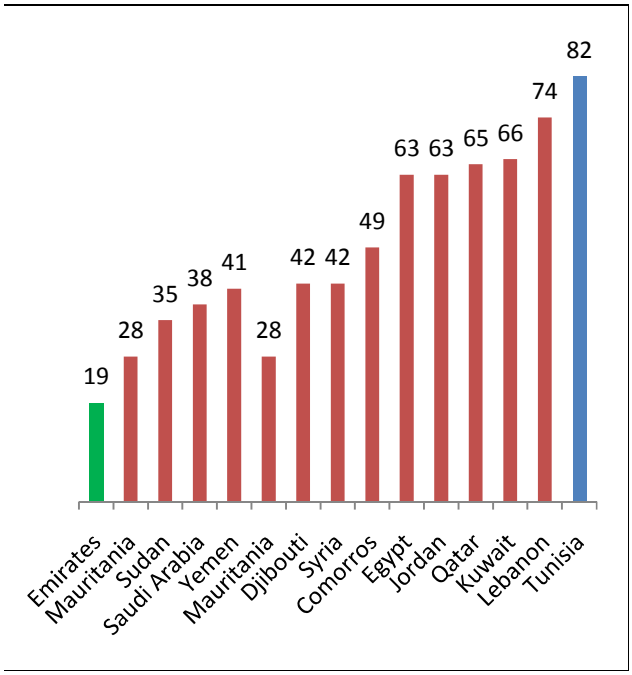


Figure 56
Proportion of Tuberculosis cases detected and cured under DOTS in selected Arab countries in 2005

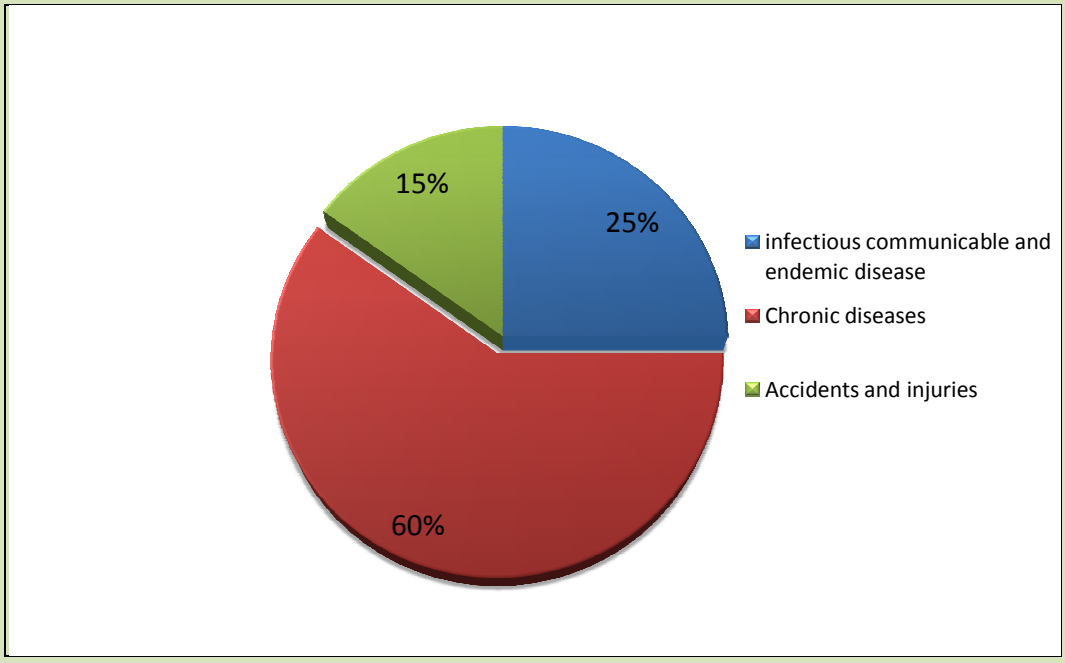


BOX 6- 1:

The three major disease groups and the total illness burden in Syria

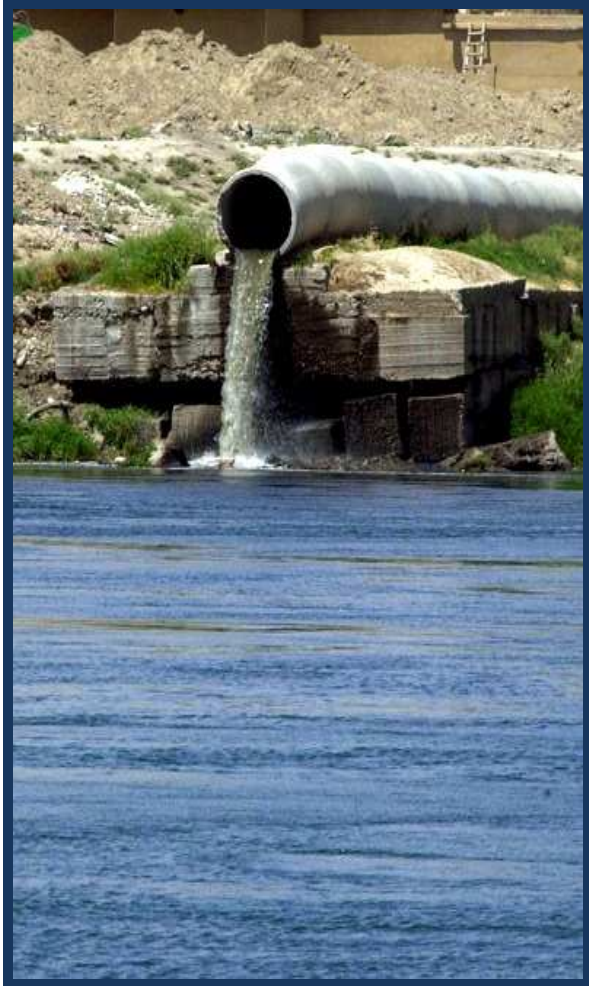
There are various groups of diseases that represent the outcome of demographic, economic, social and environmental changes and that impose an illness burden on Syria. The majority of those diseases can be classified into three groups: (a) infectious, communicable and endemic diseases; the most important being Dermal Leishmaniosis, Schistosomiasis, Malta fever, Hepatitis C and influenza; (b) chronic diseases, with heart, coronary and blood diseases at the forefront, followed by respiratory and premature birth diseases, and malignant tumors; (c) accidents and injuries as a result of external factors. The chronic diseases group represents around 60% of the illness burden, while mother and child diseases represent around 25% and accidents and injuries represent around 15%. It is, therefore; clear that Syria faces a three-pronged burden which represents a challenge to its health system. This requires reviewing the possibility of establishing sectoral alliances in areas of synergy with the consideration that they are effective factors in reducing the prevalence of various diseases.

Figure 57
Death rates by causes, 2008



Goal 7:

Ensure Environmental Sustainability



Goal 7 is dedicated to achieving sustainable economic and social development by working towards achieving the sustainability of natural and human resources, combating pollution and desertification, and enriching biodiversity.

BOX 7- 1:

Costs of environmental deterioration in Syria

Syria faces environmental problems, some of which are natural while others are manmade. The most pressing problems are: water scarcity, water pollution, soil degradation, air pollution, inappropriate treatment of solid waste, coastal and sea pollution and loss of biodiversity. Environmental pollution is now threatening the health of the population, their economic productivity and has caused the incidence of environmentally related diseases. The Syrian government, as exemplified by the environmental dimension of the Tenth Five-Year Plan, has given great attention to identifying solutions to these problems, where there exists a specific ministry entrusted with environmental affairs. In addition, in 2008 Syria updated the study on the cost of environmental deterioration carried out by the World Bank in 2002. The results of the study showed a reduction in the cost of environmental deterioration from 3.3% of GDP in 2001 to 2.3% of GDP in 2007.

Table 4: Costs of environmental deterioration

Item	Percentage of GDP of the cost of environmental deterioration	
	2001	2007
Health & quality of life	**1.9**	**1.7**
Natural resources	**1.4**	**0.6**
Total	**3.3**	**2.3**

Source: Preliminary study on cost of environmental deterioration in Syria carried out by World Bank in 2009.

Important environmental issues in Syria include air pollution, solid waste, international cooperation on environmental issues, economic development and the environment, international trade and the environment, poverty and the environment, health and the environment, desertification and drought. In terms of the regional standards related to the environment, the amount of support Syria receives from international donors is relatively low. During the period of the Five-Year Plan the total amount of planned investments in the water sector as a whole in Syria is EUR 2.769 billion. Around 50% of this budget is allocated to the irrigation sector, while the other 50% goes to drinking water and sanitation projects.

Target 7. (A): Integrate the principles of sustainable development into country policies and programmes and start the reduction of loss of environmental resources

Syria has been successful in integrating the principles of sustainable development into government policies and programmes. The Tenth FYP for the environmental sector includes an increase in the proportion of land area covered by forest and a decrease in ozone depleting gases by encouraging environmentally friendly investments and projects of the Clean Development Mechanism (CDM).

Indicator 7-1 Proportion of land area covered by forest

Historical information shows that 15% of the total land area of Syria was covered with forests and forest trees, but during the twentieth century and especially during the second half of it, this proportion decreased as a result of excessive deforestation. Syria has established a target of increasing forest land area to 3.86% by 2015. This will be accomplished by implementing various projects and plans through government and international cooperation funding.

Indicator 7-2 CO_2 emissions, total, per capita and per $1 GDP (PPP)

A. CO_2 emissions (metric tons).
B. CO_2 emissions per capita (metric tons).
C. CO_2 emissions (kilogram) per $1 GDP (PPP).

In 2009, implementation of a project preparing the first national report on climatic changes in cooperation with UNDP –GEF and the Ministry of State of Environmental Affairs was initiated. According to project details (calculations were conducted following IPCC guidelines), the amounts of CO_2 emissions from 1990 to those expected in 2010 expose a doubling in accordance with Table (A11) in the Annex. An increase of 1 ton of CO_2 for an equivalent ton of oil over the international average is related to the quality of the technology used in generating energy and the kind of fuel used in transportation and energy generation. This points out to the need to reduce the emissions of greenhouse gases, focusing on improving the technical level of power generation stations in the future, expanding investments in renewable and nuclear energy, and paying attention to incorporating into planning projects for adaptation with climatic changes, particularly given the acute impact of climate changes on Syria.

Indicator 7-3	Consumption of ozone-depleting substances (measured by the possibility of depleting ozone per 1 ton)

Ozone-depleting gases include emissions of CO_2, methane gas CH_4, and nitrogen dioxide NO_2. According to the sources of ozone-depleting gases for 2005, the energy sector is at the forefront of emission sources followed by the transport sector, sources of non-combustion industrial, agricultural and forestry operations, and solid waste management. The environmental sector of the Tenth FYP includes encouragement for environmentally friendly industrial and agricultural investments and CDM projects. A designated national authority (DNA) for CDM projects has been established, and to date two projects have been registered in the field of solid waste, and a number of projects are in the process of registration.

Indicator 7-4	Percentage of water resources used to the total of actual renewable water resources close to the year 2000

Renewable water resources in Syria are estimated at around 15.6 billion cubic meters/year. More than 30-34% of these resources are ground water, which are almost fully exploited. Estimates indicate that the increase in annual demand on water will be 2% during the coming twenty years, leading to a water deficit over large areas of the country. The water deficit for 2008 is estimated at around 2.4 billion cubic meters. Around 89% of water usage in Syria is consumed by the Syrian irrigation network, covering 500,000 hectares. Household consumption of water represents 8% only, while industrial, commercial and tourism sectors consume 3%. The amount of drinking water produced in 1996 was 589,831 thousand cubic meters and increased to 1,197,075 thousand cubic meters in 2007.

Target 7. (B): Reduce biodiversity loss, and achieving, by 2010, a significant reduction in the rate of loss

Syria has chosen to add a number of protected areas in all governorates and its national plans aim at expanding protected areas (terrestrial and marine) to 15% of the total area of the country by 2015. Moreover, since Syria signed the Biodiversity Treaty, it has been working on the implementation of a number of activities and regulations aiming to reduce the rate of loss of biodiversity components. However, climatic changes represent a major danger and factor affecting biodiversity, in addition to uncontrolled human actions as urbanization, fishing and trade, etc.

Indicator 7-5	Proportion of terrestrial and marine protected areas

A. Terrestrial and marine areas: percentage of protected areas (both terrestrial and marine) to total terrestrial area.
B. Terrestrial areas: percentage of protected terrestrial areas to the total flat land area.
C. Marine areas: percentage of protected marine areas to the total area of territorial waters.

Protected areas depend on the allocation of a certain terrestrial and marine areas to protect biodiversity, natural resources and their origins. Protected areas have acquired immense social, economic and environmental value as they protect and support the prosperity of environmental tourism and scientific research associated with the development of flora and fauna species. The national plan aims to increase the proportion to 15% of total land area by 2015. Syria has decided to add a number of protected areas in all governorates; it now has 30 protected areas distributed over all ecosystems in Syria with a land area of 1.45% of the total land area of Syria and around 68 protected pastures representing around 4.6% of total land area. The sum of protected areas reached around 6.1% of total area.

There exists a biosphere reserve in Lajat, one wetland protected area important for migrating birds (Sabkhat El Gaboul) and three coastal and marine protected areas. Among other things, the Eleventh FYP seeks to (a) establish at least one environmental park with international standards in each Syrian governorate, (b) secure the infrastructure and trained personal to implement the Convention on

International Trade in Endangered Species of Wild Fauna and Flora (CITES) and other international agreements concerned with biodiversity, (c) enforce regulations related to biodiversity and (d) develop interrelationships between the local communities and the biodiversity components in order to ensure sustainability through the development of local community and diversification of income sources.

Indicator 7-6 **Proportion of species threatened with extinction**

In line with studies prepared on the protection of endangered species, and based on the rules of the International Convention on Biodiversity, the fourth national report on biodiversity was prepared during 2009 in cooperation between the Ministry of State for Environmental Affairs and the UNDP. Available data on Syria for 2005 indicate that the number of flora species threatened with extinction exceeds 35, while the number of threatened fauna species is 25. The species prone to extinction are likely to increase with human pressures, climatic changes, and desertification.

Target 7. (C): Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

At the national level, the proportion of population with access to safe drinking water was 92% during 2007. However, the proportion of population with access to sanitation is much lower. The actual achievement exceeded the MDG target before 2015. In the framework of the environmental problems facing Syria, achieving Target 7.C requires major strategic interventions to prevent the costs of environmental deterioration from increasing, especially with regards to sanitation (treatment stations).

Indicator 7-7 **Proportion of population using an improved drinking water source**

Nationally the proportion of population with access to safe drinking water during 2000 was 85% and has since risen to 92% in 2007, with the per capita rate on the level of the whole country reaching 88 cubic meters annually. **Regionally however**, the lowest rate per capita was registered in the governorates of Rif Damascus and Hasakeh as a result of the occurrence of droughts and scarcity of water resources in those two governorates and consequently the need to focus efforts to ensure drinking water there. To better serve those populations, the two water establishments for Damascus and Rif Damascus were merged together in 2009.

There are also strategic projects for drawing water from the Tigris River to Hasakeh and from the Euphrates River to Palmyra for agricultural, industrial and services purposes. However, these projects will require funding. The planned investments for the whole Syrian water sector are 2,769 billion Euros for the period of the Tenth FYP, 50% of which will be allocated to drinking water and sanitation projects.

Indicator 7-8 **Proportion of population using an improved sanitation facility**

The proportion of population using sanitation facilities in cities reached 95% in 2009, while it fell to around 65% in rural areas and to around 30% in remote areas. In order for sanitation services to be complete, the focus was on sanitation treatment. The government has prepared plans to construct 200 treatment stations nationally by 2015 as of the Tenth FYP. By the end of 2008, the implementation rate was 20% which is low considering the importance of using treated water for irrigation in agriculture and the large negative effects of untreated sanitation such as polluting agriculture and the spread of diseases.

Lately, and as a result of the large negative effects of untreated sanitation, priority has been given to the establishment of treatment stations based on the level of pollution in the governorates of Aleppo, Idleb, Latakia, Tartus and Hama. The planned investments for the whole of the Syrian water sector during the Tenth FYP are 2,769 billion

Euros with 50% of it to be spent on drinking water and sanitation projects.

Target 7. (D): By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Slums represent a major phenomenon, usually concentrated in large cities and their suburbs, giving rise to environmental problems and increasing the risk of dangers in the aftermath of natural disasters, such as earthquakes.

Indicator 7-9

Proportion of urban population living in slums

The statistical analysis of conditions in slums was carried out based on the data from the General Census on Housing and Population completed in 2004. Another detailed study on slums was carried out on the overall level, and on the level of governorates and administrative regions. The latter was incorporated - on a near-final basis – as complementary to the work of based on the Census and covered more than 80% of slums identified and verified via the data from the census.

Table 5
Magnitude of the slums phenomenon

	Population (person)		%	Number of houses (unit)		%
	General total	slums		General total	slums	
Total	**16549535**	**2423056**	**14.6**	**3458000**	**486291**	**14.1**

Source: Data from the General Census on Housing and Population, 2004. The study did not include data from Qunaitra and Idleb due to the inability to verify them.

The slums studied (in terms of number of population and houses) account for around 15% of the total on the level of Syria (Table 5). Based on the comprehensive nature of the study, the rate can be estimated at around 15%-18% on the overall level. As slums are mainly concentrated in major city centers and their suburbs, Table 6 focuses on analyzing the proportion of the phenomenon in comparison to the total number of population and houses in urban areas.

Table 6
Percentage of slums to population and housing in urban areas

	Population (person)		%	Number of houses (unit)		%
	General total	slums		General total	slums	
Total	**9180456**	**2412713**	**26.3**	**1925225**	**483200**	**25.1**

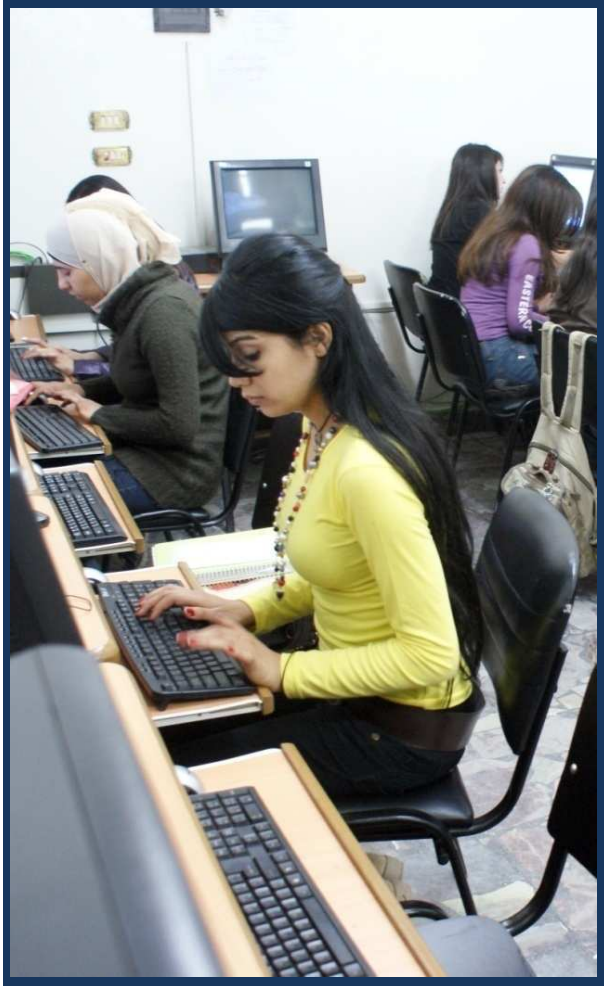
The slums that were studied (numbers of population and houses) constitute around 26% of the total. The total average in city centers in the governorates is estimated to be 26%-30%, not less than 30%-35% in Damascus and Aleppo, and 35%-40% in Homs.

Although the majority of indicators related to housing in slums fall within the acceptable numerical boundaries (from a quantitative aspect), the quality, structural safety and population density of these areas do not fall within any acceptable boundaries and they pose a danger for inhabitants in certain areas of Damascus and Aleppo, putting the structural safety of the inhabitants in these areas at risk. The majority of slum buildings which contain more than one floor were built without geological studies of their sites, or structural studies of the buildings, and without any architectural supervision, which poses unsafe construction conditions.

Measures undertaken by the GoS to address this phenomenon are reflected in the issuance of a number of laws to restrict slums and provide a sound legal framework to deal with slums. However, implementing these laws remains the most challenging aspect to address this problem.

Goal 8:

Develop a Global Partnership for Development



[1]

[1]UNICEF/SYR10202/ PAWEL KRZYSIEK

Despite consequences of the international financial crisis, that have lingered until the last quarter of 2009 increasing budgetary difficulties faced by developed countries; donors have repeatedly emphasized their commitments and their expectations of continued increases in ODA in 2010 to ensure that the right path for achieving the MDGs by 2015 does not regress, especially with respect to the eradication of poverty and the achievement of decent work opportunities for all.

BOX 8- 1 : ODA and MDGs

Within the framework of the MDGs, the United Nations aims to increase net ODA to 0.70% of GNI of member donor countries of the Organization for Economic Co-operation and Development-Development Assistance Committee (OECD-DAC). In 2008, total net ODA increased by 10.2% in constant value to reach $119.8 billion. Despite the fact that this is the highest ever-recorded figure, it still only represents 0.30% of GNI of all the members together.[33] This represents a significant gap in reaching the UN target, which will require an increase in the flow of ODA to fulfill donor commitments. Out of the $50 billion committed by 2010 only half has been disbursed.

Target 8. (A): Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.

Target 8. (B): Address the special needs of the least developed countries

Target 8. (C): Address the special needs of landlocked developing countries and small island developing states.

Target 8. (D): Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.

[33] See OECD-DAC website: http://www.oecd.org/departmenl

Syria receives only a small amount of ODA by value and in per capita terms. It has succeeded during the past few years in reducing its long-term debts, which positions it best in the Arab region according to the debt service indicator. The level of trade openness has increasingly improved in Syria, and the strength of Syria's external position implies that the financial situation provides opportunities to securing additional resources for development.

Indicator 8-1

Official Development Assistance ODA (net, total, and to the least developed countries) as percentage of OECD/DAC donors' GNP

A. Annual total ODA (billion US$ in current rates)
B. Percentage of ODA of OECD/DAC donors' GNP

Available data confirms that Syria is the lowest recipient of ODA in the Arab region, whether on the basis of net total value or per capita. ODA reached nearly $25 million in 2002, decreased by 2006 and subsequently started to increase reaching $55 million in 2008. Comparatively, during 2002-2008, ODA per capita for Egypt was $11.2 while it was only $0.9 for Syria. (Figure 59)

Figure 58
Net ODA disbursement to Syria, 2002-08 (current US$ million)

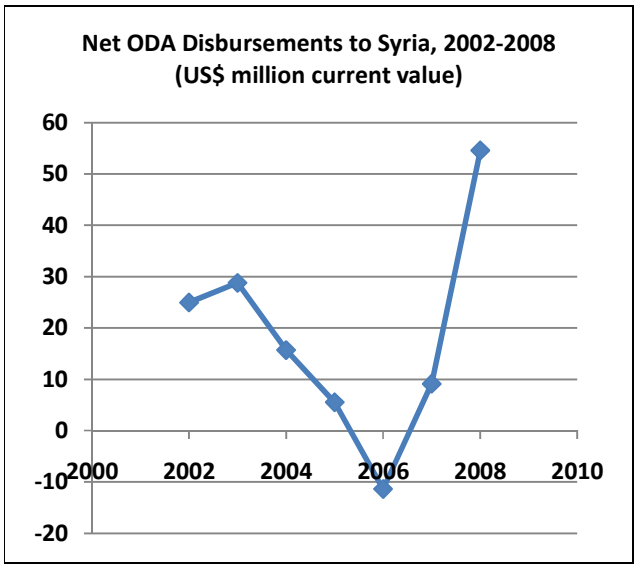
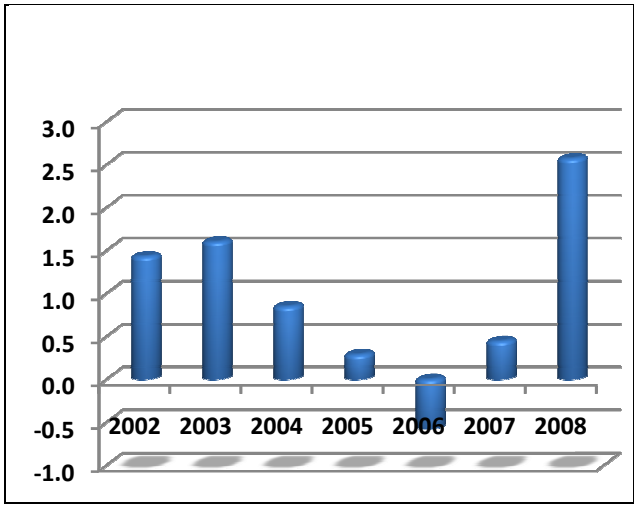


Figure 59
Per capita Net ODA Disbursements to Syria, 2002-2008 (current US$)



Source: OECD-DAC online database: http://www.oecd.org/department/l

Indicator 8-2

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)

Studies on the sectoral distribution of assistance indicate that during recent years the largest share of assistance was directed towards the social sectors, while the smallest share went to the economic sectors. Most of the ODA commitments allocated to Syria (2002-2007) followed this trend. Allocations were as follows:

- **Social infrastructure and services** 69.7% (38.5% for education, 5.2% health and population, and 13.9% drinking water and sanitation).
- **Economic entities and services** 1.8% (0.3% energy, 1.1% transport and communication)
- **Productive sectors** 6.5% (4.5% agriculture, forestry and fishing; 1.6% industry, mining and construction; 0.4% trade and tourism)
- Various sectors 8.3%
- Programme assistance 0%
- Food aid 0%
- **Debt related measures** 0%

- Humanitarian aid 4.5%
- Other aid 3.4%

Based on the above distribution economic sectors receive less than 10% of total ODA, half of which goes to agriculture to increase food productivity, while more than 90% of the total ODA is directed towards other sectors in particular social infrastructure.

Being the lowest recipient of ODA - whether on the basis of net value or on the basis of per capita - creates an opportunity for Syria to maximize the benefits of international cooperation as a mean of speeding up the implementation of MDG targets in the coming years. More specifically, this requires elevating ODA as a tool for the preparation and implementation of the Eleventh FYP (2011-2015), mobilization of efforts from donor and UN agencies to develop the specific areas of international cooperation for development, and negotiations with various partners on the potential of increasing the flow, quality and sectoral distribution of assistance for the benefit of sustainable economic and social development in Syria.

Indicator 8-3

Proportion of untied bilateral official development assistance of OECD/DAC donors

ODA is often tied to various conditions for recipient countries, which are reflected, among other things, in restrictions on the purchase of goods and services from donor approved suppliers, which leads to distortion in distribution, local procurement systems and negative consequences for recipient countries. Current international initiatives that aim at increasing the effectiveness of ODA, such as the Paris Declaration and the Accra Action Plan (PDAA), encourage donor countries to increase the untied assistance to recipients. Recent figures based on voluntary reports presented to OECD-DAC verify an increase in untied bilateral ODA from donors from 67.6% in 1990 to 92.3% in 2005. However, it has decreased to 89% in 2006 and 84.6% in 2007.[34]

[34] Millennium Development Goals Report, United Nations (2009).

A new study on the distribution of ODA amongst Arab countries indicates that the distribution of assistance between sub-regions in the Arab states (Mashreq, Maghreb, least developed countries) is far from being fair and is based primarily on political reasons and historical colonial ties.[35]

Market Access

Syria is in the process of implementing institutional reforms to create an appropriate regulatory environment for the application of the economic approach of a social market – in accordance with the MDGs – through a balanced foreign trade policy while working towards mobilizing efforts to join the World Trade Organization (WTO). Syria applied for accession to the WTO at the end of 2001, but the United States blocked the inclusion of the request on the agenda for political reasons. Syria has exercised free trade with Arab countries through the Arab Free Trade areas (FTAs) since 2005, and has reached a bilateral partnership agreement with the EU.

Indicator 8-6

Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted duty free

This indicator is defined as the percentage of the value of developed countries' imports (current prices in US$) from Syria that are duty free to the value of total imports of developed countries from Syria. This percentage has deteriorated between 1996-2001, reaching its lowest level (31%) in 2001 due to international restrictions and other factors that limit trade. However, the level of trade openness in Syria has improved significantly since 2002, especially when looking at exports from developing countries or least developed countries since 2004, reaching 96% in 2007.

Although the indicator for duty free treatment is an indicator of market access, it is not

[35] Meeting of the group of consultants to discuss the joint report of the Arab League and the United Nations on achieving the MDGs in the Arab region (2010), 9-11 December 2009, Beirut, Lebanon.

always synonymous with actual benefit of preferential treatment for recipient countries because this depends, amongst other factors, on the proportion of total exports actually realized. However, the IMF Direction of Trade Statistics (DoTS) indicates that the proportion of trade with developed countries has decreased to a large extent from 59% in 2003 to 55% in 2004 then falling to 36% in 2005 and 2006, and finally reaching 32% in 2007.

Indicator 8-7

Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries

Average tariffs imposed by developed countries on Syrian agricultural goods, textiles and clothes are around 3% in light of the Most Favoured Nation status and 4% considering preferential trade conditions. Allowing for average tariffs imposed by developed countries on the exports of developing and least developed countries, the average tariffs imposed on Syria are some of the best available. However, as mentioned above, a reduction in the average of tariffs is not always synonymous with actual benefits for beneficiary countries. It is important to note that the IMF DoTS reports a rapidly declining trend in the proportion of trade with Syria during the period 2003-2007.

Figure 60
Proportion of total Developed Market Economies imports (by value and excluding arms and oil) from Syria compared to other countries

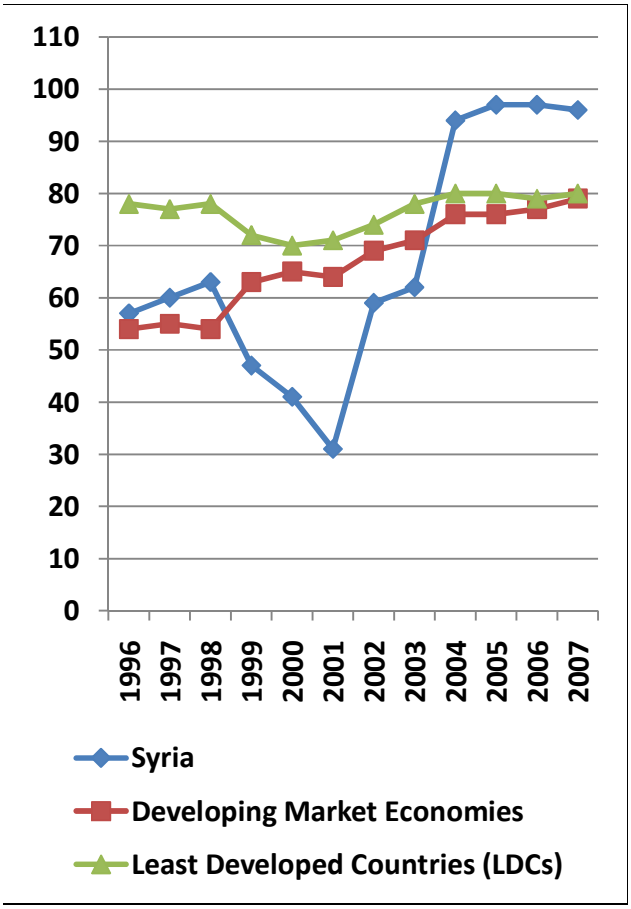
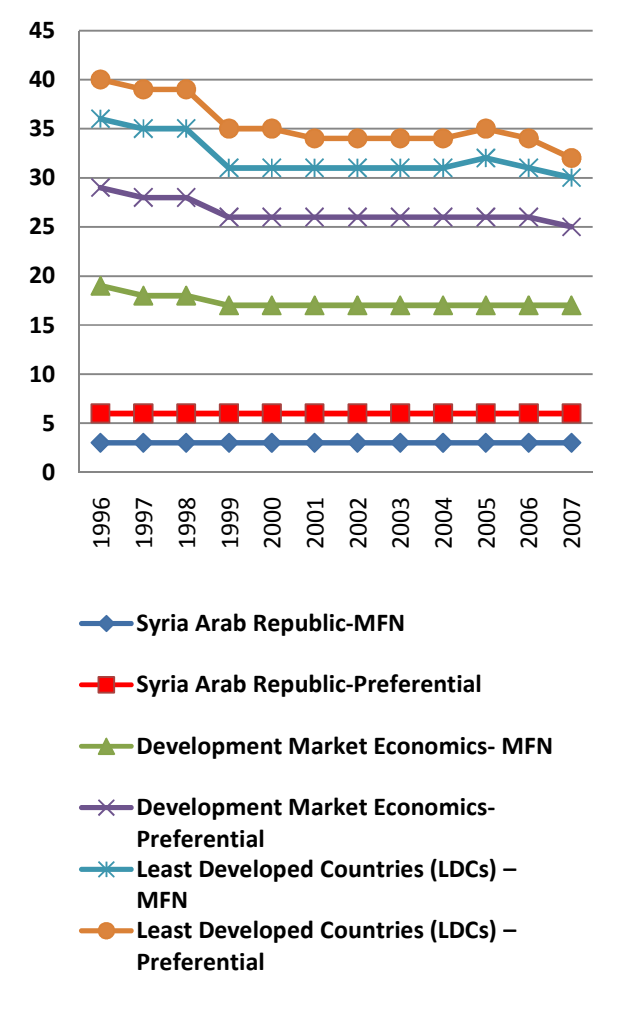


Figure 61
Average tariffs imposed by developed countries on agricultural products, textiles and clothing from Syria and developing countries



Indicator 8-8

Agricultural support estimate for OECD countries as a percentage of their GDP

Agricultural support is defined as the net annual monetary value of all transfers in the form of subsidies related to agricultural support policies regardless of their objectives, impact on production and income of farms, or consumption of agricultural products. The proportion of total agricultural support presented by OECD countries as a percentage of GDP is not only an indicator of the cost on those economies but also on the agricultural exports from developing and least developed countries. Considering the increase in the international prices of agricultural crops during 2007 and 2008, it is only natural that agricultural subsidies declines in OECD countries as a percentage of their GDP as there is no longer any need for support in light of the price increases on international markets.

Indicator 8-9

Proportion of ODA provided to help build trade capacity

Based on ODA commitments during 2002-2007, OECD-DAC data indicates that the proportion of ODA provided to Syria to help build trade capacities is nearly zero.

Decrease the level of debt burden in the long run

Indicator 8-12

Debt service as a percentage of exports of goods and services

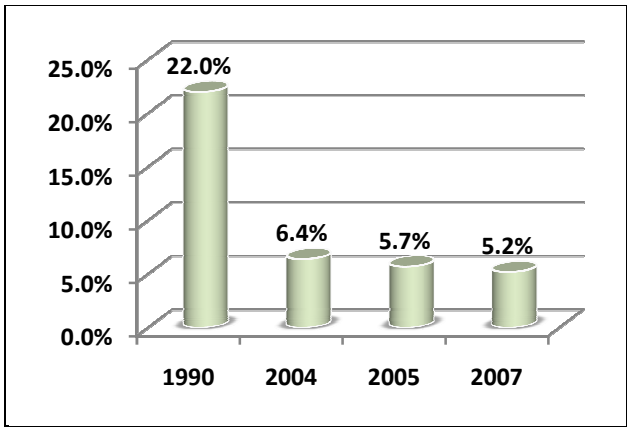
Debt service (nominator) includes the total of principle repayments and interest paid by non-residents on long term (more than one year) public debts and those guaranteed by public authorities and total exports of goods and services (denominator) excluding remittances from workers abroad. This percentage is different from the total debt to exports percentage, which is widely used.[36]

Syria is proud to have the least external and internal debt problem in the Arab region. Since 2005, Syria has finalized comprehensive settlements for external debts on good conditions especially with countries from what used to be the Eastern Block and the former Soviet Union (specifically, Poland, Czech Republic, Russia and Slovakia). While the percentage of debt service was nearly 22% in 1990, it has since fallen to 6.4% in 2004, 5.7% in 2005 and 5.2% in 2007. External debt currently stands at $6.5 billion, which did not exceed 11% of GDP in 2009

[36] Estimates of the UNDP Regional Bureau for Arab States using nominal values based on the reports of the Central Bank of Syria, IMF and World Bank data.

including current debts and their burden.[37] As for internal public debt, it does not exceed 23% of GDP making the overall total of public debt nearly 34% of GDP, which is considered a limited percentage.[38] The percentage of debt service shown in Figure 62 demonstrates the strength of the external position of Syria which provides the government with greater financial space, to obtain additional resources - whether from regional, international financial institutions, other countries or by selling treasury bonds- that help the government increase public spending to achieve MDGs.

Figure 62
External debt service as a percentage of exports



[37] Central Bank of Syria, stock market and modernization of budget structure is one of the priorities … Al-Hussain: We have addressed debt and the impact of the financial crisis is limited.
http://www.banquecentrale.gov.sy/Archive/archive-ar/archive2009/news10-%204/news-ar/news25-ar.htm

[38] Reference must be made to the latest legislative amendment concerning debts; based on Legislative Decree no. 60 issued on 1st October 2007, (available on the Central Bank of Syria website: http://www.banquecentrale.gov.sy/T-bills/legislativedecree60.pdf) Article 11 stipulates the following:

A. Outstanding internal public debt at any given time must not exceed 60% of GDP in current prices for the last year of available data.
B. Outstanding external public debt at any given time must not exceed 60% of GDP in current prices for the last year of available data.
C. In opposition to any applied text, outstanding public debt at any given time must not exceed 80% of GDP in current prices for the last year of available data.

Target 8. (E): In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

Indicator 8-13

Proportion of population with access to affordable essential drugs on a sustainable basis

The MoH national health strategy is based on providing safe and effective drugs to citizens on a sustainable basis in accordance with quality requirements and international standards at affordable prices. The health strategy has contributed to encouraging the manufacturing of basic drugs and ensuring their continued availability in sufficient quantities from more than one source. This practice has allowed for the manufacturing of generic drugs by 7 local companies and the non-generic by 10 companies, while the number of licensed pharmaceuticals for local production has increased from 502 in 1990 to 4522 in 2004.[39] The number of locally manufactured drugs included in the standard WHO list of basic drugs increasing, the sixteenth list being the latest issued in March 2009.[40] The expansion in producing pharmaceuticals in local laboratories has led to a reduction in the price of the majority of locally produced drugs, which allows a wide segment of the population access to them with affordable prices. Imports are restricted to limited groups of cancer drugs, immunological drugs, vaccines, hormones, and therapeutic blood products.

Target 8. (F): In cooperation with the private sector, make available the benefits of new technologies, especially information and communications technology

Widespread progress has been achieved in the prevalence of fixed phones, mobile phones and the internet, however; broadband internet use is still limited. The challenges are to provide access to communication and information especially for rural populations and to enable them to benefit

[39] State Planning Commission (2005), "Second National MDG Report", Damascus.

[40] The text is published on the WHO website on the following address:
http://www.who.int/selection_medicines/committees/expert/17/sixteenth_adult_list_en.pdf

from technology, markets' liberalization, and investing in networks.

Indicator 8-14	Telephone lines per 100 populations
Indicator 8-15	Mobile phones subscribers per 100 populations
Indicator 8-16	Internet users per 100 populations

The impact of information and communication technology (ICT) is currently widespread in all sectors, from manufacturing to production services, and social services. ICT plays a major role in modern community development, where it is connected to all activities leading to the production and spread of information from education and written and audio-visual media, to cultural and intellectual production. **Progress achieved in Syria has advanced as follows**:

Telephone lines: The proportion of the population subscribing to fixed phone lines has increased from 4.39% in 1990 to 17% in 2008. However, large disparities exist among cities; the proportion is higher in the governorates of Damascus and Aleppo compared with the Northeastern governorates of Dier Ezzor, Hasakeh and Raqa.

Mobile phones' services: Mobile phone services gained market access in Syria by the end of 2002, but it was not highly widespread for a number of reasons, including importantly the high cost. Subsequently, expansion in the availability of this service has taken place with the number of subscribers reaching 33 per 100 populations in 2008. Yet, this number represents less than half the average for the Arab region in 2008.

Internet services: Internet services were made available in Syria on a limited scale in 2000. There are two primary service providers; General Communication Establishment and Scientific Syrian Society for Information. Over the past few years, internet usage has expanded to a large extent with the number of subscribers reaching around 17 per 100 in 2008. As for broadband internet subscribers with dial-up connections, the number is much lower at 0.1 per 100 in 2008 (i.e. 1 subscriber per 1000).

The review of the level of achieved progress made clear that the major challenges faced by Syria to achieve the MDGs are concentrated in the areas of poverty reduction and the environment. Both challenges will be discussed separately.

1. Poverty Reduction

Based on the international poverty line of US$ 1.25 a day, Syria achieved the target of halving the proportion of people living below this poverty line. However, for Syria and MICs in general, it is clear that the international poverty line represented by US$ 1.25 a day is no longer an appropriate measure of extreme poverty. The report focused on monitoring progress towards reducing extreme poverty measured by the proportion of the population living below the lower national poverty line. Results showed that Syria is far from achieving the target and the gap between the actual and target poverty reduction has become particularly evident in rural areas. What follows is a discussion of what must be achieved in the field of economic growth and its distribution for Syria to achieve substantial progress towards poverty reduction.

First, it is important to refer to the responsiveness of poverty reduction to sustainable economic growth on one hand, and equitable distribution on the other. For example, if national real consumption per capita increased by 3% annually during the period 2007-2011, the extreme poverty ratio in Syria would decrease to around 8.9% of the population. The poverty-growth elasticity indicates that the poverty ratio in Syria is expected to be sensitive to economic fluctuations, including rapid changes in growth. To make it clearer, a simple simulation analysis with an applied methodology taking into account the changes in income distribution was carried out to test the impact of the continuity of the historical growth scenario recorded during the period 1997-2007 on the extreme poverty ratios in 2015. Consequently there are three possible scenarios for income distribution. In the case of neutral growth, there will be no change in the Gini coefficient. In the case of pro-poor growth, the Gini coefficient will decrease by 0.5% annually. In the opposite case of anti-poor growth, the Gini coefficient will increase by 0.5% annually.

Assuming the expenditure per capita continues to grow according to the historical average (around 0.5% during the period 1997-2007) and no change occurred in income distribution (i.e. neutral distribution growth), extreme poverty ratio will be reduced by only 10% during the period 2008- 2015 (i.e. reaching 11.0% in 2015). The pro-poor growth scenario creates a reduction in the ratio by about 62%. Therefore, improvements in income distribution make the goal of halving the population living below the national lower poverty line possible, even if it is accompanied by growth in per capita expenditure according to the lower historical average. However, in the case of deteriorated income distribution of the anti-poor growth scenario, a substantial increase in extreme poverty ratio (40%) is expected by 2015.

Nonetheless, economic growth is not considered a fixed variable; therefore the importance of the growth rate enabling the achievement of poverty reduction targets stems from being the benchmark rate that determines the standard rate of public and private investments, both of which are affected directly and indirectly by economic policies. Using the same methodology, we estimated required growth rates to enable halving poverty by 2015 within the framework of the three above-mentioned scenarios. If no change in the distribution of income is presumed, an annual growth rate of 3% is required to halve poverty by 2015. However, if the distribution of income improves, the average annual rate of growth required shall be reduced to only 0.3%. In comparison, if the distribution deteriorates, the per capita rate of expenditure will have to grow by 7% to achieve targets of poverty reduction.

Despite the importance of economic growth, the expected poverty outcomes for Syria are extremely sensitive towards changes in income distribution. As have been proved, economic growth does not guarantee poverty reduction. As a result, policies for the redistribution of income in Syria are vital to achieve poverty reduction. As the economic gap between urban and rural areas is still large in Syria, it is also clear that rural development policies play a major role in limiting inequality. This challenge requires **strategic interventions** that will be explained in the following:

The pro-poor growth strategy aims at achieving a high rate of growth in GDP while at the same time increasing the level of equality in income distribution and reducing the prevalence of poverty. Pro-poor policies include two sets of policies; the **First** pertains

to empowering the poor and enhancing their participation in social and economic life. The **second** pertains to integrating least developed regions in economic activities.

Empowering the poor

This set of policies includes the following:

- Directing public spending policies priorities towards empowering the poor to access educational and health services at a low cost in order to increase their skills and capacities in the labor market.
- Providing assistance to poor households with children in primary education.
- Enabling the poor to access financial services in order to invest and own material and financial assets and integrate into economic activities.
- Widening the scope of coverage to ensure a minimum level of income to households and increase the capacity for the social protection network to buffer limited income groups from unemployment, poverty and diseases.

Integrating least developed regions:

This set of policies includes the following:

- Prioritizing the modernization and development of the agricultural sector and reducing the impact of climatic changes on it.
- Focusing on least developed regions in the context of balanced development strategies that contribute to reducing the degree of disparity in economic development among governorates and rural areas.
- Facilitating and supporting development projects in least developed regions.
- Working towards re-integrating least developed regions in economic activities by constructing, modernizing and renovating the infrastructure in these areas, and encouraging economic diversity.

2. Environmental challenges:

Poverty and the environment are interrelated through a dynamic relationship that reflects the geographical aspects and economic, social and cultural characteristics of individuals and communities. Therefore, various communities often have different environmental priorities. In rural communities, priorities for poor segments are preserving natural water resources, land, livestock and plant resources (the reaction of local populations are characterized as being negative towards any project in their geographical proximity especially when financial benefits are not quick and clear, as they have to defend their gains). The poor in urban areas put importance on obtaining clean drinking water and ensuring access to electricity, sanitation and fuel. Poverty in this case includes material aspects resulting from low levels of income, and non-material aspects resulting from the inability to access education, health and clean drinking water or even to have an impact on the decisions that have a direct influence on their way of life (therefore poor people in rural areas often live in environmentally deteriorated areas or with limited resources).

For the period 2006-2008, Syria has witnessed an increase in desertification due to global climatic changes including: regular droughts and bad practices in utilizing natural resources, accompanied by weaknesses in the environmental resources management. As a consequence, the proportion of land suffering from desertification has risen to reach 4% of the total land area of Syria. Desertification, hence, is threatening large areas in Syria as a result of erosion by water in the coastal region and erosion by wind in the central regions, both of which led to soil deterioration and an increase in sand storms for the Eastern regions as well as deterioration and the lack of growth of seasonal grazing plants in the Syrian steppe. The land area affected by this phenomenon is estimated at around 25% of the total steppe, with wind erosion contributing to an increase in the movement of soil particles and their movement from one place to another to form sand dunes which are the end stage of soil deterioration and desertification, as it leads to advancement on agricultural lands, asphalt roads, and railroads.

The Bushri Mountains and surrounding areas were once considered the best grazing areas in Syria. As a result of agro-pastoralism and cultivation of barley the vegetation cover has largely deteriorated accompanied by the appearance of wind erosion. This has resulted in the pilling up of sand dunes in low lands covering large areas of them and of neighbouring areas, making the Bushri Mountains a source of crawling sands on the Syrian steppe.

Drought is a global phenomenon resulting from prevailing climatic factors in the world. Syria, as a country affected by global warming, is impacted by the decreases in annual and unseasonal rain falls. Rain fall data in Dier Ezzor over a period of twenty years show that rain fall has not exceeded a third of the

annual rate in some years, in addition to the wind speed in the area varying from 16 to 27 meters per second throughout the year. In 2008, Syria experienced its worst drought in 40 years resulting in considerable damage to agricultural production, both animals and plants, impacting more than 1 million people working in agriculture. For the first time in twenty years, after 2 years of drought, Syria was forced to import quantities of wheat. The UN has emphasized that 59 thousand small farmers lost most of their herds while 47 thousand farmers lost around 50% - 60% of their livestock. In response, the Syrian government distributed installments of emergency aid to 29 thousand households. Damage in the steppe was immense with 59% of grazing areas, home to 80% of sheep, wiped out. Livestock was negatively affected by the shortage of animal fodder and an increase in the international prices of feed. The drought phenomenon starting in 2006 has resulted in the migration of around 300,000 Syrian farmers with their families leaving their land behind to go to other Syrian governorates. This implies a reduction in health and material standards which reflect negatively on MDG indicators related to education, health, poverty and environment for these segments in society. Studies suggest that drought is a component of climatic changes. Its cycle used to be every 55 years, and then fell to 27 years and then again to 13 years. Today it cycles between 7-8 years. Drought has a large impact on agriculture in Syria which produces large amounts of agricultural commodities in the region, with the sale of wheat, olive oil, livestock, fruits and vegetables contributing to almost 20% of GDP.

Components of biodiversity, animal and plant wildlife have been exposed to large levels of deterioration due to causes resulting from climate changes phenomenon and drought, in addition to various human activities, such as population and agricultural expansion and illegal hunting and trade. This has resulted in a decrease in the number of natural species and as a consequence an increase in the imbalance of the ecosystems that they live in. Concerned national authorities have been working to reverse this trend as much as possible by establishing natural protected areas covering various ecosystems and pastoral protected areas. The total number of protected areas has reached 99 covering 6.4% of the land area in Syria, in addition to directing national policies towards the conservation of the components of wildlife on land, seas and rivers and working to sustain these natural resources.

Environmental hazards in developing countries are responsible for the equivalent of 20% of stresses resulting from illnesses and bad public health among the population, which is twice the proportion found in developed countries. When environmental dangers are taken into account, the impact on developing countries is ten times more than developed countries. Women and children are the primary affected segments in society. Data collected during 2000-2005 from health centers of the Ministry of Health indicate on average that 9% of patients under-five are there due to diseases transmitted through water and food, i.e. diarrhea. Acute respiratory infections for the same age group equaled on average 60% of patients at the medical centers. Respiratory infections resulting from air pollutants can be categorized into two groups: (a) those due to internal and external air pollutants and (b) those due to international epidemics such as influenza. However, the higher proportion of respiratory infections is due to air quality issues.

As large group of dangerous environmental infectious diseases, such as polio, measles, hepatitis B and others are controlled through medical measures either by immunization or the application of strict medical interventions. However, not all infectious diseases have strict medical interventions as they are related to a polluted environment which can only be controlled by treating the environment.

The other group of diseases that directly relate to environmental conditions includes chronic diseases such as (chronic bronchitis, lead poisoning, tumors, and chronic poisoning by various chemical substances among others). This group is synonymous with industrialized countries but has reached the developing world (especially in the fields of industry and transport) which has been accompanied by the associated health implications imposing additional health burdens to the original conditions surrounding infectious diseases.

The studies carried out by the Ministry of Health show that a very high percentage of children in Damascus (77%) in the age group (6-12) year olds suffer from a high concentration of lead in the blood above the level allowed by WHO which is 10 micrograms/100 mm in the blood. Additionally, 15% of the Syrian population suffers from Ascaris worms, 36% suffer from dysentery cyst, 48% resident near the cement factory in Tartus are infected with at least one chronic respiratory infectious disease, and 70% of factory workers suffer from a chronic respiratory

infectious disease regardless of the kind of work they perform or the job they occupy. All these statistics detail a continuous depletion of the capacities of the labor force, loss of material and financial resources and social pressure that is due to the absence of preventive measures put in place during planning, implementation and operation.

These challenges require the following **strategic interventions**:

Environment:

- Implementing an integrated environmental policy covering all development sectors to reduce environmental deterioration.
- Extracting best environmental practices that correspond to the environmental priorities within the framework of balanced regional planning.
- Improving the level of government and community environmental performance.
- Encouraging private investment in environmental projects.
- Building capacities at the local and national levels and undertaking scientific research on environmental issues.

Crisis management:

- Developing and implementing an integrated national system for crisis management to mitigate the negative impacts and address the possibilities.
- Identifying the possible man-made crises, estimating their damages, possibilities of occurrence, adopting all precautions and measures to avoid them, and addressing all the negative outcomes that arise.

The above strategies can be implemented through the following policies:

- Formulating national policies to address environmental emergencies and reduce environmental pollution.
- Adopting environmental assessments for future projects and review and audit current projects.
- Focusing on sustainable rural development and adopting decentralization in environmental work.
- Integrating the environmental dimension in development plans and facilitating cooperation between the environmental sector and other sectors.
- Increasing the level of environmental awareness, building capacities and supporting non-governmental organisations.
- Enforcing the implementation of environmental laws and environmental management systems, and amending laws when required.
- Adopting the policy of low cost small-scale projects that generate high environmental returns on the local level and encouraging private investment in environmental projects.
- Increasing international and bilateral cooperation in environmental issues.
- Enhancing scientific research on the environment and building and continuously maintaining an environmental database.
- Developing legislation and laws pertaining to public safety regulations, strengthening the work of concerned authorities, coordination mechanisms, and cooperation amongst them and supporting them with the necessary equipment to face disasters.
- Introducing a system of crisis management to help address the current situation.

Progress Achieved		
MDG 1: Eradicate Extreme Poverty and Hunger	**Halve, between 1990 and 2015, the proportion of people whose income is less than $1 a day**	
	Achieve full and productive employment and decent work for all, including women and young people	
	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	
MDG 2: Achieve Universal Primary Education	**Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling**	
MDG 3: Promote Gender Equality and Empower Women	**Ratio of girls to boys in primary education**	
	Ratio of girls to boys in secondary education	
	Ratio of girls to boys in vocational secondary education	
	Ratio of girls to boys in tertiary education	
MDG 4: Reduce Child Mortality	**Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate**	
	Proportion of 1 year-old children immunized against measles	
MDG 5: Improve Maternal Health	**Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio**	
	Achieve, by 2015, universal access to reproductive health	
MDG 6: Combat HIV/AIDS, Malaria and other Diseases	**Have halted by 2015 and begun to reverse the spread of HIV/AIDS**	
	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	
MDG 7: Ensure Environmental Sustainability	**Reduce the loss of environmental resources**	
	Halve, by 2015, the proportion of people without sustainable access to safe drinking water	
	Halve, by 2015, the proportion of people without sustainable access to basic sanitation	
	By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	

Target achieved or highly expected to be achieved

Potentially achievable if same trend continues

Target unachievable if the same trend continues

No progress achieved or a retraction takes place

Information not available

Complete Official List of MDG indicators effective since January 2008
All indicators should be disaggregated by sex and urban/rural as much as possible.

Millennium Development Goals (MDGs)	
Goals and Targets (from the Millennium Declaration)	**Indicators for monitoring progress**
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.	1.1 Proportion of population below $1 (PPP) per day.[41] 1.2 Poverty gap ratio. 1.3 Share of poorest quintile in national consumption.
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people.	1.4 Growth rate of GDP per person employed. 1.5 Employment-to-population ratio. 1.6 Proportion of employed people living below $1 (PPP) per day. 1.7 Proportion of own-account and contributing family workers in total employment.
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger.	1.8 Prevalence of underweight children under-five years of age. 1.9 Proportion of population below minimum level of dietary energy consumption.
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling.	2.1 Net enrolment ratio in primary education. 2.2 Proportion of pupils starting grade 1 who reach last grade of primary. 2.3 Literacy rate of population (male and female) in the age group (15-24 years-old).
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015.	3.1 Ratios of girls to boys in primary, secondary and tertiary education. 3.2 Share of women in wage employment in the non-agricultural sector. 3.3 Proportion of seats held by women in national parliament.
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate.	4.1 Under-five mortality rate. 4.2 Infant mortality rate. 4.3 Proportion of 1 year-old children immunized against measles.
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio.	5.1 Maternal mortality ratio. 5.2 Proportion of births attended by skilled health personnel.
Target 5.B: Achieve, by 2015, universal access to reproductive health.	5.3 Contraceptive prevalence rate. 5.4 Adolescent birth rate. 5.5 Antenatal care coverage (at least one visit and at least four visits). 5.6 Unmet needs for family planning (percentage of married women in the reproductive age (15-49) who have unmet needs for family planning tools).
Goal 6: Combat HIV/AIDS, malaria and other diseases	

[41] To monitor poverty trends in countries, indicators should be used based on national poverty lines when available.

Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS.	6.1 HIV prevalence among population aged 15-24 years. 6.2 Condom use at last high-risk sex. 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS. 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years.
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it.	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs.
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases.	6.6 Incidence and death rates associated with malaria. 6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets. 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs. 6.9 Incidence, prevalence and death rates associated with tuberculosis. 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course.
Goal 7: Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources. **Target 7.B**: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss.	7.1 Proportion of land area covered by forest. 7.2 CO2 emissions, total, per capita and per $1 GDP (PPP). 7.3 Consumption of ozone-depleting substances. 7.4 Proportion of fish stocks within safe biological limits. 7.5 Proportion of total water resources used. 7.6 Proportion of terrestrial and marine areas protected. 7.7 Proportion of species threatened with extinction.
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation.	7.8 Proportion of population using an improved drinking water source. 7.9 Proportion of population using an improved sanitation facility.
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers.	7.10 Proportion of urban population living in slums.
Goal 8: Develop a global partnership for development	
Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system. Includes a commitment to good governance, development and poverty reduction – both nationally and internationally.	Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States. **Official development assistance (ODA)** 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income. 8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic

Target 8.B: Address the special needs of the least developed countries. Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction. **Target 8.C**: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly). **Target 8.D**: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.	education, primary health care, nutrition, safe water and sanitation). 8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied. 8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes. 8.5 ODA received in small island developing States as a proportion of their gross national incomes. **Market access** 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty. 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries. 8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product. 8.9 Proportion of ODA provided to help build trade capacity **Debt sustainability** 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative). 8.11 Debt relief committed under HIPC and MDRI Initiatives. 8.12 Debt service as a percentage of exports of goods and services.
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries.	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis.
Target 8.F: In cooperation with the private sector, provide access to new technologies, especially Information and Communications Technology.	8.14 Telephone lines per 100 population. 8.15 Cellular subscribers per 100 population. 8.16 Internet users per 100 population.

The MDGS and related targets resulted from the Millennium Declaration that was signed in September 2000 by 189 countries including 147 heads of states and governments (http://www.un.org/millennium/declaration/ares552e.htm). Moreover, they are derived from the agreement reached between UN members in the World Summit in 2005 (the decision approved by the General Assembly (http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1)). The goals and targets are related and should be viewed collectively. They represent a partnership between developed

and developing countries for creating an enabling environment on both domestic and international levels to enhance development and eradicate poverty.

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Annex Tables

Table (A1): Actual and target Poverty Ratio (P0) under the LPL

Regions		1996-1997	2003-2004	2006-2007	2007 Target	Gap between actual and target	2015 Target
Urban	South	10.7	5.8	10.6	7.7	-2.8	5.3
	North	13.9	11.2	10.8	10.1	-0.7	7
	Central	14.8	9	7.8	10.7	2.9	7.4
	Coastal	11.3	9.3	5.6	8.2	2.6	5.7
Total Urban		12.6	8.7	9.9	9.1	-0.8	6.3
Rural	South	15.2	10.7	12.8	11	-1.8	7.6
	North	15.2	17.9	19.7	11	-8.7	7.6
	Central	22.6	11.1	9.1	16.3	7.3	11.3
	Coastal	9.5	9.7	9.1	6.9	-2.2	4.8
Total Rural		16	14.2	15.1	11.5	-3.6	8
Total Syria		14.3	11.4	12.3	10.3	-2	7.1

Table (A2): Actual and target Poverty Gap (P1) under the LPL

Regions		1996-1997	2003-2004	2006-2007	2007 Target	Gap between actual and target	2015 Target
Urban	South	2.1	1.2	1.8	1.5	-0.3	1
	North	2.6	1.8	1.6	1.8	0.2	1.3
	Central	2.5	1.6	0.9	1.8	1	1.3
	Coastal	2.2	2	1.2	1.6	0.4	1.1
Total Urban		2.33	1.57	1.6	1.7	0.1	1.2
Rural	South	2.9	2	2.2	2.1	-0.1	1.4
	North	3.4	3.5	3.1	2.4	-0.7	1.7
	Central	5.4	1.8	1.4	3.9	2.5	2.7
	Coastal	1.8	1.9	1.9	1.3	-0.7	0.9
Total Rural		3.47	2.7	2.5	2.5	0	1.7
Total Syria		2.9	2.1	2	2.1	0.1	1.4

Table (A3): Indicators of Universal Primary Education

Indicator	1990	2008	2015 Target
Net enrolment ratio in primary education, age 6-11	95.4	99	
Male	95.6	99	
Female	95.2	98	**100**
Proportion of pupils starting grade 1 who reach fifth grade of primary education	93	95.3	
Male	96	96	
Female	89	94.4	**100**
Literacy rate of population in the age bracket (15-24 years old)	88	94.5	
Male	90.1	95.9	
Female	86.6	92.9	**100**

Source: Central Bureau of Statistics, Labor Force Survey 2007, MICS 2006; Ministry of Education Statistics

Table (A4) : Share of women in wage employment in non-agricultural sectors

	1991		2007	
Economic Activity	Share of Men	Share of Women	Share of Men	Share of Women
Agriculture and forestry	**58**	**42**	**82**	**18**
Industry	**91**	**9**	**89**	**11**
Construction	**98**	**2**	**97**	**3**
Hotels and restaurants	**93**	**7**	**87**	**13**
Shipping and Transportation	**91**	**9**	**89**	**11**
Finance, Insurance & Real Estate	**70**	**30**	**75**	**25**
Services	**79**	**21**	**71**	**29**
Total	**83**	**17**	**75**	**25**

Table (A5): Comparison of vaccination rates

Name of Vaccine		Immunization coverage for children aged 12-23 months		
		1993 survey	2001 survey	2006 survey
BCG Vaccine		95%	98.5%	99.9%
Measles, mumps & rubella (MMR)	One dose	99.3%	97.2%	99.4%
	Two doses	91.9%	94.4%	96.6
	Three doses	82.3%	90.1%	91.2%
Poliomyelitis	One dose	99.3%	99.3%	99.3%
	Two doses[a]	91.9%	91.9%	96.7%
	Three doses	82.3%	82.3%	91.3%
Measles		83.5%	90.3%	92.4%
Completed all vaccines and all doses		73.3%	82.4%	87.3%

Source: Child and Maternal Health Survey (1993); Family Health Survey (2001) and MICS 2006.

Table (A6): Maternal mortality ratio by Governorate, 1993-2008

Governorate	Baseline Year 1993	2004	2008
Damascus	**63.78**	**34.26**	**33.1**
Rural Damascus	**135.21**	**72.62**	**70.1**
Aleppo	**114.9**	**61.71**	**56**
Idlib	**114.08**	**61.27**	**59.2**
Latakia	**81.39**	**43.71**	**42.2**
Tartus	**67.64**	**36.33**	**35.1**
Homs	**78.59**	**42.21**	**40.8**
Hama	**84.06**	**45.15**	**43.6**
Al-Hasaka	**139.83**	**75.1**	**72.5**
Deir ez-Zor	**121.99**	**65.62**	**63.4**
Ar-Raqqah	**150.89**	**81.04**	**78.3**
Daraa	**122.04**	**65.55**	**63.3**
As-Suwayda	**117.7**	**63.21**	**61**
Quneitra	**105.48**	**56.65**	**54.7**
Total Syria	**107**	**58**	**56**
Urban	**105.5**	**57.1**	**55.2**
Rural	**108.5**	**58.8**	**56.8**

Table (A7): Births attended by skilled health personnel by governorate in 2006, percentage	
Governorate	**2006**
Damascus	**97.9**
Rural Damascus	**98.4**
Aleppo	**91.2**
Idlib	**90**
Latakia	**98**
Tartus	**100**
Homs	**96**
Hama	**94.3**
Al-Hasaka	**80.3**
Deir ez-Zor	**85.2**
Ar-Raqqah	**85.2**
Daraa	**94.8**
As-Suwayda	**98.7**
Quneitra	**93.5**
Total Syria	**93**

Table (A8) :Trend of prenatal care in Syria, 1993 – 2006

	1993	2001	2006
Total Syria	**50.3**	**70.2**	**85.3**
Urban	64.3	80.3	90.4
Rural	36.4	60.3	80.2

Source: Multiple Indicators Cluster Survey 2006

Table (A9) : Cumulative number of HIV/AIDS cases among Syrian population by age group, 2008

			Registered cases	
Age Group	**Male**	**Female**	**Number**	**%**
Children < 15	**14**	**6**	**20**	**9.70%**
[15 - 24)	**26**	**13**	**39**	**18.80%**
[24- 49)	**110**	**28**	**138**	**66.70%**
50+	**8**	**2**	**10**	**4.80%**
Total	**158**	**49**	**207**	**100%**

Source: MoH data

Table (A10): Proportion of land area covered by forest 1950-2007, (%)

Indicator	1950	1995	2004	2007	2015 target	% of MDG Progress Made in 1995-2007
Proportion of land area covered by forest	**0.15**	**2.22**	**2.53**	**3**	**3.86**	**0.85**

Source: SPC Evaluation of the 10th FYP.

Table (A11) : CO_2 emissions in Syria

Indicator	1990	2000	2005	Expected 2010
CO_2 Emissions (Million tons)	25.3	45	59	60
Population *	12.7	16.5	19.3**	21.8
CO_2 Emissions per capita	2	2.7	3	2.75

* Includes both Syrian and foreigners
** Syrian population figure is 18.3 millions in 2005.

Table (A12): Per capita CO_2 emissions in selected regions in the world, 2004

Country/Region	Syria	Middle East	Asia	Africa	Global average
CO_2 Emissions tones / per capita	2.57	6.51	1.22	93	2.57
CO_2 Emissions ton of oil equivalent / per capita	2.59	2.47	1.94	1.39	2.37

Table (A13): Comparison of national energy indicators with those of other regions

Country/Region	Primary energy per capita	Energy consumption, kWh per capita
Syria	0.99	1317
Middle East	2.64	2881
Asia	0.63	617
Africa	0.67	547
Global	1.77	2516

Source: First National Report on Climate Change in Syrian Arab Republic (2008)

Table (A14): Trend of Electricity generated in Syria 1991-2005 (TWh)

Quantity	91	93	95	97	99	01	03	05	07	expected 10
Electricity generated (TWh)	**12.2**	**12.3**	**15**	**15.2**	**20.2**	**25**	**25.7**	**35**	**38**	**44**

Source: First National Report on Climate Change in Syrian Arab Republic (2008)

Table (A15): Efficiency and intensity of energy use in Syria, 2000, 2005, 2006, 2007, and 2008

Years	Energy consumption (million tones oil equivalent (toe)	GDP at constant prices (millions SL)	GDP at current prices (millions SL)	US $/SL exchange rate	GDP at constant prices (millions US $)	energy efficiency at current prices	energy efficiency at constant prices	energy intensity
2000	**15.4**	**903944**	**903944**	**52**	**17384**	**1.13**	**1.13**	0.9
2005	**20.5**	**1151469**	**1493766**	**52**	**28726**	**1.4**	**1.1**	0.7
2006	**21.4**	**121133**	**159848**	**52**	**32663**	**1.5**	**1.1**	0.7
2007	**22.6**	**1288003**	**2019810**	**50**	**40396**	**1.8**	**1.14**	0.6
2008	**23.7**	**136947**	**226542**	**47**	**48719**	**2.1**	**1.24**	0.5

Source: SPC

Table (A16): Decomposition of GHG emissions by Source in Syria, 2005

Source Sector	CO2 (million tons)	CH4 (000 tones)	NO2 (000 tones)	%
Energy Industry	**27،97**	**0.91**	**0.139**	48
Construction and manufacturing	**4،12**	**0.67**	**0.15**	11
Transport	**12،35**	**1،72**	**0.13**	21
Other sectors	**7،62**	**7،39**	**0.157**	6
Industrial (combustion)	**3،25**	**-**	**-**	7
Agriculture	**3،82**	**2،26**	**0.05**	7
Total	**58.98**	**12،25**	**0.492**	**100**

Source: First National Report on Climate Change in Syrian Arab Republic (2008)

Table (A17) : Proportion of species threatened with extinction

Species	Total number	Extinct	Threatened	Endangered	Critical
Flora	**3150**	**2**	**7**	**28**	36
Fauna	**3000**			**15**	

Source: Third National Report on Biodiversity of Syrian Arab Republic (2005)

Table (A18) : Protected forest area in Syria, 1992-2005

Area of Forest	1992	1998	2002	2004	2005	2015 Target of the national plan
Area of protected forests (ha)	**/**	**9160**	**131.093**	**165.45**	**166.1**	
Proportion of protected forest area to total forest area in Syria	**/**	**1.95**	**27.98**	**35.32**	**35.46**	
Proportion of protected forest area to total area of Syria	**/**	**0.14**	**/**	**1.02**	**1.28**	**1.3**

Source: Third National Report on Biodiversity of Syrian Arab Republic (2005)

Table (A19) : Syrian population using an improved drinking water source

Indicator	Unit	2000	2005	2006	2007
% of population using an improved drinking water source	**%**	**85**	**91**	**92**	92
Per capita consumption	Liter/D	120	109	108	114

Source: SPC

Table (A20): Syrian population using an improved drinking water source by governorates and regions, proportion and per capita

Governorate / Region	2000		2005		2006		2007		Planned 2008	
	%	Per Capita	%	Per Capita	%	Per Capita	%	Per Capita	%	Per Capita
Coastal	85	123	93	111.5	95	111.5	96	113.5	95	114
Northern	84	117	84	102	85	99.5	83	104.5	84	106.5
Eastern	55	106	58	107.6	59	109.3	58	113.3	62	120
Central	96	101	95	111.5	95	116.5	96	116	97	121.5
South	90	131	96	89.33	94	90.6	96	100.3	96	113.3
Damascus	77	184	100	146	100	137	100	127		
Rif Damascus	82	95	92	78	97	72	100	68		
Aleppo	87	142	81	116	83	119	79	131		
Idlib	82	93	87	88	87	80	88	78		
As-Suwayda	93	96	95	88	96	87	97	118		
Daraa	90	92	100	88	91	93	98	89		
Quneitra	88	207	95	92	95	92	95	95		
Homs	100	81	94	105	94	104	94	104		
Hama	92	122	97	119	97	130	98	128		
Tartus	89	127	94	100	94	101	96	99		
Al-Hasaka	77	84	81	79	81	79	82	79		
Latakia	82	120	91	127	96	123	95	125		
Deir ez-Zor	75	94	96	102	98	105	98	112		
Ar-Raqqah	90	142	95	142	95	145	94	150		

Source: SPC

Table (A21): Syrian population covered by sewerage treatment network or plants

Indicator	Unit	2005	2006	2007	2008 Planned	Actual 2008 Q2
Syrian population using sewerage network	%	73	75	75	77	76
Number of treatment plants	Facility	6	7	7	7	7
Quantity of Treated water	Million cubic meters / year	272.5	272.5	272.5	272.5	272.5
Syrian population using treatment plants	%	34	34	34	34	34

Source: SPC

Table (A22): Net ODA to Syria, 2002-2008

	2002	2003	2004	2005	2006	2007	2008
Net ODA Disbursements (US$ m)	**24.97**	**28.79**	**15.71**	**5.53**	**-11.37**	**9.13**	**54.6**
of which: Net Debt Relief		**1.69**					**4.81**
Per capita Net ODA Disbursements (US$)	**1.4**	**1.6**	**0.8**	**0.3**	**-0.6**	**0.4**	**2.6**

Source: OECD-DAC online database at
http://www.oecd.org/department/0,2688,en_2649_33721_1_1_1_1_1,00.html

Table (A23): ICT Indicators in Syria 1990-2008

Indicator	1990	1995	2000	2005	2008	Average Arab countries, 2008
Telephone lines per 100 population	**4.39**	**7**	**10.31**	**15.24**	**17.12**	**10.29**
Mobile phone subscribers per 100 population	**0**	**0**	**0**	**15.49**	**33.24**	**62.74**
Internet users per 100 population	**0**	**0**	**0.18**	**5.67**	**16.79**	**16.28**
Broadband Internet (via fixed phone lines) users per 100 population	**0**	**0**	**0**	**0**	**0.1**	**1.3**

Source:
ITU statistics & UNDG Statistics, ITU (2009) "Information Society Statistical Profiles 2009: Arab States," available at:
http://www.itu.int/dms_pub/itu-d/opb/ind/D-IND-RPM.AR-2009-R1-PDF-E.pdf