

INSTITUTE OF ECONOMIC RESEARCH UNDER THE MINISTRY OF ECONOMY OF BELARUS

# **STATUS OF ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS**

*National Report of the Republic of Belarus*

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Peer reviewers:

Anatoly Bondar, *Doctor of Sciences (Economics), Professor*

Ludmila Tikhonova, *Doctor of Sciences (Economics), Professor*

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This national report examines the progress made by Belarus in achieving the Millennium Development Goals (MDGs), using a set of indicators reflecting the socio-economic conditions of the country. It assesses the degree to which the MDGs have been integrated in national policies and reflected in the national programmatic documents. It recommends specific socio-economic policies and interventions designed to accelerate progress towards meeting the MDGs.

# Foreword

This is the second Millennium Development Report produced by Belarus. It takes stock of the progress made to date towards meeting the development goals set by the Millennium Declaration.

The Report assesses the extent to which Belarus has met the MDG targets, including the national MDG targets adjusted to reflect the socio-economic development level of Belarus. The targets address a wide range of issues that affect human development, such as health, education and environment.

The Report examines the degree to which the MDGs have been integrated in national policy and demonstrates how de-facto each MDG has been addressed in the ongoing national programmes.

The purpose of the Report is to raise awareness of all the society, including Governmental bodies, NGOs, academia, youth, about the national MDGs. The Report aims to take stock of Belarus' progress in achieving the MDG targets adjusted to the conditions of the country.

The findings and recommendations of the Report should contribute to improvements in the standards of living, demographic situation and social security of the most vulnerable populations.



**Nikolai Snopkov**  
Minister of Economy of Belarus



It is already 10 years ago when the world leaders from 189 countries, including from Belarus, made a promise to enhance human development with ambitious, time-bound and tangible goals and adopted the Millennium Declaration. The countries committed themselves to facilitate reaching the goals within the period 2000 - 2015 and periodically report on progress made. A set of clearly identified indicators and targets, both global and locally elaborated, serves to guide these development activities and make the efforts and progress of each country visible to its citizens and the world community.

People worldwide would feel the promise kept with the improved wellbeing, enhanced access to education and health services, equal rights and opportunities for men and women, protected environment and facilitated global development.

The United Nations acknowledges Belarus' progress and dedicated efforts in achieving the MDGs and remains committed to support the country efforts towards further improvements. With most MDGs achieved, more precise attention should now be given to further enhance the quality and sustainability of the country progress, and the equal coverage and availability to the rural and urban population, both men and women. This will require more intensive dialogue and interaction between the Government and the civil society.

I hope that this second National MDGs Progress Report for Belarus will provoke a broad discussion among the population and serve as an important benchmark and guidance for further improvements in the lives of Belarusians.

A handwritten signature in black ink, appearing to read 'Antonius Broek'.

**Antonius Broek**  
United Nations Resident Coordinator

# INTRODUCTION

At the UN Millennium Summit in September 2000, the leaders of 189 countries adopted the Millennium Declaration. The Declaration is perceived in Belarus as a visionary document for the new millennium, aiming to improve the human condition worldwide, by eradicating extreme poverty, achieving significant improvements in human health, protecting the environment, promoting international peace, security, human rights and democracy. By signing the Declaration, Belarus agreed to contribute its share to bridging the wide gap in global human development levels and to commit itself to achieving the key goals defined in the document.

The Millennium Declaration defines the following eight development goals:

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

Each goal has a set of corresponding indicators that can effectively be utilized to monitor progress, evaluate the socio-economic development outcomes in each thematic area and country, assess the effectiveness of relevant social policies and make international comparisons. The MDGs set concrete development targets and time frames, to evaluate improvements made by every country towards achieving them.

The deadline for meeting the MDGs set by the Millennium Declaration is 2015, 2009 is the midway point. The situation as at 2009 would determine the possibilities for meeting the goals by the agreed deadline.

The first national report “Status of achieving the Millennium Development Goals” was produced in Belarus in 2005. It assessed the progress towards meeting the MDGs at the initial stages of implementation, evaluated the feasibility of these goals for Belarus, proposed country-specific progress indicators and identified measures to achieve the MDGs.

Since the relevance of specific development issues is different for every country, the specific MDGs – and the indicators to measure progress – should be adapted to the country conditions. The development priorities defined in the national programmatic documents are consistent with the ideology of the MDGs, and provide a sound basis for formulation of country-specific goals and indicators, as part of a strategy called MDG+.

To date, Belarus has generally met all of the MDGs. It has almost achieved the targets on eradicating of poverty, reduction of maternal and child mortality. The under-five mortality rate in Belarus has dropped to 6.2 deaths per 1000 live births. Infant and maternal mortality rates are also exhibiting a downward trend. Belarus has achieved the goal of providing universal access to primary education. Gender equality and empowerment of women are being addressed within the third National Action Plan on Gender Equality for 2008-2010. However, a strategy to sustain these achievements is necessary, additional country-specific indicators should be proposed, and regional inequalities should be identified.

The objectives of this Report are to assess the integration of MDGs into national programmatic documents, evaluate progress towards meeting the MDGs based on indicators formulated in the first MDG Report, to recommend improvements to these indicators, and to propose further socio-economic interventions towards meeting the MDGs. The time period covered by this Report is 2001–2009.

This Report has been prepared on the instructions by the Council of Ministers of Belarus by a team of authors from the Institute of Economic Research under the Ministry of Economy of the Republic of Belarus, with financial and organizational support from the United Nations Office in Belarus.

The draft Report was considered at a roundtable on 19 August 2010, attended by a wide range of civil servants, academics, NGOs and UN organizations. It was finalized taking into account those amendments proposed following the roundtable.

The analysis and recommendations in the Report are those of the authors, and do not necessarily reflect the position of the United Nations Organisation or the Government of Belarus.

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Team for preparing the Report:

National Coordinator: Mr. **Alexander Chervyakov**

Scientific Editor: Mr. **Victor Pinigin**

On-chapter contributors:

Ms. **Zoya Andrukhova** («Achieve universal primary education»);

Mr. **Ivan Belchik** («Develop a global partnership for development»),

Mr. **Anatoly Bogdanovich** («Ensure environmental sustainability»),

Ms. **Ludmila Borovik** («Promote gender equality and empower women»)

Ms. **Irina Griboedova** («Country background and context»)

Ms. **Galina Korzh** («Combat HIV/AIDS, malaria and other diseases»)

Ms. **Mikhail Pilui** («Develop a global partnership for development»)

Ms. **Natalya Privalova** («Improve maternal health»)

Ms. **Ludmila Stanishevskaya** («Reduce child mortality»)

Mr. **Ivan Udovenko** («Eliminate extreme poverty and hunger»)

## MILLENIUM DEVELOPMENT GOALS



**Eradicate extreme poverty and hunger**



**Achieve universal primary education**



**Promote gender equality and empower women**



**Reduce child mortality**



**Improve maternal health**



**Combat HIV/AIDS, malaria and other diseases**



**Ensure environmental sustainability**



**Develop a global partnership for development**

# Millennium Development Goals

## GOALS and TARGETS

## INDICATORS

### Goal 1. Eradicate extreme poverty and hunger

**Target 1.** Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day

**Target 2.** Halve, between 1990 and 2015, the proportion of people who suffer from hunger

### Goal 2. Achieve universal primary education

**Target 3.** Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

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

**Target 4.** Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

### Goal 4. Reduce child mortality

**Target 5.** Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

### Goal 5. Improve maternal health

**Target 6a.** Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

**Target 6b.** Achieve, by 2015, universal access to reproductive health

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

**Target 7.** Have halted by 2015 and begun to reverse the spread of HIV/AIDS

**Target 8.** Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

### Goal 7. Ensure environmental sustainability

**Target 9.** Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources

**Target 10.** Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

**Target 11.** By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

1. Proportion of population below \$1 (PPP) per day
2. Poverty gap ratio (incidence x depth of poverty)
3. Share of poorest quintile in national consumption
4. Prevalence of underweight children (under-five years of age)
5. Proportion of population below minimum level of dietary energy consumption

6. Net enrolment ratio in primary education
7. Proportion of pupils starting grade 1 who reach last grade of primary education
8. Literacy rate of 15-24 year-olds, women and men

9. Ratios of girls to boys in primary, secondary and tertiary education
10. Ratio of literate women to men aged 15 - 24
11. Share of women in wage employment in the non-agricultural sector
12. Proportion of seats held by women in national parliament

13. Under-five mortality rate
14. Infant mortality rate
15. Proportion of 1 year-old children immunised against measles

16. Maternal mortality ratio
17. Proportion of births attended by skilled health personnel
- 17a. Antenatal care coverage
- 17b. Adolescent pregnancy rate

18. HIV prevalence among population aged 15-24 years
19. Condom use rate of the contraceptive prevalence rate
- 19a. Condom use at last high-risk sex
- 19b. Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
21. Incidence and death rates associated with malaria
22. Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures
23. Incidence, prevalence and death rates associated with tuberculosis
24. Proportion of tuberculosis cases detected and cured under directly observed treatment short course

25. Proportion of land area covered by forest
26. Proportion of terrestrial and marine areas protected
27. CO2 emissions, total, per \$1 GDP (PPP)
28. CO2 emissions, total, per capita, consumption of ozone-depleting substances
29. Proportion of the population using solid fuels

30. Proportion of population using an improved drinking water source
31. Proportion of population using with access to improved sanitation

32. Proportion of the population with access to secure tenure



# Millennium Development Goals

## GOALS and TARGETS

### Goal 8. Develop a global partnership for development

**Target 12.** 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

**Target 13.** 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 14.** Address the special needs of landlocked developing countries and small island developing states

**Target 15.** Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term

**Target 16.** In cooperation with developing countries, develop and implement strategies for decent productive work for youth

**Target 17.** In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

**Target 18.** In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

## INDICATORS

### *Official development assistance (ODA)*

- 33. Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income
- 34. Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)
- 35. Proportion of bilateral official development assistance of OECD/DAC donors that is untied
- 36. ODA received in landlocked developing countries as a proportion of their gross national incomes
- 37. ODA received in small island developing States as a proportion of their gross national incomes

### *Market access*

- 38. Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty
- 39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries
- 40. Agricultural support estimate for OECD countries as a percentage of their gross domestic product
- 41. Proportion of ODA provided to help build trade capacity

### *Debt sustainability*

- 42. Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)
- 43. Debt relief committed under HIPC and MDRI Initiatives
- 44. Debt service as a percentage of exports of goods and services
- 45. Unemployment rate among young people aged 15-24
- 46. Proportion of population with access to affordable essential drugs on a sustainable basis

- 47. Telephone lines per 100 population
- 48a. Cellular subscribers per 100 population
- 48b. Internet users per 100 population



## COUNTRY BACKGROUND AND CONTEXT

Belarus has elected to pursue its own path towards democracy and rule of law, and created its own model of socio-economic development based on national tradition, the national interest and the wishes of the people. To a large extent, this choice has ensured high rates of economic growth and socio-political stability. One key element of the Belarusian development model is a strong social policy, emphasizing protection of people's health, continuous investments in human capital and a strong focus on justice for all groups of society.

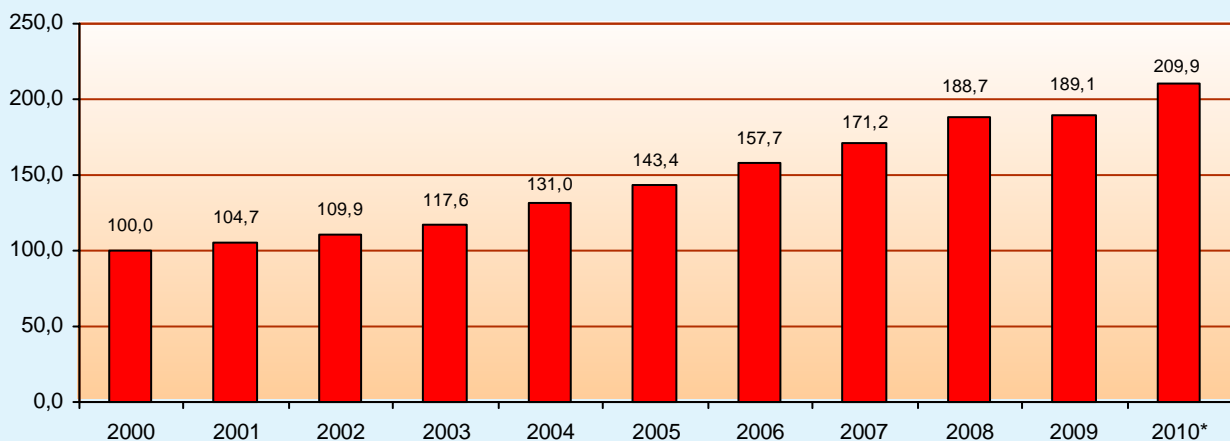
Belarus' achievements have been acknowledged in several reports and reviews produced by the international organizations. The regional report "National MDGs – a platform for Action" (July 2006), and the global human development reports published by UNDP rank Belarus among countries that have made significant progress towards meeting the MDGs according to criteria defined in the final document of the UN Summit Meeting in 2005. As indicated in the Global Human Development Report published in 2009,

Belarus has achieved significant results in broadening people's choices to lead healthy lives, receive an education and a decent income, putting it in first place among the CIS countries by these commonly recognized criteria of wellbeing.

In the last decade, real GDP has more than doubled (Figure 1), and GDP per capita has increased almost three-fold, testifying to the sustainable nature of Belarus' economic development.

Belarus is an active partner and contributor to the work of international organizations and to a growing number of international forums. Such international involvement is helping Belarus to project a positive image in the world community, and strengthen its international reputation. Collaboration with the UN, and economic, political and diplomatic cooperation with a number of specialised international organizations are indisputable priorities. The adoption by the General Assembly on 30 July 2010 of a global action plan to combat human trafficking is a striking example of such a collab-

**Figure 1. Real GDP growth, 2000–2010, as % of 2000**



\* Preliminary data.

oration. The action plan incorporates Belarus' proposals on responding to this dishonourable phenomenon, prosecuting traffickers and protecting victims. Belarus plays a critical role in helping the European Union address illegal migration, drug trafficking and border security, and its contribution to solutions – particularly to combating illegal migration – has been widely recognized by the world community.

In contrast to the first five years of the new millennium, when the positive socio-economic dynamic was reinforced, and most macroeconomic indicators reached the pre-crisis level of 1990, the current five-year period has been affected by problematic developments in the world economy, deepening globalization, and the global financial crisis of 2008 – 2009. Abrupt reduced economic activity and foreign trade, and more difficult access to credit have led to negative trends in the Belarusian economy.

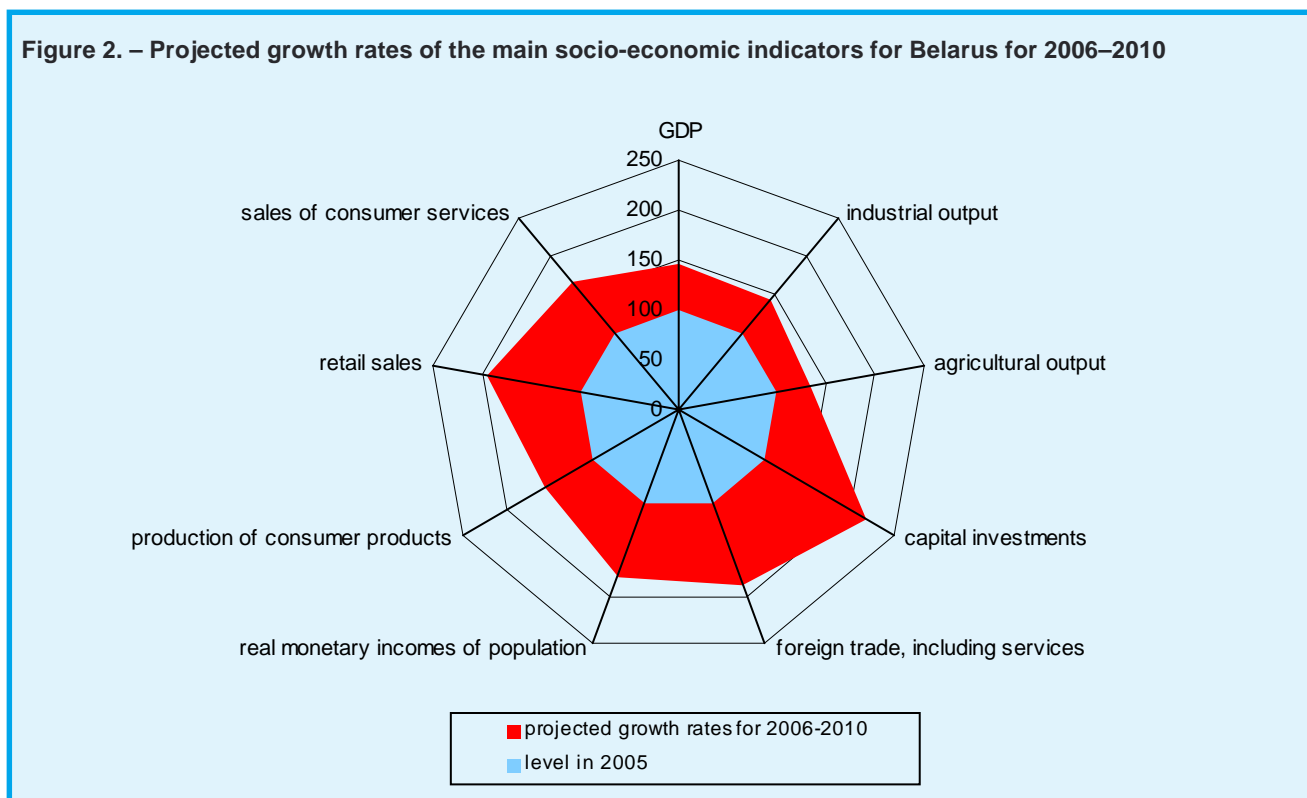
However, despite the crisis, Belarus remained one of the few countries where GDP continued to grow even in its worst period. Sustained macroeconomic stability, continued growth in real incomes, adequately low unemployment, and social stability coupled with strong social policies are all factors that assure perspective-ness of the Belarusian economic model. The main mac-

roeconomic development targets set by the main national policy document, Socio-economic Development Programme for 2006–2010 for Belarus, are expected to be met, despite the negative impact of the world economic crisis (Figure 2).

The benefits of economic growth have been widely distributed to bring about overall improvements in the standards of living. Some of the most notable achievements in this regard included a slowdown in the rate of depopulation, more than twofold reduction on the poverty rate, improved structure of consumption, better performance of the health and education systems and housing construction, as well as successful implementation of complex interventions on environmental protection and rational natural resource management.

In the last decade, Belarus has formed a new social policy on child protection, consistent with current international practices and documents.

To sustain its achievements and maintain further progress, Belarus will continue to prefer evolutionary approaches to modernization of the Belarusian economic model and its adjustment to the constantly changing domestic and international contexts, and to finding appropriate responses to the emerging social, econom-



ic, and political challenges to national development. The next Socio-economic Development Programme for 2011– 2015 (Programme-2015), which is being drafted, aims to promote improvements in living standards and quality of life by facilitating modernization of economic relations, supporting innovation-driven growth, and improved competitiveness of the Belarusian economy. Consistent with these goals are seven identified priorities, all of which will have major implications, direct or indirect, for the social orientation of the Belarusian state:

- Human development;
- Innovation-driven growth, economic restructuring, and establishing industries of technological modes 5 and 6;
- Entrepreneurship and private initiative;
- Increased exports of goods and services, ensuring a balanced and profitable foreign trade;
- Sustainable development of every region;
- Affordable and good quality housing;
- Efficient agriculture.

Programme-15 is a timely response to new international trends and threats to internal stability. Changes in geopolitical situations, sharpening of interstate contradictions, related to the widening gap between rich and poor countries due to uneven rates of development, provoke new challenges. At the national level, the biggest projected threats for the next five-year period are related to rising amounts of debt service payments; significant deficit of foreign trade, rising mean wage differentials between Belarus and the neighbouring states, increasing potential for outmigration of skilled labour, slow modernization of production equipment and technologies, and low levels of innovation activity.

Implementation of the socio-economic development programme should become a mobilizing factor that would help Belarus achieve greater international competitiveness, higher levels of innovation activity and research, improved energy efficiency and environmental safety of the economy, a stronger welfare state,

sustainable development, better living standards, national safety. The end result would be a more attractive international profile of Belarus during the final stage of progress towards achieving the MDGs. Making Belarus one of the most competitive economies in the world is a strategic priority. By pursuing this priority, Belarus will be able to increase its GDP by 1.6-1.7 times by 2015, solve social and ecological problems and generate enough resources to improve the standards of living and sustain economic growth.

In this respect, investments and investment activities are important contributing factors, capable of ensuring continuous technological modernization, increased product competitiveness and entry to new foreign markets. Belarus is potentially attractive to investors due to its proximity to the EU in the west with 450 million potential consumers and the common market of Russia and Kazakhstan, the two giant Eurasian countries that are a part of a customs union united for trade with Belarus. Other competitive advantages include the presence of a well-developed transport and production infrastructure, ample land, water, forest and mineral resources, relatively advanced capacity in research and development, a relatively strong constructions capacity, advanced systems of education and training, and multidirectional foreign economic ties. High levels of commitment to reforms, economic and social stability, low crime levels, and freedom from ethnic or religious conflict constitute a sound basis for bringing foreign investments into the Belarusian economy.

The emphasis on promotion of massive investments relies on a policy of private enterprise promotion. Key objectives of this policy include improvement of the business environment by progressive liberalization of the economy, reduction of administrative barriers to small and medium-sized enterprises, and strengthening of public-private partnerships.

The progress that has been made to date, and the improvements achieved, inspire confidence in the ability of Belarus to fully meet the MDGs by building on these successes.





# GOAL 1.

## ERADICATE EXTREME POVERTY AND HUNGER

### Global targets

#### Target 1. \_\_\_\_\_

*Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day*

#### Target 2. \_\_\_\_\_

*Halve, between 1990 and 2015, the proportion of people who suffer from hunger*

### Indicators

#### 1.1. Share of the population with incomes below the minimum subsistence budget (%)

As seen from Table 1.1, Belarus has fully implemented the target "to reduce, by more than three times, the share of population living below the national poverty line between 2000–2015". In 2000, over 40% of the

### Targets corresponding to the level of the socio-economic development of Belarus

#### Target 1.1. \_\_\_\_\_

*To reduce, by more than three times, the share of population living below the national poverty line between 2000–2015*

#### Target 1.2. \_\_\_\_\_

*To promote employment, while keeping the average rate of registered unemployment below 2.5 – 3 % a year*

#### Target 1.3. \_\_\_\_\_

*To enable all members of the workforce to earn decent incomes by ensuring a regular increase in real wages at an annual rate of at least 6–7 %*

#### Target 2.1. \_\_\_\_\_

*To halve, between 2000 and 2015, the proportion of the population with calorie intake below the minimum level*

population (41.9%) were living below the poverty line. Since 2001 the situation has dramatically changed. In 2009, the share of individuals with available resources<sup>1</sup>

<sup>1</sup> Available resources are financial resources of households, price of consumed food, produced in a personal subsidiary plot, excluding material costs for their production, and cost of provided in-kind allowances and benefits (both from the budget and from organizations). Calculation of the consumed goods, produced in a personal subsidiary plot, is processed based on an average price of purchase of food stuffs by population. Calculation of benefits is calculated based on interviews with household members.

**Table 1.1. – Dynamics of poverty in Belarus, %**

Indicators	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Proportion of population with incomes below the minimum subsistence level (%)	41,9	28,9	30,5	27,1	17,8	12,7	11,1	7,7	6,1	5,4
Share of households living in poverty (%)	35,7	23,9	24,7	22,9	14,5	9,3	8,4	5,6	4,2	3,7
Including:										
Urban	32,8	22,8	23,3	19,8	11,6	8,2	6,8	4,2	3,3	2,9
Rural	42,0	26,2	27,6	28,9	20,1	11,4	11,4	8,5	5,9	5,7
Households with children below 18 years of age	47,8	33,6	36,0	31,5	21,9	16,1	13,7	9,7	8,6	7,5
Including:										
With 1 child	39,5	27,5	27,9	24,2	17,1	11,2	8,7	6,1	4,9	4,6
With 2 or more children	60,6	43,1	49,8	43,6	29,6	24,7	22,5	16,0	14,5	12,6
Single-parent households	43,4	27,3	31,7	30,1	23,9	13,6	17,3	12,2	10,4	9,9
Number of households, by subnational administrative unit (Oblast)										
Brest	43,5	29,9	33,8	24,3	17,8	11,5	9,8	6,9	6,3	5,3
Viciebsk	42,3	25,8	25,8	22,0	16,3	11,7	10,6	5,7	5,8	5,3
Homiel	31,5	22,3	25,9	27,6	17,3	12,1	11,4	9,7	4,7	4,3
Hrodna	42,2	30,2	25,1	24,6	14,0	6,8	6,0	4,9	3,3	2,6
Minsk City	18,8	10,6	9,8	8,1	5,2	3,6	2,6	1,3	0,4	0,6
Minsk	34,7	25,6	27,6	23,0	13,3	7,3	7,7	4,4	4,2	3,7
Mahilioŭ	41,0	26,2	27,0	33,5	18,7	12,9	11,0	7,0	4,8	4,7

Source: *Socio-economic situation and population living standards in the Republic of Belarus. - Minsk, 2010, p. 114.*

per capita below the minimum subsistence level dropped from 41,9% to 5,4%, or by 7.8 times. In 2009, only 0.1% of the Belarusian population had incomes below 4 PPP<sup>2</sup> US Dollars per day.

As shown in Table 1.1, the proportion of households living below the poverty line was 3.7% of their total number in 2009, including 2.9% in cities and 5.7% in rural areas.

From 2000 to 2009, the share of poor households dropped by over 11 times in urban areas and by 7.4 times in rural areas, including by over 30 times in Minsk City, by 16.2 times in Hrodna Oblast, by 9.4 times in Minsk Oblast, and by 7.3–8.7 times in the remaining subnational administrative units.

There has been a significant reduction in poverty rates among households with children below 18 years (Table 1.1).

Poverty in Belarus remains shallow and largely seasonal, only 1.2% of households living below the poverty line are poor twelve months a year (Figure 1.1).

<sup>2</sup> PPP – Purchasing Power Parity.

Low incidence of poverty in Belarus is also confirmed by international statistical data. According to the latest UNDP Human Development Report\*, fewer than 2% of the Belarusian population were living on less than 2 PPP US Dollars per day, as compared to 43.4% in Armenia, 30.4 in Georgia, 36.3% in China, 49.6% in Turkmenistan, 28.9 in the Republic of Moldova, 76.7% in Uzbekistan, 51.9% in Kyrgyzstan, and 50.8% in Tajikistan. Economic growth and a strong social safety net were the key factors behind low levels of poverty levels in Belarus by comparison with the other CIS states.

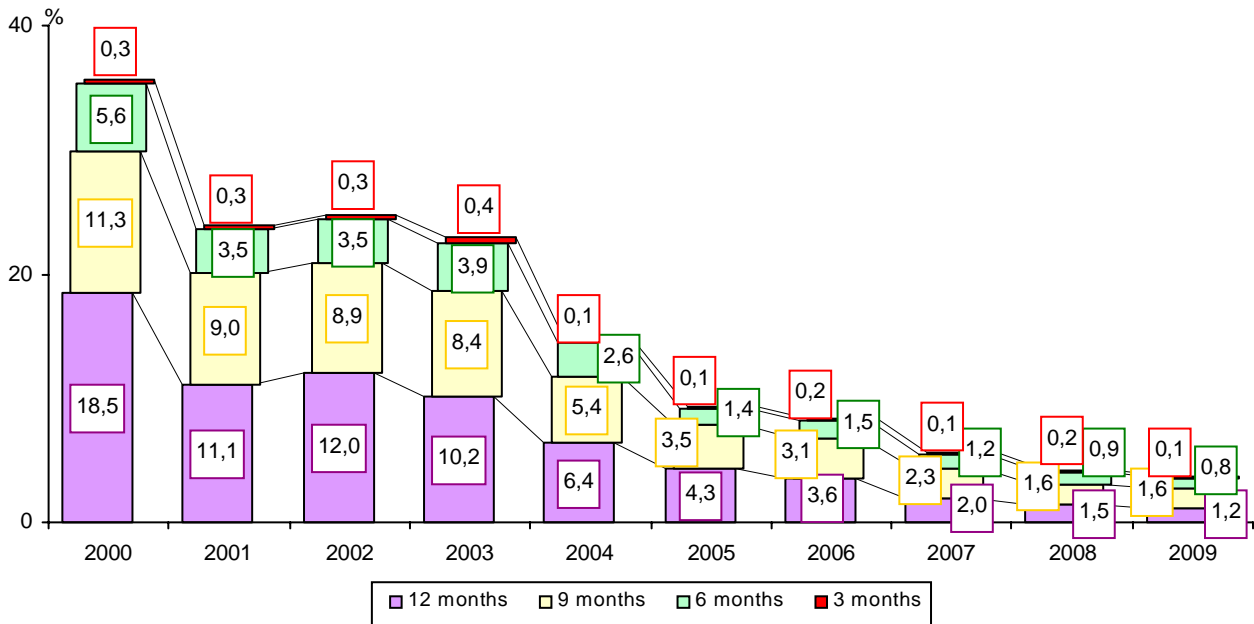
Measured in comparable prices, GDP increased by 1.9 times from 2000 to 2009. While the benefits of growth were distributed across all income groups, the poorest groups of the population benefited the most. In the given time period, an increase of GDP by 1% was associated with a 4.1% reduction in the poverty rate.

In pursuit of its social welfare policy, the Belarusian state sought to achieve further reduction in the poverty

\* UNDP. Human Development Report 2009. Overcoming barriers: international mobility and human development. - Moscow.: «Ves Mir», 2009. – p. 176–177.



Figure 1.1. Distribution of poor households by length of poverty spells in 2000-2009



Source: Socio-economic situation and popular living standards in the Republic of Belarus. - Minsk, 2010. - P. 116.

rate, strengthen targeted support for vulnerable populations, and maximize the effectiveness of public social expenditure. Significant improvements were made in the legal framework for such policies - some of the existing legislation was amended, and new legislation was adopted, including the laws "On Social Services" (2000), "On State Social Privileges, Entitlements and Guarantees for Specific Groups of Citizens" (2007), and "On State Allowances to Families Caring for Children (2007), and presidential edict "On Targeted Social Assistance from the State" (2009), etc.

Belarus has an extensive system of child allowances, payable to families upon the birth of a child, parents caring for children under three years of age and children aged over three, benefits to parents caring for disabled children, and benefits to pregnant mothers, among others. Some 25% of Belarusian families receive at least one type of child support benefit or allowance.

Low-interest housing loans are another common practice. The state assists in repaying the loan to families with many children and young families giving birth to a child.

Rehabilitation and social protection of vulnerable citizens are also being implemented within a number of

state social programmes, including the State Programme on Prevention of Disability and Rehabilitation of the Disabled, State Programme to Support Elderly People, Veterans and Victims of Wars, and the presidential programme "Children of Belarus".

In 2000–2005, most social assistance benefits were disbursed to recipients based on categorical criteria (i.e. persons qualified as belonging to one of the 'eligible' categories, e.g. old-age pensioners, veterans, persons with disabilities, or families with many children). In 2007, this categorical approach was abolished, and social assistance began to be provided to persons who could prove that their income was below the minimum subsistence level for reasons beyond their control. Most recipients of targeted social assistance are single parent families and families with many children, who are the most vulnerable to poverty.

## 2. Official unemployment rate as of December 2009

As a result of the Government policies and interventions, employment in the Belarusian economy increased by 184.7 thousand people in 2000–2009. Construction, retail trade and public catering, real estate, market support and personal services had absorbed most of this increase. By contrast, agriculture and manufacturing industry had continued to decline.

Positive developments have been taking place in the labour market. After reaching a peak of 3.1% of the work force in 2003, registered unemployment declined by end 2009 and constituted 0.9% of the work force (Figure 1.2).

It should be borne in mind, however, that a significant number of the jobless is not registered as unemployed due to a variety of reasons, such as low unemployment benefits, or reluctance to participate in public works. Belarus has not yet adopted the ILO methodology to calculate the overall rate of unemployment. Some experts estimate that the number of unregistered unemployed may exceed official unemployment by at least three times (there were 3.7 thousand registered unemployed in 2009).

Particular emphasis was made on job creation. Over a million jobs were created in 2000–2009, far exceeding the levels projected in annual employment programmes. Professional counselling, retraining and public work schemes played an important role in employment promotion. Young people were guaranteed a first job. A system was put in place to reduce unemployment among citizens who are unable to compete in the labour market on equal terms. Belarus has thus successfully implemented the Target 1.2. "To promote employment, while keep-

ing the average rate of registered unemployment below 2.5–3% a year".

However, one side effect of these employment maximization policies has been excessive employment in enterprises with low productivity of labour. A large number of outdated and uncompetitive jobs still remain, and imbalances have continued to persist between supply and demand in terms of workforce skills and qualifications. Many job vacancies remain unfilled due to low quality of employment and inadequate salaries. Unemployment benefit is still very low.

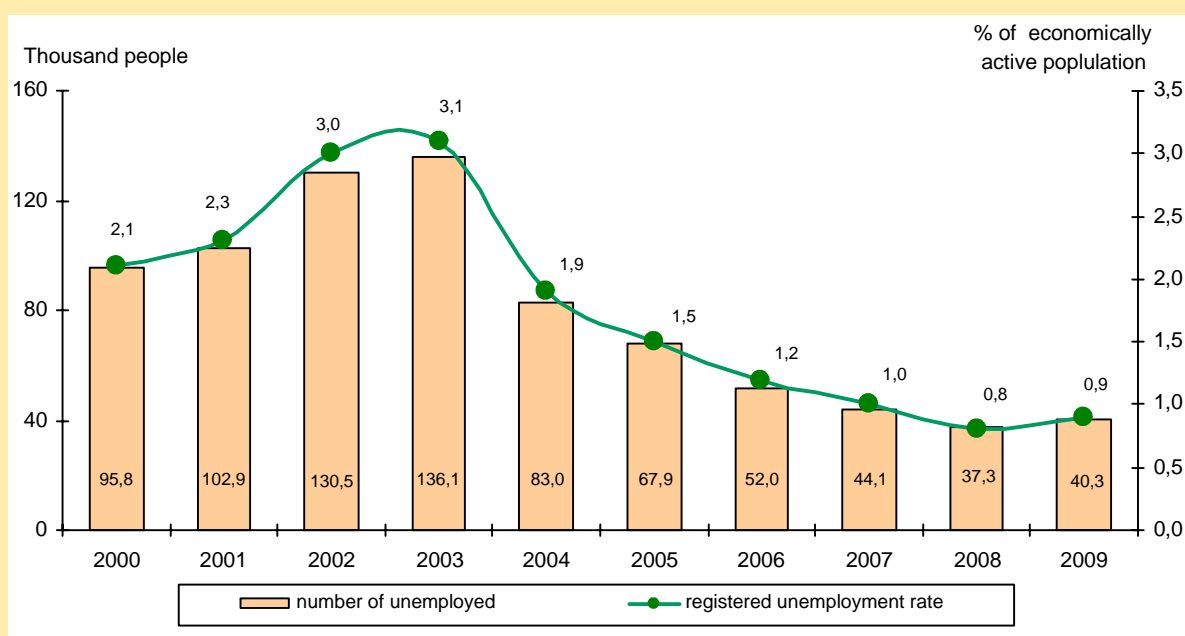
### 3. Raising real incomes

#### 4. Increasing real monthly salaries

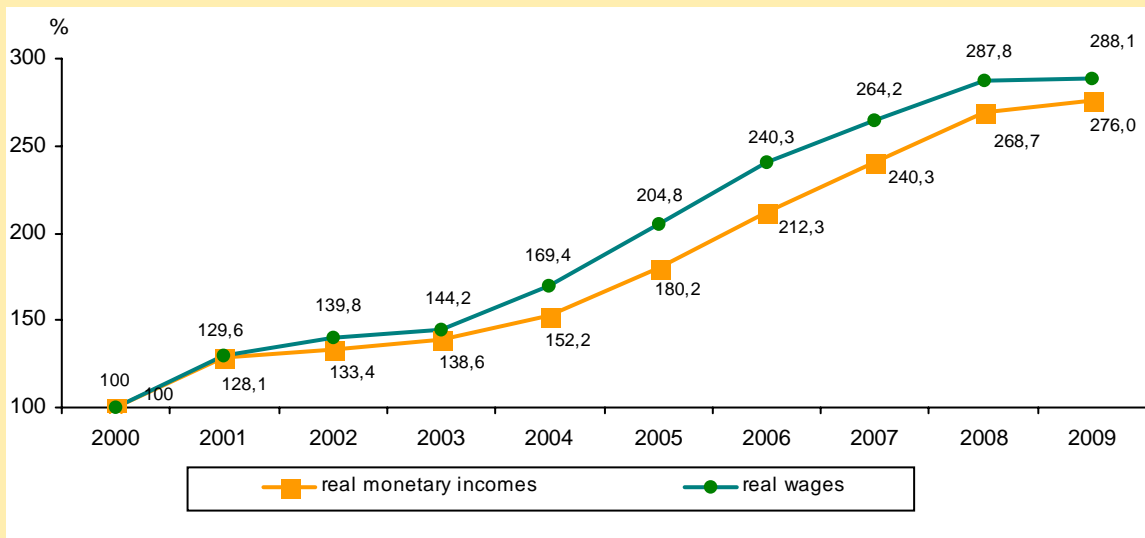
During the period under review, income policies have focused largely on promoting growth in real incomes and real wages, reducing inequalities in income distribution, and creating conditions for payment of adequate and decent salaries to employers.

In 2000–2009, real monetary incomes grew rapidly, by 2.8 times above the 2000 level (Figure 1.3). In 2009, average monthly income per capita exceeded the minimum subsistence level by over three times.

**Figure 1.2. Number of registered unemployed and official rate of unemployment, (2000–2009)**



Source: *Belarus Statistical Yearbook*. - Minsk, 2010, p. 28.

**Figure 1.3. Real monthly incomes and wages in 2000–2009, as % of 2000**

Source: Belarus Statistical Yearbook. - Minsk, 2010. - P. 145.

The growth in personal incomes was driven largely by increases in salary levels and incomes from property, representing 57.1% and 2.8% of total personal incomes in 2009. The share of social security payments and benefits increased somewhat, from 19.3% in 2000 to 19.7% in 2009. The share of incomes from private enterprise and other commercial activities declined from 22.8% to 20.4%.

In 2000–2009, average monthly salary grew in real terms by 2.9 times. This was equivalent to an annual increase of 12.8%, exceeding the projected level of 6–7% per annum. In absolute terms, average monthly salary increased by 16.7 times to 981.6 thousand roubles, equivalent to \$350,2 (up from \$73,6 in 2000).

In 2009, salaries in some key sectors remained below the national average, including agriculture (31.3%), trade and public catering (16.8%), health, sports and social protection (18.8%), education (28.4%), art and culture (27.8%), and personal services (43.3%). In construction, commerce and trade, and research and development, mean monthly salaries were above the national average by 33.2%, 33.6%, and 41.6%, respectively. Salaries in many industries have been catching up with the national average, inspiring the hope that excessive salary differentials among industries will soon be overcome.

In 2000–2009, real monetary incomes grew rapidly, by 2.8 times above the level of year 2000 (Figure 1.3).

In 2009, average monthly income per capita exceeded the minimum subsistence level by over three times.

In future, income policies should favour increasing the proportion of salaries in the GDP. This should be accompanied by measures to legalise a significant proportion of incomes, reduce income and wage inequalities and strengthen linkages between the salary level and the amount, quality and intensity of the work effort.

### 5. Proportion of the population whose daily calorie consumption is below the calorie value of foods included in the subsistence budget\*

Trends in household consumption of staple foods are presented in Table 1.2.

As shown in Table 1.2, the diets of Belarusians have had a tendency to improve. Consumption of meat, fish, seafood, fruit and vegetables has increased, accompanied by significant declines in consumption of bread and grains, potatoes, vegetable oil, margarine and other fats. Food consumption varies greatly with household income (Figure 1.4).

Household nutrient and calorie consumption are shown in Table 1.3.

In 2009, per capita daily intake of protein was 77.8 grams per household member, including 47.2 from

\* 2470 Kcal in 2000–2005, 2444 Kcal in 2006–2009.

**Table 1.2. Trends in household consumption of staple foods in the Republic of Belarus per one member of a household\***

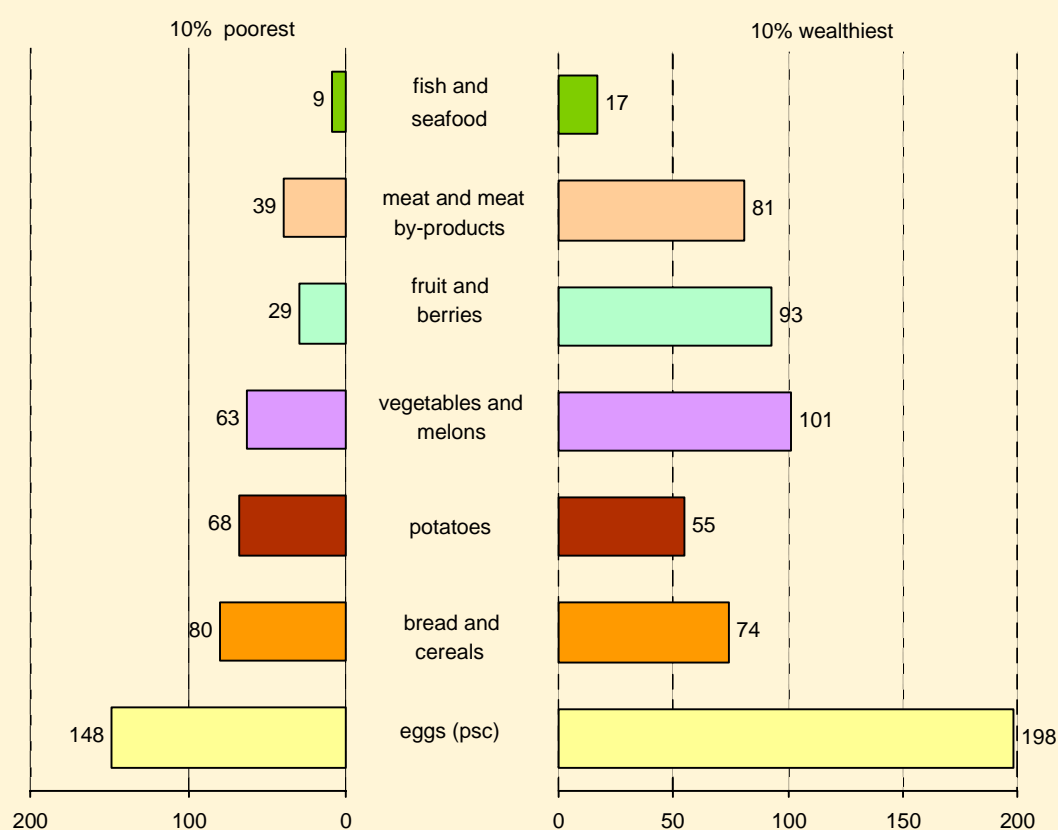
Foods	2000	2005	2006	2007	2008	2009
Meat and meat by-products	50	62	64	66	66	64
Fish and seafood	13	18	18	18	15	14
Milk and milk products	316	289	289	293	290	286
Bread and cereals	117	102	100	95	91	82
Vegetables and melons	83	85	86	86	84	83
Fruit and berries	36	47	54	54	54	56
Vegetable oil, margarine, and other fats	10	11	10	10	9	8
Eggs	192	197	194	196	201	191
Potatoes	102	83	76	74	71	64
Sugar and confectionary products	26	26	27	26	27	25

\* Excluding food consumed outside the home (eg., in restaurants, cafes, canteens, etc)

Source: *Socio-economic situation and population living standards in the Republic of Belarus. - Minsk, 2010. - p. 173.*

animal products. Average daily intake of fats was at 106 grams (including 74.1 grams from animal products) and carbohydrates, 282 grams. Total calorie intake averaged at 2390 kcal per household member per day, down from 2772 kcal (or by 13.8%) from the

2000 level. Consumption of carbohydrates decreased by 22.7%, proteins by 4.9%, and fats by 2.6%. The decline in daily calorie intake was particularly sharp in 2009 – by 6.2% below the level of 2008. In 2008–2009 alone, daily per capita intake of proteins dropped by

**Figure 1.4. Consumption of staple foods by income group**

Source: *Socio-economic situation and popular living standards in Belarus. - Minsk, 2010, - p. 181.*

**Table 1.3. – Daily calorie and nutrient intake per household member**

Indicator	2000	2005	2006	2007	2008	2009
Daily calorie consumption, Kcal,	2774	2713	2692	2645	2547	2390
Including from animal foods	900	941	955	958	939	906
Proteins, g	81,8	84,0	84,5	84,4	81,9	77,8
Including from animal products	40,5	46,8	48,3	49,6	48,5	47,2
Fats, g	108,8	115,3	115,8	116,7	111,4	106,0
Including from animal products	74,6	77,2	78,2	78,5	76,9	74,1
Carbohydrates, g	364,7	333,9	327,4	315,0	305,0	282,0

Source: *Socio-economic situation and population living standards in the Republic of Belarus. - Minsk, 2010. - p. 173.*

5%, fats by 4.8% and carbohydrates by 7.5%. The decline in daily calorie intake was the greatest among the low income groups. As a result, the share of the population whose calorie consumption is below the energy value of foods included in the subsistence minimum increased by 12.1% in one year, reaching 57.6% in 2009.

The trends described above can be attributed both to people's insufficient knowledge of healthy eating habits and to financial difficulties resulting from the world eco-

nomics crisis, which affected Belarus in the last quarter of 2008 and led to a decline in the standards of living.

In summary, Belarus has succeeded in meeting three out of four country-specific targets linked to MDG 1 “Eradicate extreme poverty and hunger”. Belarus has not succeeded in halving, by 2015, the proportion of the population with calorie intake below the minimum level. A set of measures needs to be designed in order for this gap to be properly addressed.





# GOAL 2.

## ACHIEVE UNIVERSAL PRIMARY EDUCATION

### Global targets

#### Target 3

*Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling*

*Targets corresponding to the level of the socio-economic development of Belarus*

#### Goal 2

**Achieve universal secondary education**

#### Target 3.1

*By 2015, ensure universal enrolment of children in general secondary education*

#### Target 3.2

*By 2015, ensure universal computerization of general secondary education establishments*

### Indicators

6. Classroom space per student
7. Availability of computer equipment and Internet access to students
8. Use of innovative teaching methods

Belarus has established a well-functioning national education system. Success in creating a legal and economic mechanism to facilitate its development will ensure the exercise by Belarusian citizens of their constitutional right to quality education.

Substantive improvements have been made to date in the legal framework governing education. The legal foundations in this area were laid by the adoption of the Laws “On Education”, “On Vocational Training”, and “On Education of Persons with Special Needs/ Special Education”, and “On General Secondary Education”.

In recent years, education has been the subject of gradual reform, aimed at qualitative improving the physical infrastructure of the educational sector, updating pedagogies and teaching methods, creating a high-tech educational medium, facilitating wider use of ICTs and readjusting the network of educational establishments.

Belarus is on track towards achieving universal general secondary education by 2015, implying a minimum of 11 years of schooling.

Belarus has maintained a high literacy rate at age 15 – 24 (99.8%), and a high total enrolment ratio of 95.7% as of 2009. Full enrolment of boys and girls in primary education (grades 1–4) has also been sustained. Belarus has thus fully achieved MGD 2.

Belarus has implemented positive change in general secondary education, which is the cornerstone of the national education system.

In 2008, the transition was completed to a nine-year schooling cycle in basic education, and an eleven-year schooling cycle in general secondary education (replacing the 12-year schooling cycle prescribed by the education reform of 1998). Schools have adopted a ten-point grading scale, which provides more scope for differentiated and objective grading practices.

The existing network of schools is being streamlined to adjust for the number of school-age children and increase student numbers. The streamlining process has mainly concerned the rural areas, where these issues are the most acute.

State policy has mainly been devoted to development of policy, social and economic conditions for receiving basic education. Total enrolment in basic education reached 98.5% of the respective age group (2<sup>nd</sup> stage: 5-9 grades) in 2001.

However, there is still a small number of children who do not attend school. Of them, the majority are children with severe and/or multiple disabilities and children vulnerable to abuse or neglect. In response, the Government has emphasized coverage with special and remedial education of all children with special needs, to facilitate their social integration and adjustment. Measures are being taken to ensure full implementation of the Presidential Programme “Children of Belarus” which covers 2006–2010, including sub-program on children with disabilities. Systems are in place to assist school attendance by children with disabilities.

Measures are also in place to support full implementation of the Presidential Decree No. 18 dated

24.11.2007 “Additional Measures to Provide State protection to Children in Problem Families” and Decree No. 5 dated 05.05.2009 “Approval of Regulations on Councils for Prevention of Child Neglect at Institutions of Education”. The aim is to promote socialization of children left without parental support and to prevent child neglect and deviant behavior of minors.

Achievement of these aims is supported by well-directed education policies to implement state guarantees of access to free basic, general and vocational education at state institutions of education in accordance with Article 5 (1) of the Law “On Education”.

Responding to the current needs of socio-economic development, and the global educational trends, Belarus has set the target of achieving full access to general secondary education (3<sup>rd</sup> stage: grades 10–11) by 2015.

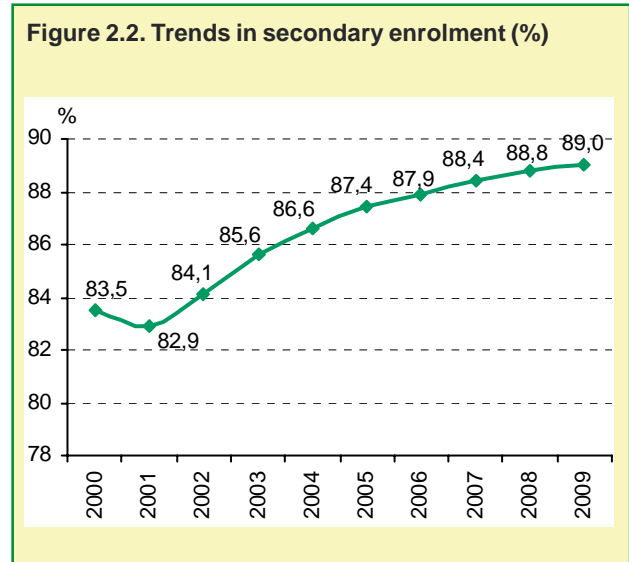
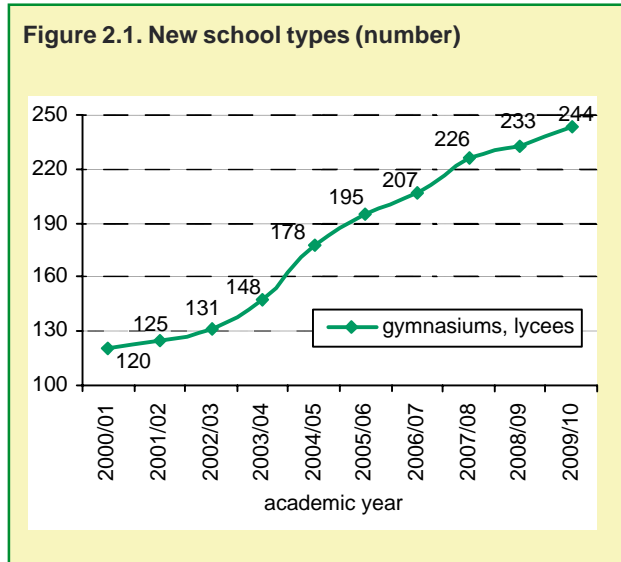
Public educational expenditure in 2001–2008 equalled 6,6-6,8% of the GDP, and declined to 5.1% of the GDP due to the economic crisis. The ratio of public expenditure on education to the GDP is projected to reach 8.6% by 2015.

General secondary education is provided by a variety of educational establishments. In addition to the traditional secondary schools, new types of secondary institutions have proliferated, including gymnasiums, lycées, and articulated educational establishments spanning several levels of education (e.g. educational complexes “school-gymnasium-college”). In 2001–2009, the number of those new establishments increased. At the beginning of the academic year 2009/10, Belarus had 213 gymnasiums (up by 2.2 times from the academic year 2000/01), and the number of lycées increased by 24% (Figure 2.1).

Over the same time period, the number of regular schools, especially at the primary and basic secondary stages, has decreased. In the academic year 2009/10, the total number of regular schools decreased by 37.6% relative to the academic year 2005/2006, including basic schools, by 26.9%, and secondary schools by 4.6%.

The main reason behind the decline is the unfavourable demographic situation, particularly in rural areas, where the rapid ageing of the population is accompa-





nied by a rapid decline in the child population. In response, the network of schools is being reorganized. Primary and basic schools are being merged into larger units spanning all stages of school education, and kindergarten-school educational complexes are being established. Children from remote areas are being transported to the larger schools.

Recently, the educational and qualifications attainment level of school teachers has increased. In 2009, over 90% of the teaching staff have higher education, up from 82,9% in 2000 and 88,1% in 2006. The remaining 8,9% of the school teachers have uppersecondary education.

School lessons are covering a greater amount of educational content, as new information technologies are being introduced in the teaching process. Minimum social standards determine the guaranteed number of computer classrooms (one per school) and computers (1 per 30 students), which are being fully implemented in all administrative units throughout Belarus. This

is being accompanied by introducing advanced computer software in the educational practices of Belarusian schools.

In 2009, enrolment in general secondary education was 89% (Figure 2.2).

By 2015, it is projected to rise to 98.3%.

Improving the quality of outcomes of projected general secondary education would depend on successful achievement of the following objectives:

- Improving literacy in basic sciences and arts in all stages of school education;
- Creating a health-promoting educational environment;
- Implementing modern educational technologies, including computerization of all schools;
- Creating electronic educational resources, connecting all educational establishments to the Internet;
- Creating equal conditions for learning in rural and urban schools.





# GOAL 3.

## PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

### Global targets

#### Target 4

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

### Indicators

#### 9. Ratios of girls to boys in primary, secondary and tertiary education

#### 10. Literacy rate as % of male, at age 15 - 24

The education system in Belarus is non-discriminatory on the basis of gender, which is true for all levels and stages of education.

Due to demographic reasons, total enrolment in all levels of education declined in 2001–2009 by 399 thousand, or by 19%, affecting males more than females. Thus, male educational enrolment dropped by 218.4 thousand, and female enrolment by 180.5 thousand. As a result, the gender balance that existed in 2000 shifted towards women. In 2009, men represented just 48.9% of total educational enrolment.

### Targets corresponding to the level of the socio-economic development of Belarus

#### Target 4.1

*Eliminate gender-based discriminatory practices in employment and in the labour market, economic empowerment of women*

#### Target 4.2

*Expand women's participation in decision making*

The gender imbalance is virtually absent at the general secondary level, where the male-female ratio of enrolment is close to 1.0. The proportion of female students declined insignificantly, from 49.5% in 2000 to 49.2% in 2009, resulting in a corresponding decline in the ratio of female to male students, from 99 females per 100 males in 2000 to 97 per 100 in 2009.

In vocational education, men have outnumbered women throughout the period under review, mainly because most professions, in which vocational training is provided focuses on working professions, which are male-dominated. The proportion of male vocational students has increased, from 62.3% in 2000 to 67,1% in 2009. (Figure 3.1). As a result, the number of female vocational students to 100 male students has decreased from 61 to 49.

Women's preference for higher levels of education has resulted in greater levels of female enrolment in

uppersecondary and university-level education. At the uppersecondary level, however, the proportion of female students has declined somewhat at the uppersecondary level, from 56.2 to 53.8%. As a result the number of female uppersecondary students per 100 male students decreased from 128 to 116.

The excess female over male enrolment is the most visible in higher education. Belarus has one of the world's highest ratios of female enrolment in higher education. In 2000–2009, the proportion of female students grew from 56.4% to 59%, and the ratio of female to male enrolment grew from 130 to 144 females per 100 male students.

Increasing numbers of women are pursuing postgraduate studies. The proportion of female postgraduates has reached 58.4%. The number of female workers with candidate and doctoral degrees is also rising. Women represent more than one-third (36.9%) of science and research employers with candidate of sciences degrees, and 16.8% of employers with doctoral degrees.

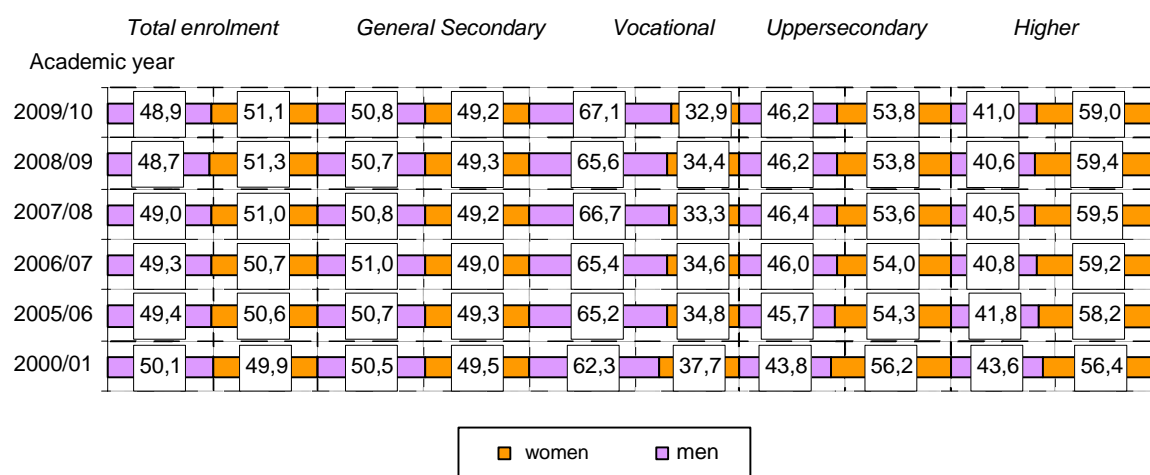
Education is thus an area where discrimination against women is virtually absent. In 2009, women represented 51,1% of total educational enrolment, up from 50% in 2000. It is fair to conclude, therefore, that the objective to achieve gender equality in education has generally been met. In 2009, there were 105 female students per every 100 males enrolled in all levels of education.

The above conclusion, however, should not be interpreted to mean that gender inequality in education has been fully overcome. Female educational attainment levels are generally higher than male. Women outnumber men in higher education, but the proportion of women is very low in vocational training. Women still represent a relatively small minority in some profiles of higher education, and a disproportionately large majority in others. For example, female enrolment in teacher-training programmes is 77.0%, in humanities it is 82,0%, and in social worker training programmes, some 91%. By contrast, the proportion of women pursuing degrees in technology is only 28%, and in architecture and construction less than 33%.

### 11. Share of women in wage employment in the non-agricultural sector

One of the aspects of the gender inequality lies in a continued discrimination in wage employment. There is a stable tendency for female population to exceed male, which can partly be attributed to the existing life expectancy gap between men and women. As a result of this numerical difference, the proportion of women in paid employment is also high, equalling 53.4% in 2009 up from 52.7% in 2000. The proportion of women in paid non-agricultural employment has remained virtually unchanged, at 54.9% in 2009, as compared to 55.5% in 2000. In addition to regular employment however, most women are also doing unpaid work

Figure 3.1. Educational enrolment trends by level of education, by gender (as % of total enrolment)



Source: National Statistical Committee of the Republic of Belarus.

in the home, which creates a double work burden on women.

The sector distribution of female workforce reflects the traditional gender balance in employment, characterised by the predominance of women in less paid social and cultural sectors of economy. In 2009, women represented 66.4% of the total employment in personal services, up from 65.2% in 2000. The proportion of women employers is among the highest in sectors such as health care and education (over 80%, and rising), while the proportion of women workers in industry and construction declined, between 2000 and 2009, from 48.6% to 45.3%, and 24.1 to 21.2%, respectively (Figure 3.2).

The present gender structure of employment is largely the result of the current distribution of the work force among the predominantly male and predominantly female sectors (e.g. light industry), and the wage differentials among these sectors, which increases the proportion of women in the lower-paid public services sector, while decreasing it in the better-paid male-dominated sectors.

The outcome of this dynamic is the persisting male-female wage gap (Table 3.1). In 2009, the average monthly salary of women employees was only 74.6% of the male salary, down from 81% in 2000. The average salary of a woman worker equalled 70.2% of the male salary in industry, 77.4% in retail trade, 79.3% in education and 62% in health care. Women

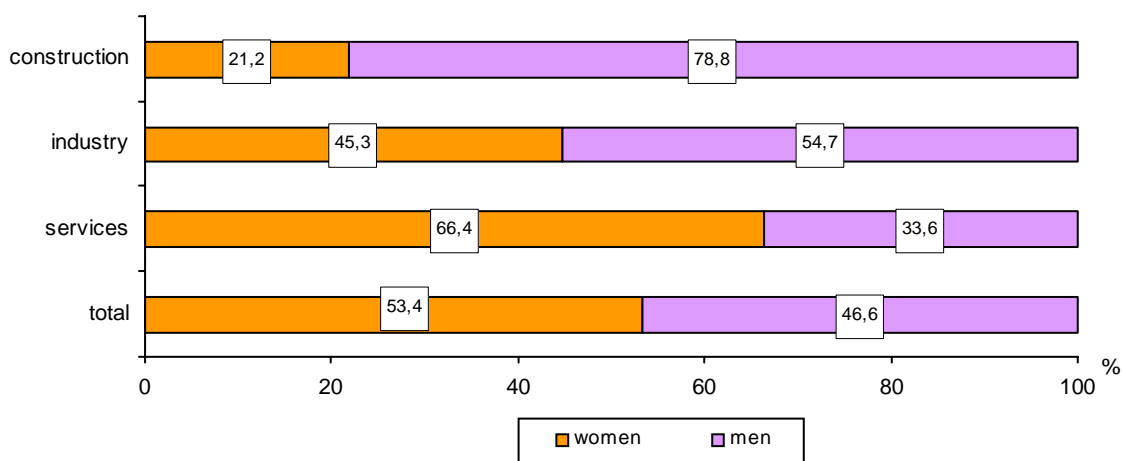
are often confined to lower-paid jobs, while being underrepresented in better-paid employments. This is not just the result of men displacing women in these jobs, but also has a lot to do with limited or absent social protections of employees in these high-paid positions.

Although women are still underrepresented in the private sector, the number of women-owned businesses is increasing. As suggested by a range of opinion polls, women may own as many as 20-30% of private-sector enterprises.

The situation of women in the labour market is affected by the de-facto discrimination against women in hiring, firing and promotion. Many women are unable to benefit from their superior education, due to particular difficulties in combining professional and family duties. They are, therefore, poorly positioned to compete with the male candidates for a suitable job, and are more at risk of unemployment. However, many women were able to improve their position in the job market during the period of economic recovery starting from 2005. In 2001–2004, the proportion of registered unemployed women increased from 60.7 to 69.3%, while in 2005–2009 in decreased to 57% (Figure 3.3).

The disproportionately high share of women unemployed reflects the imbalance of supply and demand in terms of skills and qualifications. Although both women and men are now facing a roughly equal risk of unemployment (a difference of 0.1 percentage point, or 0.8 and 0.9%, respectively compared to a difference

Figure 3.2. – Gender structure of the work force by sector



Source: Men and women in Belarus – collection of statistics. National Statistical Committee of the Republic of Belarus. - 2010.

**Table 3.1. Average nominal monthly wage of men and women, as of December 2009 (excluding small and medium-sized enterprises in private ownership)<sup>1</sup>**

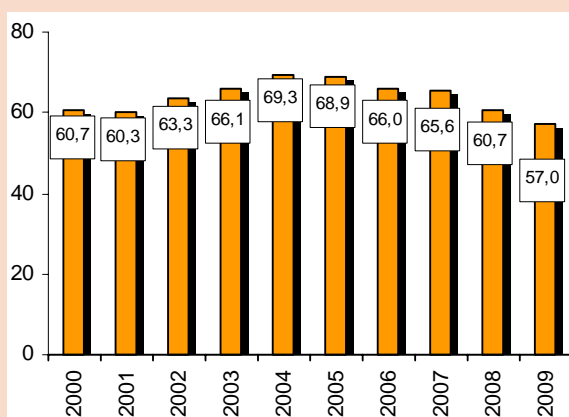
Indicator	Average monthly wage (national currency unit, 1000)		Average monthly wage of women, as % of men's wage, %
	Men	Women	
Total	1240.2	924.7	74.6
Including by sector:			
Industry	1371.3	962.8	70.2
Agriculture	703.4	650.4	92.5
Forestry	846	784	92.7
Construction	1485.9	1465.8	98.7
Transport	1296	1096.9	84.6
Communication	1381.9	1065.1	77.1
Trade and public catering	1204.3	932.3	77.4
Procurement and sales	1592.3	1391.7	87.4
Real estate	1407.2	1195.8	85.0
Market infrastructure	2707.8	1883.7	69.6
Housing and utilities	1046.5	868.3	83.0
Personal services	1039.2	659	63.4
Health, sport, social protection	1281.3	794.6	62.0
Education	903	716.3	79.3
Art and culture	942.5	738.6	78.4
Research and development	1993	1562.7	78.4

<sup>1)</sup> Although women are still underrepresented in the private sector, the number of women-owned businesses is increasing. As suggested by a range of opinion polls, women may own as many as 20-30% of private-sector enterprises.

of 1 percentage point in 2000, or 1 and 2%, respectively), the causes of losing a job are different, as women

and men are not affected by layoffs of personnel in the same way.

**Figure 3.3. – Registered women unemployed, as % of total unemployed**



Source: Chief Division of Employment under the Ministry of Labour and Social Protection.

The structure of demand in the labour market continues to favour seekers of full-time jobs and male candidates. This limits the chances of re-employment for women, and results in longer spells of unemployment for female job seekers. In 2009, average period of unemployment was 4.6 months for women and 3.3 months for men. Women with small children and university graduates with no work record are the most vulnerable.

The main objective for the future is to support women in comprehensive application their professional and creative potential, and raise their social status.

State employment policy should enable women to effectively combine family and professional duties and to participate more widely in private enterprise.

Organisational measures should include, as a matter of priority, support to creation of enterprise promotion centres, associations of women entrepreneurs and women’s business clubs. The status of such organizations should be well defined, their relationship with the state clearly circumscribed, and guarantees and protections to such associations should be firmly established.

One important aspect there relates to creation of jobs in a gender-sensitive manner, development of alternative working modes, such as work from home, telecommuting, job sharing, leasing and outsourcing, along with more extensive training of workers in female-dominated professions. Promotion of traditional crafts is a good means of facilitating women’s self employment, and special incentives to enterprises hiring people to work from the home could also benefit women.

Implementation of the above measures would not only contribute to more productive employment of women, but also even out their choices of employment, improve their well-being and strengthen independence.

## 12. Proportion of women parliamentarians

Policies to provide equal opportunities for men and women should necessarily increase the role of women in policy and decision-making and, more generally, in public and social life. Significant progress has already been achieved in this area. From 2000 to 2009, the proportion of seats in

the national parliament held by women increased from 13.5% to 32.9% (Figure 3.4).

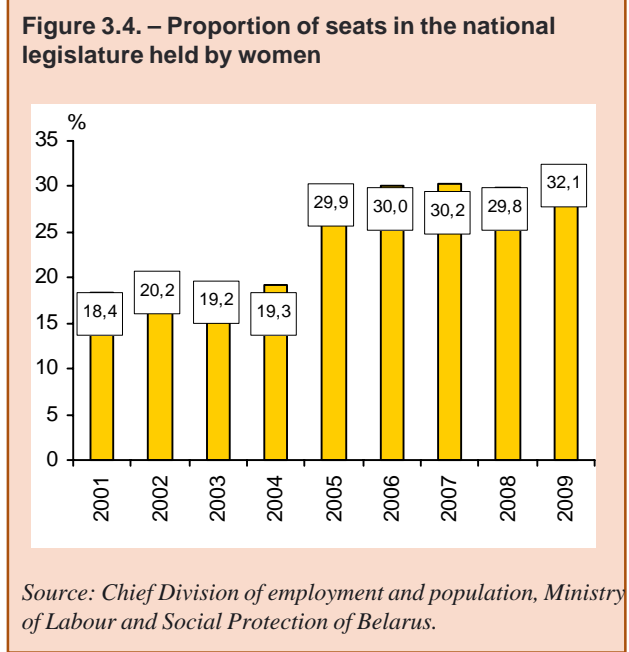
In the general elections of Autumn 2008, women won 54 seats in the National Assembly of the Republic of Belarus (32.1%), including 19 seats in the Council of Republic (32.8%), and 35 seats in the House of Representatives (32.8% of the total number of seats in the house, up from 4.5% in 2000). The proportion of seats in the national legislature has thus exceeded the target of 30% in the National Assembly.

In the local legislatures (the local Council of Deputies), women were holding 45.5% of the seats, as of 2010.

Women’s representation in elected positions at the local level (Council of Deputies) is growing, along with their employment in local governments. The presence of women is particularly large in the local legislatures at the community and district levels, but tends to decrease with the level of the legislature.

Increasingly, Belarusian women becoming more active players in public and social life, as evidenced by the presence of women in high-level Government positions. Women hold the posts of the First Deputy Head of the Presidential Administration, Head of the Central Commission for Elections and National Referenda, and the post of Minister of Labour and Social Protection. In total, women represent 19.6% heads or deputy heads of national Government agencies, 44.4% of heads or deputy heads of regional offices of these agencies, and 68.5% of lead specialists of these offices.

Belarus is ahead of most other countries of the former USSR by its progress towards gender equality. National gender policies are based on universally recognized norms contained in a range of international documents, such as the UN Convention on Elimination of All Forms of Discrimination against Women (CEDAW) (1979); Beijing Declaration and Platform for Action adopted by the Fourth World Conference on Women (1995); Resolution of the special session of the General Assembly on “Women 2000: gender equality, development and peace for the twenty-first century” (2000), the Millennium Declaration, and the National Report of the Republic of Belarus “Status of Achieving the MDGs”. Belarus has largely succeeded in implementing its national policy on gender equal-



ity, as specified in the Third National Action Plan on Gender Equality for 2006–2010.

Work is in progress on improving the national legal framework in accordance with international legal norms and standards. Belarus has ratified the Optional Protocol to the CEDAW and the ILO Convention on Protection of Motherhood. The national labour code is also being improved to enable workers to effectively combine professional and family duties, while maintaining provisions that reinforce the primacy of the woman's reproductive role and reducing inequalities in choices for employment related to gender and marital status.

As evidenced by the progress made in 2001–2009 towards gender equality, the national legal framework does not contain any discriminatory provisions against women. However, despite equality before the law, de-facto inequities between men and women still persist.

As women's participation in the labour market, and in social, political and public life, have increased, women continue to carry most of the burden of unpaid work in the home. Single-parent families, mostly headed by women, are at a disproportionate risk of poverty. Women continue to experience de-facto discrimination in the labour market, and are still underrepresented at the decision-making level. Other outstanding issues that disproportionately affect women include domestic violence, human trafficking, and low levels of gender literacy in the Belarusian society.

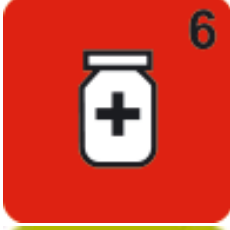
Pursuit of gender equality at the policy level will demand legal and institutional changes to address de-facto discrimination on the basis of gender, and dedicated programmes to overcome the gender stereotypes in the society. Key objectives for future Government policies towards meeting the MDG and objectives on gender equality should be as follows:

- Continued improvement of the national legal framework on gender, in accordance with the internationally accepted legal standards;
- Improving gender statistics for a more informed gender policy, including by developing new indicators reflecting gender-based differences in rights and opportunities;
- Promoting a more balanced distribution of professional and domestic duties between men and women, and a culture of shared responsibility for all aspects of family life;
- Mainstreaming gender into policies on promoting productive employment, including by facilitating alternative modes of employment and women's participation in private enterprise – all of which should ultimately help women to achieve a better family-work balance;
- Ensuring equal opportunities for further education and professional upgrading, promoting gender-oriented education and eliminating gender imbalances in employment of graduates from vocational colleges.









# GOAL 4.

## REDUCE CHILD MORTALITY

### Global targets

#### Target 5

Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

### Targets corresponding to the level of the socio-economic development of Belarus

#### Target 5.1

Reduce infant morbidity

#### Target 5.2

Reduce under-five disability prevalence rate

### Indicators

#### 13. Under-five mortality rate (per 1000 live births)

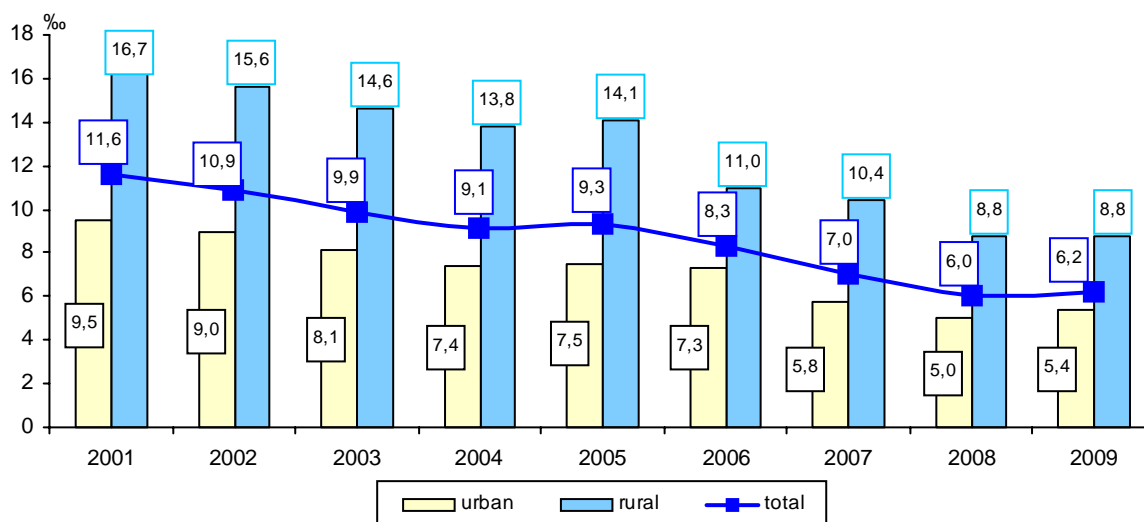
National prosperity is determined by the state of people's health. The ability of each person to lead a long and healthy life depends largely on their good health in childhood and adolescence. Helping people achieve and stay in good health is a key aspect of demographic security and a guiding principle of the nation's social policy. Health of the mother and child is also a key priority for the development of the health system in Belarus. The health of children and adolescents is addressed in the State Programme on Development of Health Care (sub-programme on maternal and child health), National Demographic Security Programme (sub-programme on health of the mother and child), National Action Plan on Improving the Situation of Children and Protecting the Rights of

the Child for 2004–2010, and the Presidential Programme “Children of Belarus” for 2006–2010 (sub-programme on social protection of children and families).

Belarus now ranks among countries with low infant and child mortality rates. Under-five mortality ratio in Belarus was 6.2 per 1000 live births (Figure 4.1) in 2009, approaching the average for industrialized countries (6.0 per 1000 live births).

A gradual decline in the under-five mortality rate was observed in 2001–2009, from 11.6 to 6.2 per 1000 live births. However, regional differences tend to remain. Above-average under-five mortality rates (Figure 4.2) were recorded in Homiel (7.7 under-five deaths per 1000 live births), and Brest Oblasts (7.2 per 1000). On average, the under-five mortality rate in rural areas is 1.6 times higher than in cities. Leading causes of under-five deaths are prenatal conditions, congenital abnormalities, and external causes.

Figure 4.1. – Under-five mortality rate in Belarus



Source: National Statistical Committee of the Republic of Belarus.

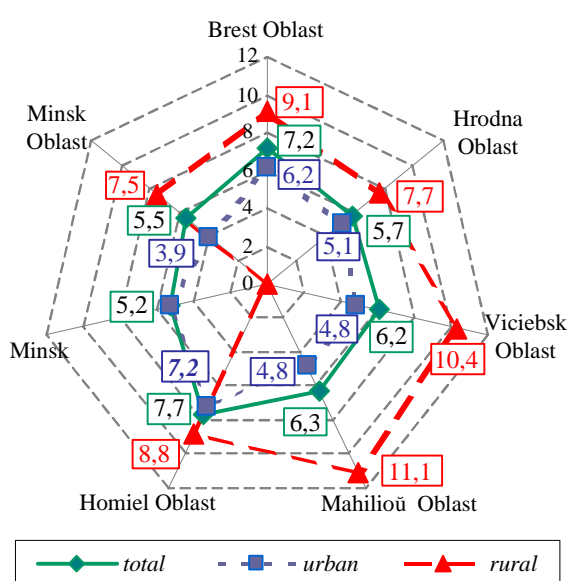
In sum, Belarus has succeeded in halving the under-five mortality rate between 2000 and 2015. The global target – halving under-five mortality between 1990 and 2015 – has been achieved by 89%.

#### 14. Infant mortality rate (per 1000 live births)

The reduction of the under-five mortality rate remains dependent on infant mortality, as the majority of under-five deaths (76.6% in 2009) occur at one year of

age or younger. Despite a number of fluctuations, infant mortality rate in Belarus has exhibited a steady downward trend in 2001–2009. Belarus continues to have one of the lowest infant mortality rates in the CIS, at 4.7 infant deaths per 1000 live births in 2009, down by 48.4% from 2001. Starting 2006, Belarus has included all babies weighing 500-999 grams at birth in its calculation of the IMR. Rural IMR (6.3 per 1000) continues to remain significantly above urban, by approximately 1.5 times in 2009 (Figure 4.3).

Figure 4.2. – Under-five mortality rate by administrative region

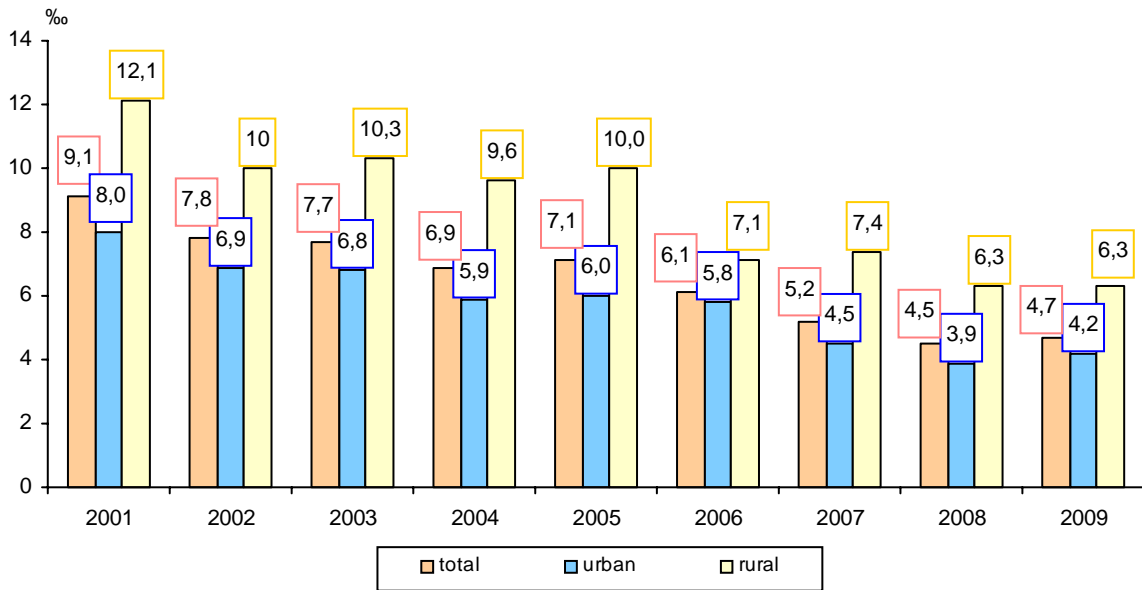


Source: National Statistical Committee of the Republic of Belarus.

Reductions in infant mortality are partly the result of changes in health care provision, including modernization and renovation of maternity wards and children's hospitals, reorganization of birthing facilities into a tiered system of prenatal centres, strengthening of genetic counselling services and early diagnosis of congenital and inborn diseases. Concentration of advanced medical equipment and best medical specialists in national research hospitals, and introduction of state-of-the-art medical technologies in have also contributed to reductions in IMR by improving access to high-tech medical care throughout the country.

The majority of infant deaths (67.9% in 2009, up from 64.6% in 2001) are still from endogenous causes, including maternal complications of pregnancy and abnormal foetal development. Some 41.1% of infant deaths are from “certain conditions in the prenatal period”, and another 26.8% from congenital abnormalities. External causes account for 6.5% of infant deaths. Most notable

Figure 4.3. – Trends in infant mortality in Belarus



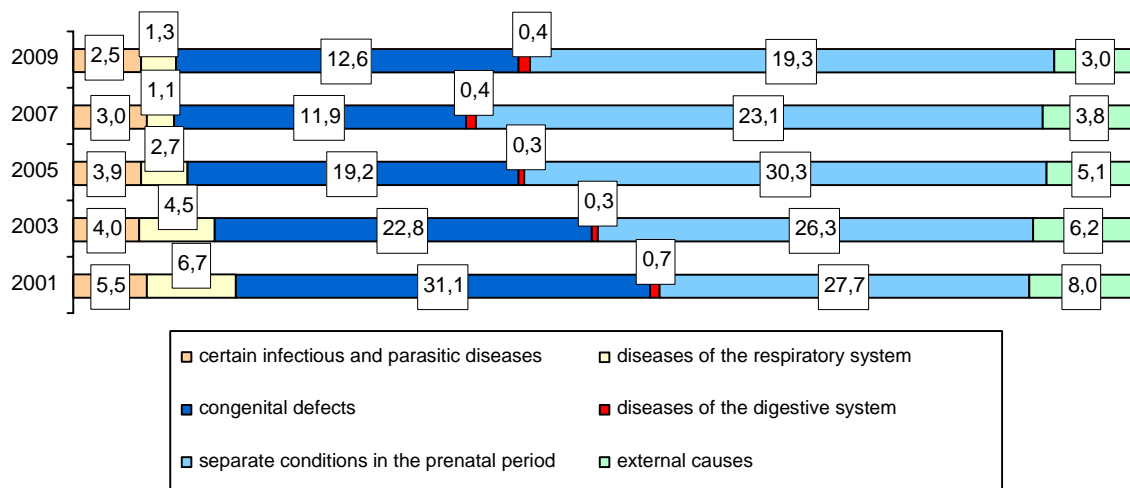
Source: National Statistical Committee of the Republic of Belarus.

examples of positive changes in the structure of infant mortality in 2001–2009 include the reduction in the number of infant deaths from respiratory diseases by 80.6%, external causes by 62.5%, congenital abnormalities by 59.5%, and certain infectious and parasitic diseases by 54.5% (Figure 4.4).

The reduction in infant mortality is an indisputable achievement of the Belarusian health system. Infant morbidity, however, remains a major challenge, contributing to child disability. In 2001–2009, the prevalence of disease in infants increased from 188.7 to

202.2 cases per 1000 live births. Congenital and in-born diseases are the leading causes of child disability. Each year, some 2.5 thousand cases of infant congenital diseases are recorded in the national register of congenital abnormalities. Reducing under-five morbidity and disability should become one of the top priorities for demographic security. Approaches to intensive care of newborns should not only emphasise child survival, but also minimize the complications of such care, and its effects on future disability. Reducing infant mortality, however relevant, can no longer be addressed in isolation from the quality of the

Figure 4.4.- Infant mortality rates by major cause of death, 2001–2009, per 10000 live births



Source: National Statistical Committee of the Republic of Belarus.

infant's future life. This calls for systemic organisational, curative and diagnostic interventions to minimize prenatal injuries, thereby reducing disability risks to infants at all stages of prenatal care. Successful implementation of such measures would be not only a major medical breakthrough, and but also an important social achievement.

The means to achieve the above objectives should include: upgrading diagnosis and treatment methods in prenatal, delivery and neonatal care; implementing a comprehensive programme on prevention of child disability based on early diagnosis and treatment; constant monitoring of effectiveness of neonatal care; introducing new sanitary norms, operating rules and organizational practices in the work of maternity wards and paediatric facilities, and developing a system for accessing expert medical advice on neonatal care by tele-medicine. Infant morbidity, mortality and disability can also be reduced by early diagnosis of foetal congenital abnormalities and inborn diseases, including by pregnancy planning, health and diet counselling (e.g. recommending diets rich in folic acid) of women.

Reducing infant deaths from external causes (i.e. accidents, injuries, poisoning, and homicide) can also yield significant improvements in the infant mortality rate. External causes are the third most common causes of under-five mortality, after prenatal conditions and congenital or developmental abnormalities.

The risk of death from causes other than natural depends on a range of institutional, organizational and public health-related factors, such as inadequate parental supervision of children, family conflict, and exposure of children to harmful influences that may reinforce negative habits, attitudes and behaviour patterns as they grow into adulthood.

Child injury can be reduced by implementing an inter-ministerial approach to prevention, including by removing threats in the living environment and discouraging risk behaviours in children, strengthening social protection and assistance to children and families, ensuring timely reporting, prevention and response to child abuse, expanding psychological counselling of children, and ensuring provision of qualified and timely first aid and medical assistance to child victims of injury.

#### **15. Proportion of children aged 0 – 1 immunised against measles**

Immunisation is an important health promoting strategy in children. In Belarus, it is a vital component of health policy. The effectiveness of immunization in preventing infectious disease in children has been proven over many years of its implementation. Immunisation is available and free to the entire population. Coverage of children aged 0 – 1 with immunization against measles has been high, at 92.1% in 2008 and 98.2% in 2009. As a result, no cases of measles have been recorded.









# GOAL 5.

## IMPROVE MATERNAL HEALTH

### Global targets

#### Target 6a

Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

#### Target 6b

Achieve, by 2015, universal access to reproductive health

### Targets corresponding to the level of the socio-economic development of Belarus

#### Target 6.1

Reduce by one-third the maternal morbidity ratio

#### Target 6.2

Increase the share of uncomplicated births to 50%

#### Target 6.3

Reduce adolescent pregnancy rate to 25 per 1000 adolescents aged 15–19

### Indicators

#### 16. Maternal mortality ratio

Belarus is a country with a low maternal mortality ratio. By 2009, maternal mortality rate had declined to 1 per 100,000 live births, approaching the average for the industrialized nations. Belarus has thus achieved the relevant MDG and met the WHO target for the European region.

Safe motherhood is an important priority for the Belarusian health system. Qualitative prenatal care, adequate care in delivery, childbirth and in the neonatal period have been the key elements of national policies

to reduce maternal deaths. Initiating prenatal care early in the pregnancy is an important element of prevention. To this end, an economic incentive to pregnant women was introduced by law in 1991. All women making a first visit to a prenatal care centre within the first 12 weeks of pregnancy were entitled to a monetary bonus. This measure resulted in better prenatal care planning, improved prevention of foetal and pregnancy-related complications, and timely referrals to tertiary-level birthing centres in the regional capitals and Minsk City for all pregnant women. Nearly all pregnant women (over 98,9%) are seen by a general practitioner, including 94,4% in the first 12 weeks of pregnancy.

Modern midwifery and obstetric technologies are being widely utilized, facilitated by innovations in the

organization of obstetric care and continuous upgrading of medical staff. Obstetric care has been centralized at the primary, secondary and tertiary levels. A network of prenatal and neonatal clinics has been deployed to provide care in preterm delivery and to neonates with different pathologies. Access has been expanded to specialist medical services for mothers and infants with cardiovascular and endocrine diseases, and mothers at risk of miscarriage. Medico-genetic and reproductive health centres have been opened. Organisational improvements are being made to genetic counselling, reproductive health and obstetric services to women and teenagers.

Medical training is conducted at medical universities, and further education of doctors at the National Academy of Post-diploma Medical Training. Medical training programmes are being continuously improved.

## 17. Proportion of births attended by a trained doctor or midwife

### 17a. Proportion of pregnant women covered by prenatal care

### 17b. Teenage pregnancy rate

Family planning services are being continuously improved, which includes broadening access to premarital counselling, childbirth education and family child-birth, post-abortion rehabilitation and prevention of unnecessary abortions. All health workers caring for pregnant women have medical education, including in

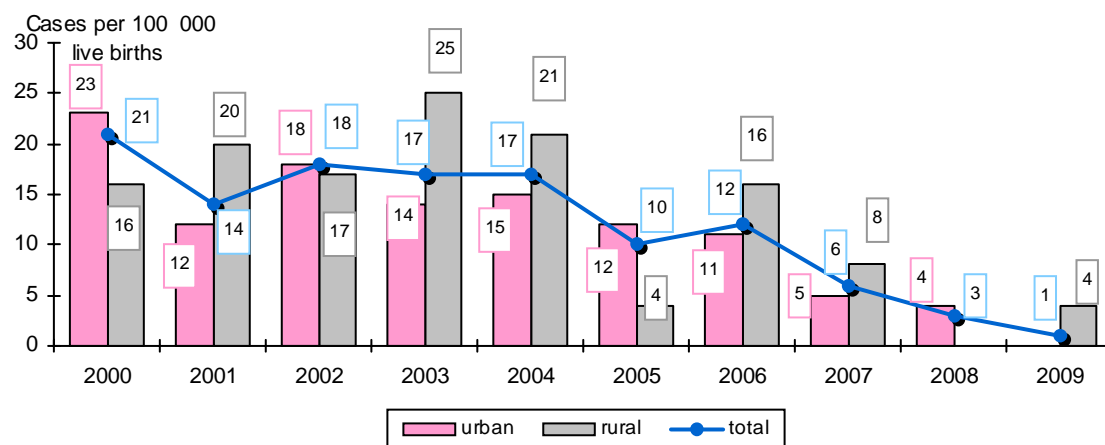
management of pregnancy and delivery. In Belarus, 99,9% of all births are attended by a trained doctor or midwife.

In 2007–2010, prenatal screening has been implemented as part of the subprogramme “Protection of Maternal and Child Health” of the National Demographic Security Programme to facilitate early diagnosis and treatment of congenital diseases in infants and children. Triple screening covered 97% of expectant mothers registered with a prenatal clinic before the 12<sup>th</sup> week of pregnancy. As a result, detection of congenital abnormalities increased by 23.9% (1135 cases in 2009), and birth of children with genetic disorders was prevented in 50% of the cases.

Safe pregnancy and delivery interventions, and a reduction in the number of abortions, have largely been behind the marked decline in maternal mortality in 2001–2009, from 14.0 to 0.9 maternal deaths per 100,000 live births, including from direct obstetric causes, from 6,4 to 0,9 deaths per 100,000 births, and indirect causes, from 14.9 to 0.0 deaths (Figure 5.1). Disease prevalence rate in pregnant women declined in 2007–2009, from 75.6 to 73.4 per 100.

Two phases can be identified in the maternal mortality dynamic in 2001–2009. During the first phase, in 2001–2004 (except 2002), the maternal mortality rate stabilized at 17 cases per 100,000 live births. The second phase, lasting from 2005 to 2009 was marked by a rapid decrease in maternal mortality, when the maternal mortality rate dropped by almost ten times. In

Figure 5.1. – Maternal mortality ratio, per 100,000 live births



Source: National Statistical Committee of the Republic of Belarus.

the past decade, there were 110 maternal deaths from complications of pregnancy and delivery, including 78 in cities and 32 in rural areas. Average maternal mortality ratio for 2001–2009 was 11.6 per 100,000 live births and 6.3 per 100,000 live births for 2005 – 2009. Of all maternal deaths in 2001–2009, 63 were from direct obstetric causes (6.6 per 100,000 live births) and 48 from indirect causes (5.0 per 100,000 live births).

Caesarean delivery rate increased from 16.3% in 2001 to 22.3% in 2009. This is believed to be the most appropriate for prevention of complications in the woman and the baby.

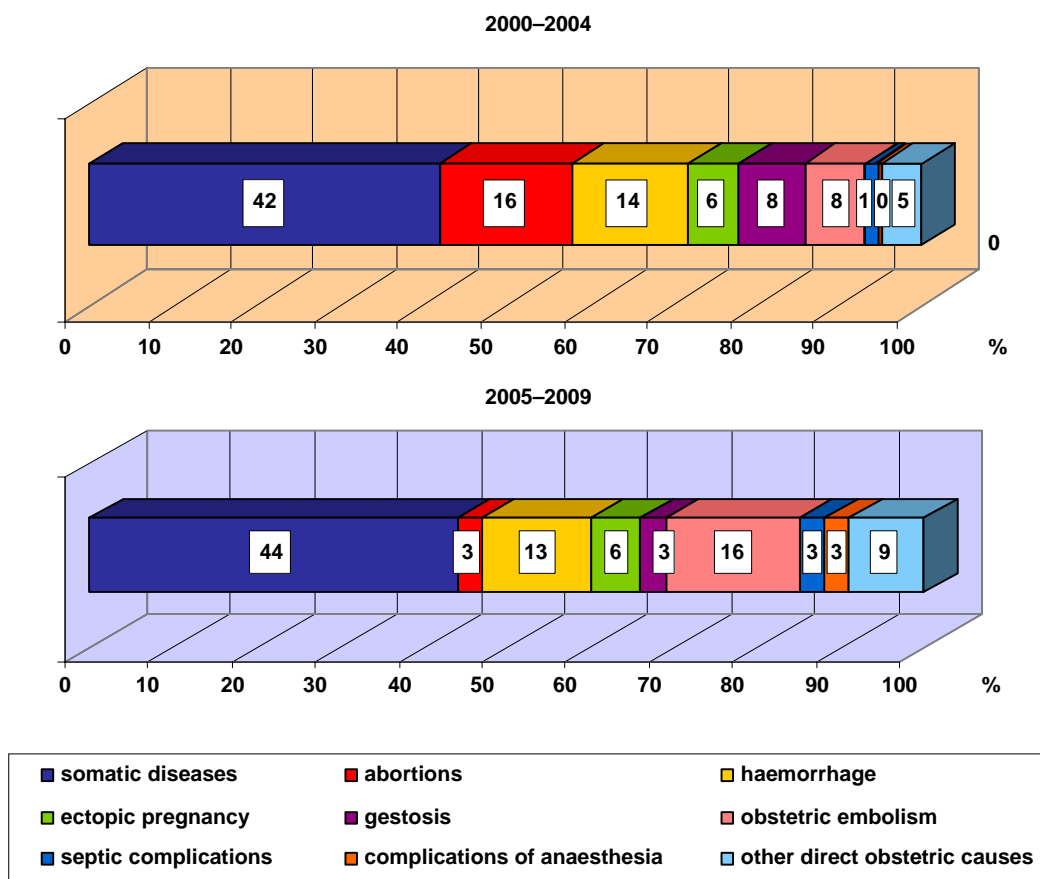
In terms of specific causes, the structure of maternal mortality has remained constant over time (Figure 5.2). Somatic diseases were the most common cause (4.9 per 100,000 live births), haemorrhage in pregnancy, delivery and puerperal period(1.9), complications in abortion (1.5), pulmonary embolism (1.1), gestational toxoemia (0.7), ectopic pregnancy (0.7), sepsis (0.2),

complications in anaesthesia (0.1 maternal deaths per 100,000 live births) .

However, the overall health of pregnant women has continued to decline. Today, over 73% of expectant mothers have medical conditions that affect foetal development and the health of their children. The prevalence of infectious and parasitic diseases in pregnant women has increased 1.5 times, urinary tract infections, 1.6 times, complications of fat metabolism and fibrin depositions, 1.6 times, hypertonic, 1.8 times, and sugar diabetes, 6 times. As a result of rising morbidity, the proportion of normal births has continued to decline, representing little over one-third of all births.

Abortions and teenage pregnancies pose a serious threat to reproductive health. Belarus is ranked among countries with a high prevalence abortion and teenage pregnancy. After reaching a peak of 14.3% of all births in 1995, the proportion of births to mothers aged 15–19 declined to 6.4% in 2009. Teenage pregnancy rate dropped

Figure 5.2. – Maternal mortality by cause



Source: National Statistical Committee of the Republic of Belarus.

from 43,9 per 1000 females aged 15 – 19 in 2003 to 38,4 per 1000 in 2009 (Figure 5.3). The birth of a child to a biologically and socially immature woman is a significant risk to the health of both the mother and the child. Research indicates that children born to mothers below age 20 are 1.7 times more at risk of low birth weight than children born to older mothers.

Services in family planning and prevention of unwanted pregnancies are widely available from obstetrician-gynaecologists at prenatal clinics and gynaecological hospitals. Improved information and access to modern contraception within the last 9 years resulted in an almost fourfold reduction in the number of abortions. In 2009, there were 14.1 abortions per 1000 women aged 15 – 49. The abortion rate decreased most rapidly among women aged 20-34. However, in present time, one in six abortions is in primigravidae, and one in ten in women below 20 years of age.

The age distribution of abortions remained constant throughout the decade – 50% were performed at the most reproductive age 20–29, 20% at age 30–34, 14% at age 35–39, and some 6% at age 40 and above.

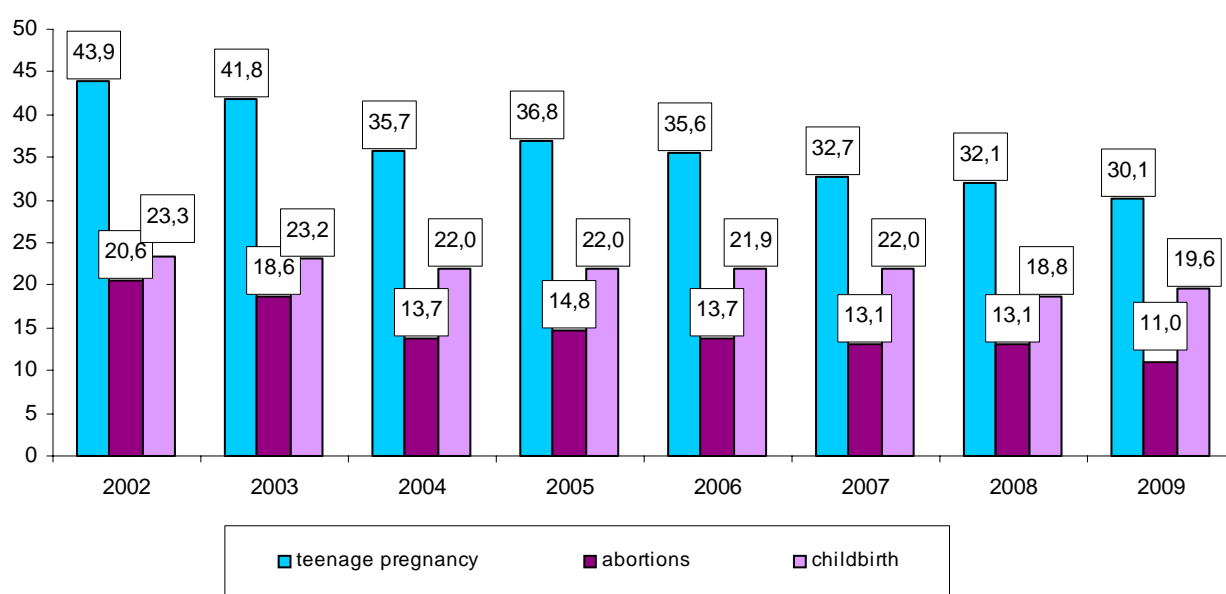
Despite the recent decline in absolute terms, abortion still remains the most common method of birth control. Poor knowledge of human sexuality and repro-

duction, and irresponsible attitudes of women to their own health are among the leading causes of high abortion prevalence. Some abortions may be attributed to lack of education on reproductive health. For example, only 28% of Belarusian women of childbearing age report using the contraceptive pill, much below the WHO-recommended contraceptive prevalence rate of 40%. Surgery is still the only legal method of abortion, carrying a high risk of future infertility. The abortion pill, the most promising medical abortion method, is not available in Belarus. In Western Europe, 90 – 95% of abortions are medical, and in Russia, up to 75%. A programme is being developed in Belarus to offer women the choice between medical and surgical abortion. As projected, medical abortion will be provided at no cost to teenagers, and will be available within the first six weeks of pregnancy.

Reducing abortion prevalence among women below age 20 and in primigravidae would bring some of the most substantial improvements in women's reproductive health. Further research on reproductive health is needed, to examine trends in modern contraceptive use and develop policies to promote low risk behaviour, particularly among young people.

Strengthening maternal and child health services would be an important strategy to reduce maternal morbidity

**Figure 5.3. – Teenage pregnancy rate (combined number of births and abortions per 1000 women aged 15–19)**



Source: Ministry of Health of the Republic of Belarus.

and mortality in Belarus. This would require further improvements in primary health care, deeper integration of obstetric care with general health services and multi-type hospitals, reorganization of large maternity clinics into prenatal centres, and wider adoption of progressive medical technologies.

Improvements in reproductive care could be accelerated by further strengthening of preventative, curative and diagnostic care, including through adoption of innovative methods of diagnosis and treatment, expanding the range of medical services available to pregnant women, addressing the needs of adolescents

and teenagers, and implementing new approaches to health and moral education of young people.

Adoption of family health passports can contribute to effective prevention of complications in pregnancy and childbirth, and promotion of infant health. Treatment of infertility should also be approached as a strong priority.

Prevention of unwanted pregnancies and abortions, and adoption of innovative methods of diagnosis, treatment and rehabilitation would be important interventions in this regard.





# GOAL 6.

## COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

### Global targets

#### Target 7

*Have halted by 2015 and begun to reverse the spread of HIV/AIDS*

#### Target 8

*Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases*

### Targets corresponding to the level of the socio-economic development of Belarus

#### Target 7.1

*Stop the spread of HIV/AIDS including among the most vulnerable groups*

#### Target 8.1

*Reduce, by 2015, the growth of tuberculosis cases*

#### Target 8.2

*By 2015, reduce the death rate associated with tuberculosis*

Some progress indicators corresponding to Target 7 (ratio of educational enrolment rate of AIDS orphans to non-orphans, ratio of HIV-positive pregnant women to all pregnant women aged 15–24), are not considered applicable to Belarus, and, consequently, no relevant statistical data are being collected. The more suitable indicators of public health (e.g. morbidity by class of disease) are defined in the National Report of the Republic of Belarus on Status of Achieving the MDGs (2005), and the UNGASS (UN General Assembly Special Session on HIV/AIDS).

### Indicators

#### 18. HIV prevalence rate

HIV prevention and reversal of the HIV/AIDS epidemic continue to remain on the agenda for Belarus. Medical data clearly reveal an upward trend

in HIV prevalence. From 2001 to 2009, the number of reported HIV cases increased by 18.5 times, from 578 to 10 690. On average, 800–900 new cases are being recorded annually. According to the Republican Centre for Hygiene, Epidemiology and Public Health, HIV prevalence rate in 2009 at 91.1 cases per 100,000 population (0.1% of the total population), and estimated HIV prevalence among population aged 15–49 was 0.2–0.3%. HIV incidence rate in 2009 was 11.1 cases per 100,000 population (Figure 6.1).

HIV cases are unevenly distributed across regions. Over three-quarters of people living with HIV (78.6%) are residents of three subnational regions – Homiel Oblast (5 528 persons, 295.8 cases per 100,000 population), Minsk City (1477 persons, 71.6 cases per 100,000 population) and Minsk Oblast (1395 persons, 84.2 cases per 100,000 population). In 2009, the high-

est HIV prevalence rate (3.5 times above the national average) was recorded in Homiel Oblast, accounting for 51.7% of all HIV cases. Hrodna Oblast had the lowest HIV prevalence rate, and was home to only 4% of HIV cases.

Most persons living with HIV are urban dwellers. In recent years, however, there has been an increase in HIV prevalence among the rural population, and where the number of new HIV cases has been rising more rapidly than in cities.

### 18a. HIV prevalence by age and sex

The HIV/AIDS epidemic is mostly affecting young adults aged 15–29. The number of HIV cases registered in this age group is 7144, representing 66.8% of the total cases, as of 2009. Trends in HIV incidence at age 15–29 in 2001–2009 are presented in Table 6.1.

The majority of HIV cases were diagnosed in men (6696 cases, or 62.6%), and the remaining 3994 cases (37.4%), in women. The prevalence of HIV in women, however, increased in 2001–2009 by 3.3 times, from 3.0 to 9.9 cases per 100,000 female population.

### 18b. Proportion of HIV-infected children born to HIV-positive mothers

As a result of wider coverage of HIV-positive mothers with antiretroviral prophylaxis, the share of HIV-

infected children born to HIV-positive mothers decreased to 3.57% in 2008.

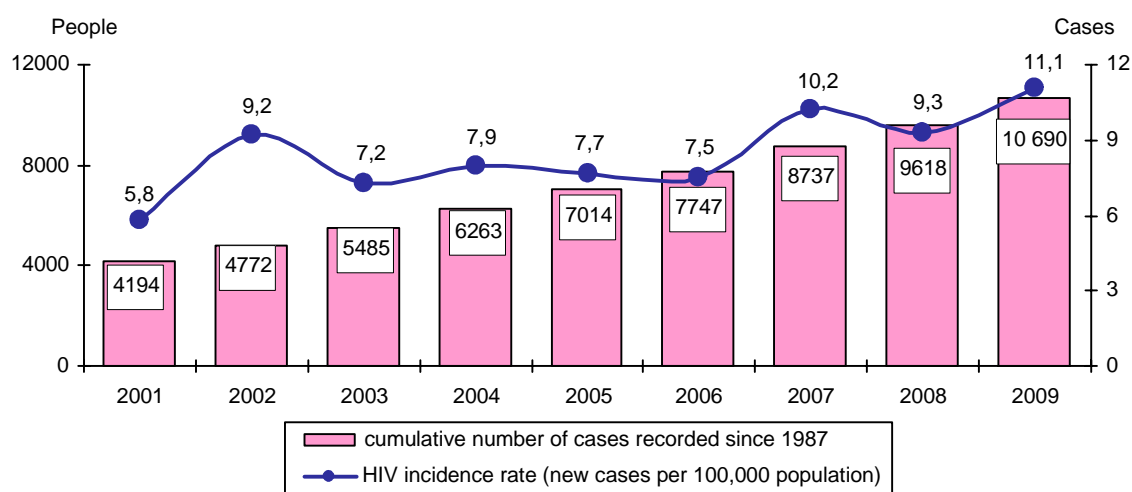
The proportion of HIV-positive pregnant mothers in 2008 – 2009 was 0.19%. The cumulative number of children born by HIV-positive mothers since the start of the epidemic in 1987 was 1521, as of 2009, of whom 226 were born in 2009.

### 18 c-d. National and international expenditures related to AIDS; proportion of population of pregnant women with HIV infection who receive antiretroviral drugs to reduce risks of HIV transmission from a mother to a child; level of epidemics of HIV-infection among the three most vulnerable groups (injecting drug users, commercial sex workers, men having sex with men).

Funding of the state HIV/AIDS programme activities, including on epidemic surveillance, prevention, diagnosis, treatment and support for people living with HIV/AIDS comes from the state and local budgets, and from international partners. In 2009, total expenditures of HIV-related activities were 49.5 billion belarusian rubles, including 31.7 billion Belarusian rubles from public funds, 14.8 billion belarusian rubles from international partners, and 3.0 billion Belarusian rubles from the private funds.

Belarus is one of the few countries that has achieved the goal of preventing mother to child HIV transmis-

Figure 6.1. – HIV incidence rate in 2001–2009 (new HIV cases per 100,000 population per year)



Source: Situational Analysis on HIV/AIDS in Belarus. National Centre for Hygiene, Epidemiology and Public Health. - Minsk, 2009.



**Table 6.1. HIV prevalence rate at age 15–29 in 2001–2009**

	2001	2002	2003	2004	2005	2006	2007	2008	2009
HIV prevalence rate among young adults aged 15–29 (new cases per 100,000 population)	20.0	29.8	22.1	21.1	18.1	17.2	20.6	18.6	20.6

Source: *Situational Analysis on HIV/AIDS in Belarus. National Centre for Hygiene, Epidemiology and Public Health. - Minsk, 2009.*

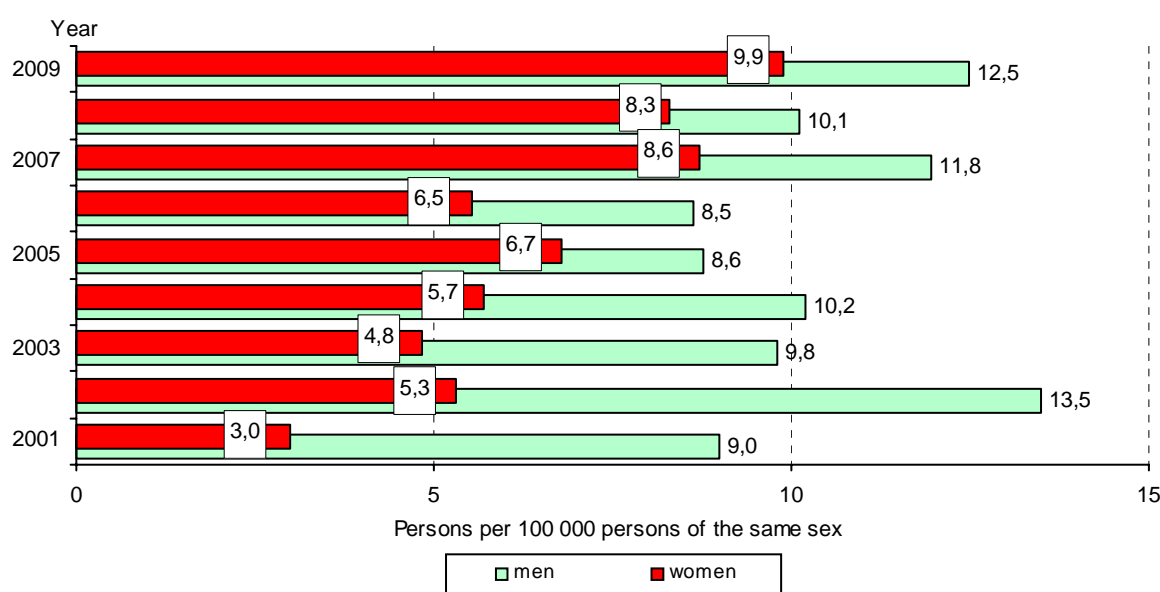
sion, mainly as a result of expanding coverage of HIV-positive pregnant women with antiretroviral therapy for preventing vertical transmission. The share of pregnant HIV-women receiving such treatment is approaching the national target of 75.7% and the universal access goal is 85%. HIV screening is recommended to all women to ensure timely enrolment in antiretroviral prophylaxis. Pregnant women are the largest single group of patients being tested for HIV, representing 16% of all HIV tests performed in Belarus. HIV detection rate in pregnant women varied from 0,092% in 2007 to 0,098% in 2009. HIV testing is universally accessible and available. Some 770–780 thousand people are being tested each year, representing 8% of the total population.

In 2008–2009 HIV in Belarus remained a concentrated epidemic, most prevalent among injecting drug users. In various parts of Belarus, 27–33% of were HIV-positive in 2008–2009. In 2006–2009, the

highest proportions of HIV-positive drug users were recorded in several cities of Homiel Oblast (Rečyca, Žlobin, Svietlahorsk, and Homiel), and in Salihorsk (Minsk Oblast). Injection drug use continues to play a major part in spreading the HIV epidemic, due to rising incidence of drug use (from 0.2% in 2004 to 7.3% of the adult population in 2010 and constituted 11 577 people as of 1 January 2010), high HIV prevalence (in Minsk City alone, 13.7% of IDUs were HIV-positive), and widespread risk behaviours.

Rapid rates of HIV transmission are also observed among commercial sex workers (CSWs), of whom 6.4% were HIV-positive in 2009, up from 4.2% in 2008. A national survey of 435 CSWs conducted in 2009 identified the following risk factors as the most significant: large number of sexual partners (76.7% of the sample reported having around three clients per day throughout the week), inconsistent condom use (only 44.6% reported using a condom in all encounters with

**Figure 6.2. HIV incidence by gender, 2001-2009 (new HIV cases per 100,000 population of the respective sex)**



Source: *HIV/AIDS – epidemiologic situation in the Republic of Belarus. January – June 2009. //Information Bulletin. - Minsk, 2009. - № 47.*

clients), and abuse of alcohol and drugs (15.5% admitted to using injection drugs, and 17.4% reported having had sexual contact with clients who were known IDUs within 12 months preceding the poll).

In Belarus, HIV prevalence in men having sex with men (MSM) is among the lowest in the region, and homosexual contact plays a very limited role as a factor in HIV transmission. According to the official data, only 47 HIV-positive cases were detected in MSM throughout the epidemic, representing 0.4% of all reported HIV cases. In 2008–2009, 14 new HIV cases were recorded, increasing the cumulative number of HIV-positive MSMs by 29.8%. A rise in the rate of HIV transmission among MSM was recorded in 2008–2009 (14 cases which constitute 29.8% cases of all registered cases among MSM). This reflects rising epidemiologic process among this group in the context of increased cases of sexual HIV transmission.

Injection drug use accounted for 52.7% of all HIV cases recorded in Belarus in 1987–2009. The proportion of sexually transmitted HIV cases began to rise six years ago, reaching 74.5–76.8% of all new cases in 2008–2009. The epidemic is thus spreading beyond the risk groups where it had been concentrated initially. Sexual contact is thus the predominant route of HIV transmission in men and women. In 2009, 90.2% of all new cases in women and 66.2% in men were sexually transmitted.

The number of AIDS cases is also rising reaching 1821 in 1987–2009, including 493 diagnosed in 2009 (up from 408 in 2008). Since the start of the epidemic, 1881 deaths have been recorded among HIV-positive patients (including 349 deaths in 2009). Of these 1881, 837 deaths were among diagnosed AIDS patients, including 223 deaths in 2009. To halt these increases, antiretroviral therapy programmes should be expanded, and dispensary care methods need to be improved.

In summary, the main trends determining the course of the HIV epidemic in Belarus include: rising HIV prevalence; accelerated HIV transmission among young adults aged 15–29 (representing 66.8% of all HIV cases), sexual contact replacing injection drug use as the main mode of HIV transmission; rapid spread of the epidemic beyond the original risk groups; rising HIV prevalence in rural areas, and lastly, growing number of AIDS cases and AIDS-related deaths.

Target 7 on halting the spread of HIV/AIDS, particularly among the risk groups still remains to be achieved, and further actions are needed to strengthen the national response to the epidemic.

The HIV prevention strategy has been recognized as a policy priority. In responding to HIV/AIDS, Belarus is implementing a triple approach.

- In 1997, a National Interministerial Council was established to facilitate prevention of HIV and sexually transmitted diseases, which provided the organisational basis for the creation in 2002 of a Country Coordination Mechanism to collaborate with the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM);
- Belarus developed and implemented a State Programme on HIV/AIDS Prevention in 2006–2010, a Strategic Action Plan on responding to the HIV/AIDS Epidemic for 2004–2008, and the National Plan on Achieving Universal Access to HIV Prevention, Treatment and Care for 2009–2010, the Action Plan on Overcoming Barriers to Universal Access to HIV/AIDS Prevention, Treatment, Care and Support for 2007–2010;
- A uniform monitoring and evaluation system is in place, governed by the Directive on HIV/AIDS Surveillance and Response.

The second national programme on HIV/AIDS prevention, for 2006–2010, is nearing completion. Its main objectives were to stabilize and reduce the prevalence of HIV, and to increase survival rates and quality of life for people living with HIV by implementing comprehensive prevention and treatment interventions. Under the leadership of the National Interministerial Council for HIV Prevention, work has begun on developing a new HIV Prevention Programme for 2011–2015.

In 2008–2009, the United Nations Development Programme acted as the primary recipient of two grants from the GFATM. One addressed prevention and treatment of HIV/AIDS, and the other of Tuberculosis.

The civil society is a significant contributor to HIV prevention programmes. At present, over 30 NGOs are active in HIV prevention and care, targeting at-risk populations and people living with HIV, and deliv-

ering support services to patients. In 2008–2009, over 35% of the GFATM grant were expended by civil society organizations, most of which by the NGOs “Vstrecha”, “Positive Movement”, Belarus Association of UNESCO Clubs, and the Belarusian Red Cross. In 2008–2009 programmes on HIV/AIDS were developed and promoted with active participation of the religious confessions, mainly within the framework of activities conducted by the Interchurch mission “Christian Social Service”.

The Global Objective 8 – halting the spread of malaria – is not relevant for Belarus, as both, the prevalence of malaria and mortality from it, are very low. Malaria mostly affects persons visiting high-risk areas without proper immunisation.

In 2001–2009, malaria prevalence rate was just 0.1 cases per 100,000 population, evenly distributed across administrative areas and age groups. Some risks of malaria, however, exist in Southern Belarus, where systematic prevention measures are needed.

### **19. Tuberculosis prevalence and mortality from tuberculosis**

In Belarus, tuberculosis remains highly prevalent, and constitutes a major threat to public health and a significant burden on the economy. Recently, however, signs of improvement have emerged, attributable in large part to consistent state policies on tuberculosis prevention and treatment. In 2001–2009, tuberculosis prevalence rate decreased by 32.8%, from 201 to 135 cases per 100,000, and mortality from tuberculosis declined by 2.4%, from 8.3 to 8.1 cases per 100,000 population.

Despite these improvements, tuberculosis continues to present a major problem. Some 4.5 thousand new tuberculosis cases are diagnosed each year. Up to 80% of these cases, and 80% of deaths from tuberculosis, are in employment-age persons.

Tuberculosis prevalence is particularly high among men in Homiel and Viciebsk oblasts, and among rural dwellers. In 2009, tuberculosis mortality in men was almost 5.5 times higher than in women. Highest overall mortality from tuberculosis was recorded in Homiel Oblast (11.7% per 100,000 population, 44.4% above the

national average), and the lowest in Minsk City (3.7% per 100,000).

Tuberculosis requires long and expensive treatment (lasting anywhere from 2-3 to 8-10 years in the most severe cases), and results in long-term, or sometimes permanent disability, generating a high economic cost to society.

A number of new challenges have emerged recently, calling for interventions and additional expenditures. First is the rising number of HIV-associated tuberculosis cases, and second is a high rate of drug-resistant TB among newly diagnosed patients. Mortality from tuberculosis is mostly the result of high prevalence of rapidly advancing forms of the disease and the existence of a large contingent of socially marginalized persons with drug-resistant tuberculosis. Protection of health workers from tuberculosis is not completely resolved, and high rate of tuberculosis in the penitentiary system (7.7 times greater than in the general population) needs to be addressed as a matter of priority.

As of December 2009, 5,676 patients with active tuberculosis (TB) were registered with TB services, including 2,822 (47%) with multi-drug resistant tuberculosis (MDR-TB). The share of MDR-TB cases increased by 4.6% relative to 2008, pointing to the growing urgency of MDR-TB as a public health problem.

Restructuring of hospital facilities under the state programme “Tuberculosis” in 2005–2009, increased availability of hospital beds for patients with MDR-TB at specialised wards and clinics. Some 870 specialised hospital beds (21.7% of all beds for patients with pulmonary tuberculosis) were reallocated to MDR-TB cases, recognizing the significant public health threat of MDR-TB. Bed reallocation will continue, given the expected growth in MDR-TB prevalence.

In recent years, tuberculosis services have introduced new diagnostic and treatment test. Starting from 2009, the National Institute of Pulmonology and Phthisiology has been offering the Hain-test, an express method for diagnosis of MDR-TB, sensitive to non-tubercule and vaccine strains of the tuberculosis mycobacterium. There are plans to make this test available in all TB dispensaries at the regional level. A Belaru-

sian test system was developed in 2009 to detect MDR-TB, and is now undergoing clinical trials. Tuberculosis services throughout the country have continued to utilize the ozone infusion therapy, developed at the National Institute for treatment of MDR-TB, using Belarusian-made oxygen concentrators. In collaboration with the Institute of Paediatric Oncology, the National Institute of Pulmonology performed in 2009 ten autologous mesenchymal stem cell transplants in patients with MDR-TB. Collection of transplant material and post-transplant monitoring is now in progress. If proven successful, this new technique will significantly improve outcomes for MDR-TB patients.

As a result of large-scale treatment interventions for tuberculosis Belarus has been able to make great progress in achieving MDG Target 8.

The State Programme “Tuberculosis” for 2005–2009 was successfully completed in 2009. Total cost of interventions implemented under the programme exceeded 100 billion Belarusian roubles. The first phase of the GFATM-funded UNDP project in support of the state programme “Tuberculosis” has also been implemented. The goal of the first phase was to increase the impact of tuberculosis prevention measures in Belarus. The project called for full implementation of the DOT strategy in the work practices of the state tuberculosis services and sought to strengthen the capacity of the National Reference Laboratory. The project also provided free treatment of patients with first and second-line drugs, thereby reducing the negative impact of the epidemic. The project also strengthens the physical infrastructure of tuberculosis services, bringing it into line with the international standards, while ensuring adequate biosafety of the patients and health workers. A major goal of the project is to prevent further spread of tuberculosis in the prison system, among the homeless, and other vulnerable groups. Total funding for the project is US Dollars (thousand) 14381,5.

The new State Programme “Tuberculosis” for 2010–2014 has entered active implementation stage. The main objectives are to ensure timely diagnostics of pulmonary and non-pulmonary tuberculosis, conduct preventive screening among the most at-risk groups, implement effective interventions to reduce mortality from tuberculosis, increase the quality of life and life expectancy for patients completing treatment, improve

hygienic standards among the population, and encourage health-promoting behaviours.

Meeting these objectives would be impossible without modernizing the tuberculosis services infrastructure at the national, regional and district levels, and acquiring modern equipment and drugs. There is also a need for modern laboratory equipment for express tuberculosis diagnosis, detection of the drug resistance type, and the development and maintenance of the national tuberculosis register.

## **20. Morbidity and mortality from other classes of disease**

All-cause morbidity rate in 2009 was 91 745.5 cases per 100,000 population. Diseases of the respiratory system are the most prevalent class of disease, representing 55% of all-cause morbidity, followed by diseases of the circulatory system (3.2%), diseases of the musculoskeletal system and connective tissue (4.8%), diseases of digestive organs (2.6%), diseases of the eye and the optical nerve (3.3%), injuries, poisonings and trauma (8.9%). Substance abuse is a major factor contributing to overall morbidity. The number of alcoholics registered with the health institutions exceeded 185,000 as of December 2009.

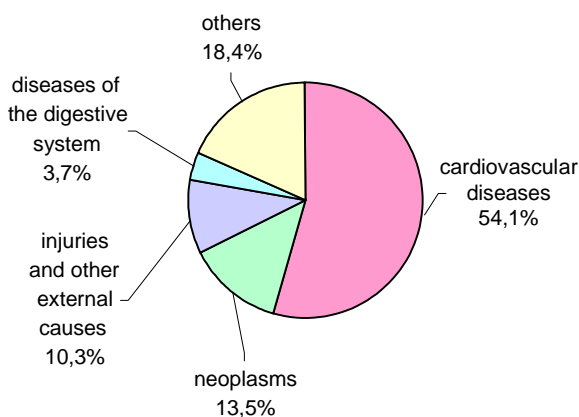
The epidemic situation is far more stable with respect to infectious and parasitic diseases. In 2009, declines were recorded in the prevalence of 36 nosological infection forms, and zero prevalence of 20 nosological forms. Belarus successfully avoided outbreaks of acute intestinal infections, and prevented the spread inside the country of dangerous infections from abroad.

Diseases of the circulatory system are the leading cause of death, accounting for 54% of all-cause mortality in 2009 (Figure 6.3).

Major changes have occurred in the Belarusian health system in recent years, affecting provision, management and financing of health care. While maintaining the tax-based financing model, new economic mechanisms were introduced to encourage redistribution of the health care budget towards primary care.

Per capita funding schemes has been introduced, along with eight social standards defining the minimum pack-

Figure 6.3. All-cause mortality in Belarus in 2009, %



Source: *Strategic Development Objectives of the Republic of Belarus for 2011 – 2015, Minsk, 2009.*

age of services available to every citizen at public expense. Repair and renovation works have been completed at operational theatres, intensive care units, national practice centres, prenatal care units and rural health clinics. New medical technologies are being utilized in provision of diagnostic and therapeutic care.

Certain problems are created by rising demand for health services unaccompanied by proportionate increases in health care funding. The volume of health service provision has been too slow to shift from high-cost and resource-intensive care to outpatient and primary care; the pace of transition to the general practitioner model in health care provision has been slower than expected, and the progress of health care computerization has been inadequate.

Future development of health care will depend on improved efficiencies in the use of material, financial

and human resources, utilization of modern technologies in health care, increased provision of medical services on a fee-for-service basis, while maintaining universal access to health for the majority of the population, and stronger focus on prevention.

Development of primary health care (PHC) should be given top priority, which should account for no less than 40% of total health expenditures. The duties of the nurse should be expanded, to reduce the work load on medical doctors. Ambulance services should be re-equipped, and their mobility increased, while taking steps to limit provision of such care to true medical emergencies.

Availability of safe, effective and affordable drugs remains a relevant objective. As a matter of priority, improvements need to be made to drug quality assurance and registration of side effects. Clinical trial protocols should also be upgraded, by strengthening the application of evidenced-based medicine principles and cost-benefit analysis methods. Public health services should develop stronger capacity in health and safety certification of goods and services, assessment and control of environmental risk factors for human health and immunisation. Belarus should also develop capabilities to produce its own vaccines.

The state import substitution programme “Belmedtekhnik”, for the period 2011–2015, will promote import substitution and development of the local health equipment industry. The state programme “Tuberculosis” for 2010–2014 and State Complex Programme for Prevention, Diagnosis and Treatment of Oncological Diseases for 2010–2014 calls for acquisition of expensive medical equipment and supplies for national and subnational-level medical centres.





# GOAL 7.

## ENSURE ENVIRONMENTAL SUSTAINABILITY

### Global targets

#### Target 9

*Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources*

#### Target 10

*Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation*

#### Target 11

*By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers*

### Targets corresponding to the level of the socio-economic development of Belarus

#### Target 9.1

*Introduce into the Program of Socio-economic Development of the Republic of Belarus for 2011-2015 a chapter on the rational usage of natural resources and conservation of environment for the current and future generations*

#### Target 10.1

*Ensure public access to high-quality drinking water, achieve social standards of the centralised water supply in the rural areas*

#### Target 11.1

*Improve housing conditions for citizens, ensure availability of accommodation and housing and communal services for the population*

Improving the state of the environment and sustainable resource management are key long-term priorities for national environmental policy.

In 2004, the Presidium of the Council of Ministers of the Republic of Belarus approved a National Strategy for Sustainable Socio-economic Development up until 2020, which calls for proactive environmental policies to ensure sustainable management of natural resources,

protection of the natural environment and environmental health, improved quality of life, preservation of biodiversity and sustainability of the biosphere.

The National Action Plan on Sustainable Natural Resource Management and Environmental Protection for 2006–2010 was approved with the Presidential Edict No. 302 of 5 May 2006. To support this action plan, the Council of Ministers of Belarus enacted in August

2008 a National Programme on Mitigating Climate Change for 2008–2012.

Belarus has a functional national environmental monitoring system. Continuous development of this system is taking place, by adoption modern methods observation, data collection and presentation of environmental information.

Belarus is also improving its environmental legislation to promote sustainable environmental management, strengthen economic incentives for environmental protection, and improve the effectiveness of environmental control. Socio-economic development forecasts contain mandatory sections on sustainable management and protection of the environment, as stipulated by the Law “On Government Projections and Socio-economic Development Forecasting”, which was adopted in 1998.

Addressing complex legacy of the Chernobyl nuclear accident is an important challenge specific to Belarus, calling for actions on many fronts and in multiple disciplinary areas. Such interventions have been pursued starting from 1990 in the context of the state five-year programmes on overcoming the consequences of the Chernobyl nuclear accident.

Belarus is also implementing policies to reduce the human impact on the natural systems and implement resource and energy efficient technologies. In accordance with international treaties and the national legislation, Belarus is taking steps to make its economy more environmentally friendly, including by reducing

environmental pollution and water usage, improving soil fertility, promoting resource efficiency, encouraging forest regeneration and sustainable forestry, reducing waste generation and supporting waste recycling, and preventing radioactive contamination of the territory. The overall result of such work is the gradual reduction in the extent of human impact on the natural environment.

### Indicators

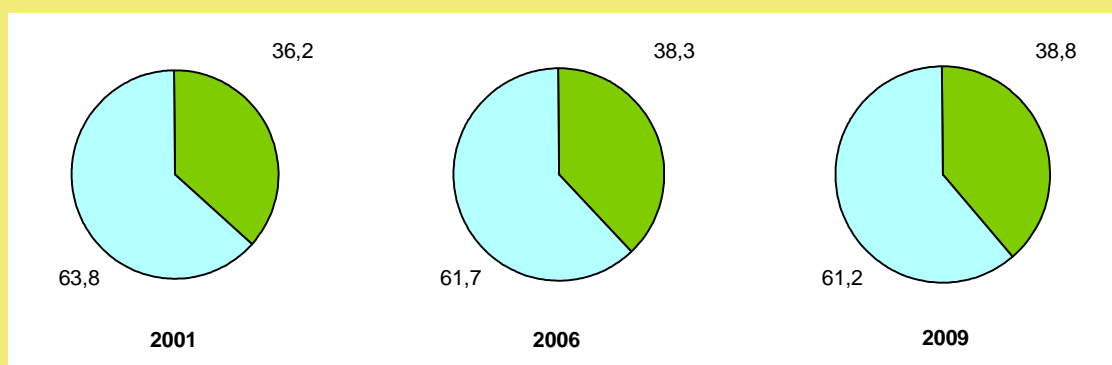
#### 25. Proportion of the land area covered by forest

Belarus has a large percentage of land covered by forest (Figure 7.1). Forest regeneration and planting are being implemented on a large scale (Figure 7.2). Government policies are aimed at reducing the human impact on forests.

#### 26. Designated biodiversity conservation areas

Conservation areas (nature reserves, wildlife sanctuaries, national parks) play an important role in biodiversity protection (Figure 7.3). Belarus has one nature reserve (Berezinsky), four national parks (Belovezhskaya Puscha, Prip'yatsky, Naro-chansky, Braslav Lakes), 433 wildlife sanctuaries and 861 natural heritage sites. In 2009, conservation areas occupied a territory of 1596 thousand hectares (7.7% of the total land area of Belarus). Brest and Viciebsk Oblasts are in top two places by the proportion of their territory occupied by conservation areas, and Mahil-iou Oblast is in the last place.

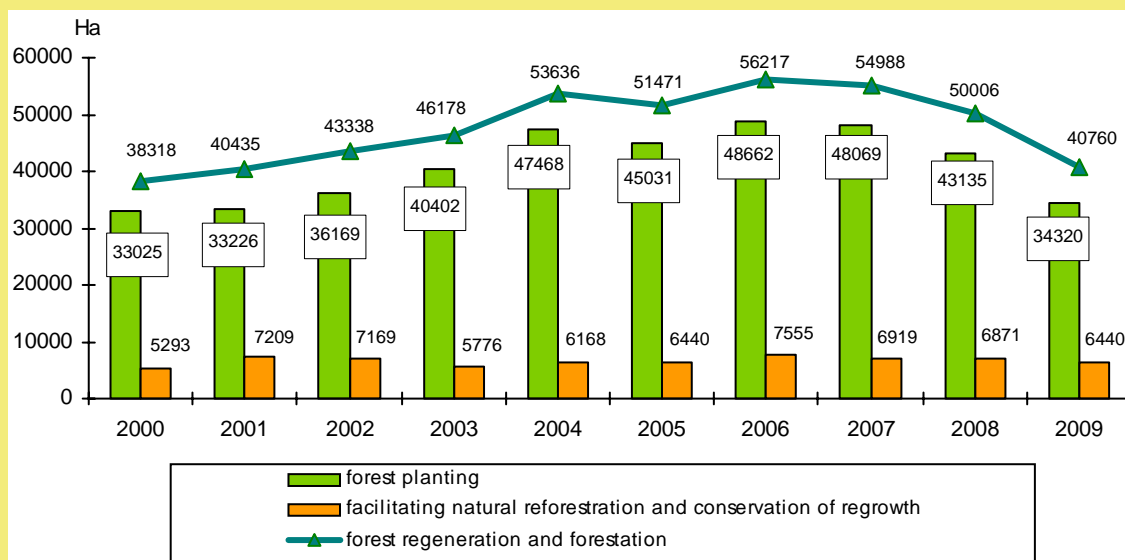
Figure 7.1. – Land area covered by forest, at 1 January (%)



Source: Ministry of Forestry Direct Survey (2001, 2006), National Forest Cadastre (2009).



**Figure 7.2. – Forest planting and regeneration in Belarus**



Source: National Statistical Committee of Republic of Belarus.

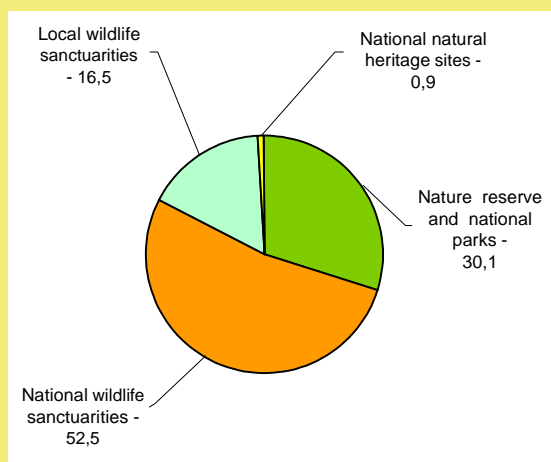
In 1994, Belarus adopted a National Strategy on Conservation and Sustainable Management of Biodiversity. Despite this achievement, several problems have emerged, and become particularly relevant in recent years. One such problem is the extinction of a range of rare plant and animal species. Responses are prescribed by the new biodiversity conservation strategy, designed up until 2020.

**27. Energy use per unit of GDP**

Reducing energy use per unit of production and controlling pollutant releases into atmospheric air and surface water are key aspects of environmental sustainability. In 2000–2009, energy use per unit of GDP dropped by 1.8 times (Figure 7.4). Despite an increase of over 1.9 times in the GDP, pollutant releases from stationary sources rose by only 18%.

**28. Per capita emissions of carbon dioxide (kg)**

**Figure 7.3. – Conservation areas by type (as % of total land area), at January 2009**



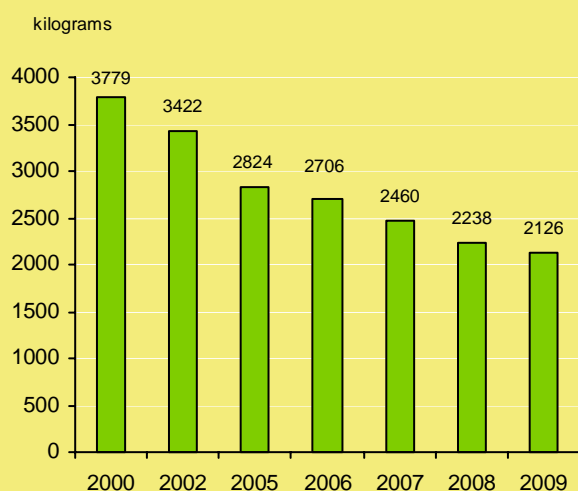
Source: National Statistical Committee of the Republic of Belarus.

Reductions in energy use per unit of GDP have stabilized emissions of pollutants, including carbon dioxide and other greenhouse gases, despite the growth of the GDP in absolute terms (Figure 7.5). However, pollutant emissions from mobile sources have grown faster than the GDP, mainly due to rapid increase in the number of vehicles.

Greenhouse gas emission per unit of GDP dropped by three times in 2003–2008. Improved energy efficiency and energy savings were the main reason for the improvement. In 2001, the national legislature enacted the law “On Protection of the Ozone Layer”.

On 7 September 2006, the Council of Ministers approved, with Resolution 1155, the national strategy for 2007–2012 on reduction of greenhouse gas emissions and increasing CO<sub>2</sub> absorptions by sinks. The strategy sets the target of no less than 5% for reduction of greenhouse gas emissions by 2012 relative to 1990.

**Figure 7.4. Energy use per unit of GDP (kg oil equivalent per million roubles GDP, constant 2000 roubles)**

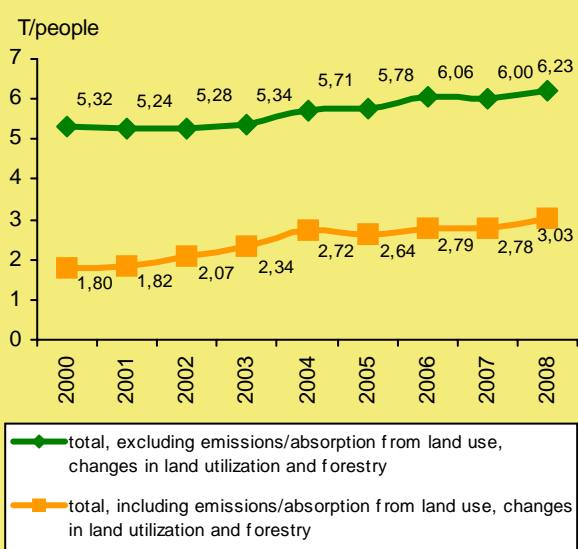


Source: Calculated from data provided by the National Statistical Committee of Belarus.

Belarus is implementing a range of projects promoting voluntary emission reductions. In 2009, regulations were approved governing on submission, review and monitoring of such projects.

Belarus has established a fully operational registry system for greenhouse gas emissions. The National Science Centre “Ekologiya”, operating within the structure of the Ministry of Natural Resources and

**Figure 7.5. CO<sub>2</sub> emissions per capita**



Source: Data from the National Research Centre «Ekologiya».

Environmental Protection of Belarus, designs and maintains the registry with the purpose of monitoring Belarus’ progress in meeting its commitments under the UN Framework Convention on Climate Change and the Kyoto Protocol.

In 2008, a national report was prepared on the national greenhouse gas emissions registry in 2006.

More than 70% of the total amount of greenhouse gas emission in Belarus are from the energy sector (Figure 7.6).

A draft law “On Climate Protection” has been finalized, establishing a process for confirmation of achievement of prescribed reductions in greenhouse gas emissions by Belarusian enterprises. The document also sets the standards for maintenance of the state registry of greenhouse gas emissions and absorption by sinks, state registry of carbon units and emissions monitoring systems.

### 30. Proportion of population using an improved drinking water source

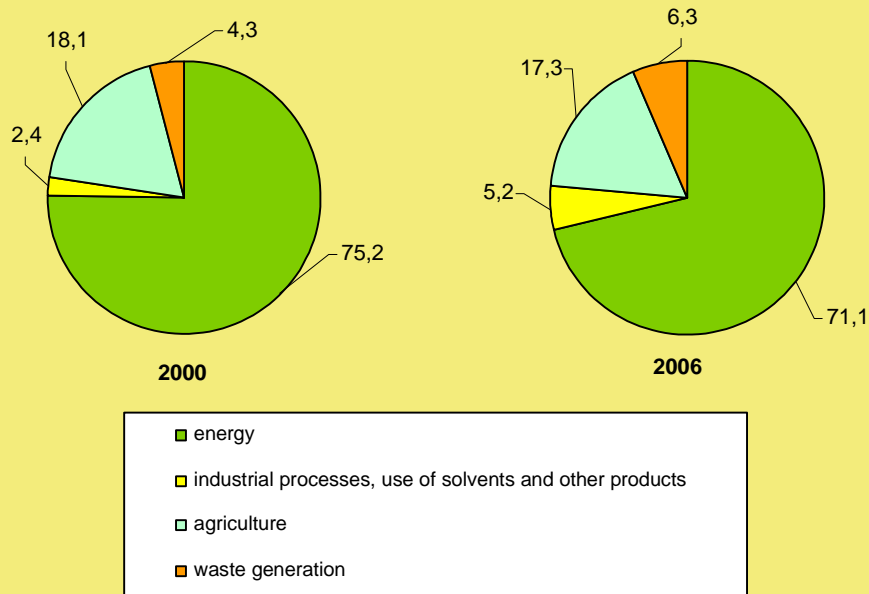
### 31. Proportion of population using with access to improved sanitation

Relative to other countries, Belarus has good availability of water resources. Current supply of fresh water is adequate to meet the present and future needs. Recently, potable water usage and consumption have declined. Most of the potable water used comes from subsoil sources (Figure 7.7).

In Belarus, access to potable water is universal. Water quality, however, does not always meet all of the standards established by public health regulations. Potable and household water supply is mostly from subsoil sources. Surface sources provide part of the water supply in Polack, Minsk, Homiel and Hrodna. Water from subsoil sources, however, has high natural iron content in 35% of settlements, creating a need for construction of de-ironing stations.

Belarus has implemented a sequence of state five-year clean water programmes on water supply and sewage management. Main objectives of these programmes include:

Figure 7.6. Greenhouse gas emissions by sector, %



Source: Ministry of Natural Resources and Environmental Protection the Republic of Belarus.

- Ensuring uninterrupted supply of the population with high-quality potable water;
- Maintaining safe natural environment for all Belarusians;
- Ensuring sustainable water supply for progressive socio-economic development;
- Improving water and sewage management to ensure high quality water supply and financial self-sustainability of sewage and water supply enterprises;
- Reducing the costs of water and sewage supply, by introducing modern energy-efficient technologies, up-

grading technological equipment and minimizing unproductive expenditures.

The programme applies the lower range limits of the national public health norms on water quality, and seeks to implement nation-wide social standards of water supply in rural areas.

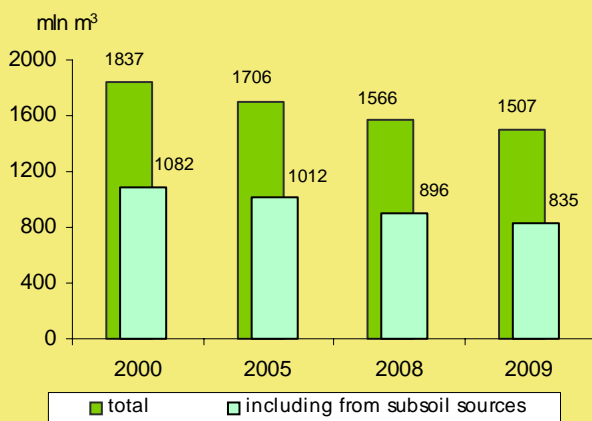
The state programme “Clean Water” for 2006–2010 sets the target of 84% for coverage with centralized water supply nation-wide and 100% in urban areas, and the target of 75% for the proportion of water supply systems with water treatment plants.

As projected by the clean water programme concept for 2011–2015, completion of all planned de-ironing station projects will ensure high-quality water supply of the rural residents of agricultural townships and fully resolve the problem of clean water supply throughout the country.

Belarus is taking steps to improve management of water resources, including by installing water meters in individual housing units. The proportion of housing units equipped with a water meter increased from 30% in 2005 to over 98% at present.

Units with centralized water supply have access to better quality water. In 2009, central water supply was

Figure 7.7. – Water withdrawal volumes by source (%)



Source: National Statistical Committee of the Republic of Belarus.

available in 87.1% of urban households, and 38.7% of rural households. Estimated proportion of the population with access to central water supply exceeds 71%.

The share of households with access to central sewage systems was 86.3% in urban areas and 34.6% in villages. The share of the population with access to central sewage systems is estimated at 69.3%.

### 32. Proportion of the population with secure housing tenure

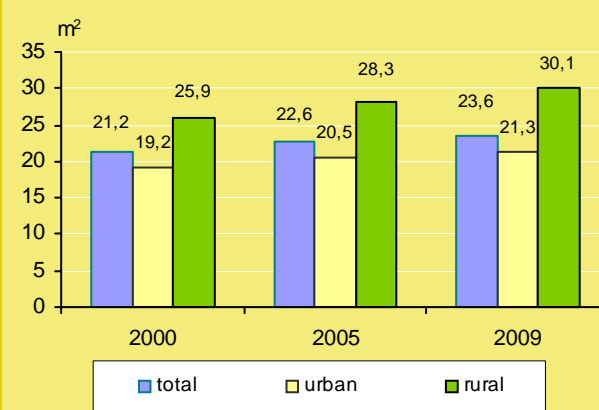
In 2000–2009, total housing stock increased from 212.1 million m<sup>2</sup> to 228.2 million m<sup>2</sup>, or by 7.6%. In per capita terms, available housing space grew from 21,2 to 23,6 m<sup>2</sup>, or by 11.3% (Figure 7.8).

The distribution of housing stock by ownership is shown in Figure 7.9.

The proportion of privately owned housing has been growing in cities and nation-wide. In rural areas, the share of private housing has declined, along with the volume of the housing stock.

According to the national sample survey of household income and expenditure, early in 2010 65.9% of the

**Figure 7.8. – Available housing per capita, m<sup>2</sup> of total housing space**

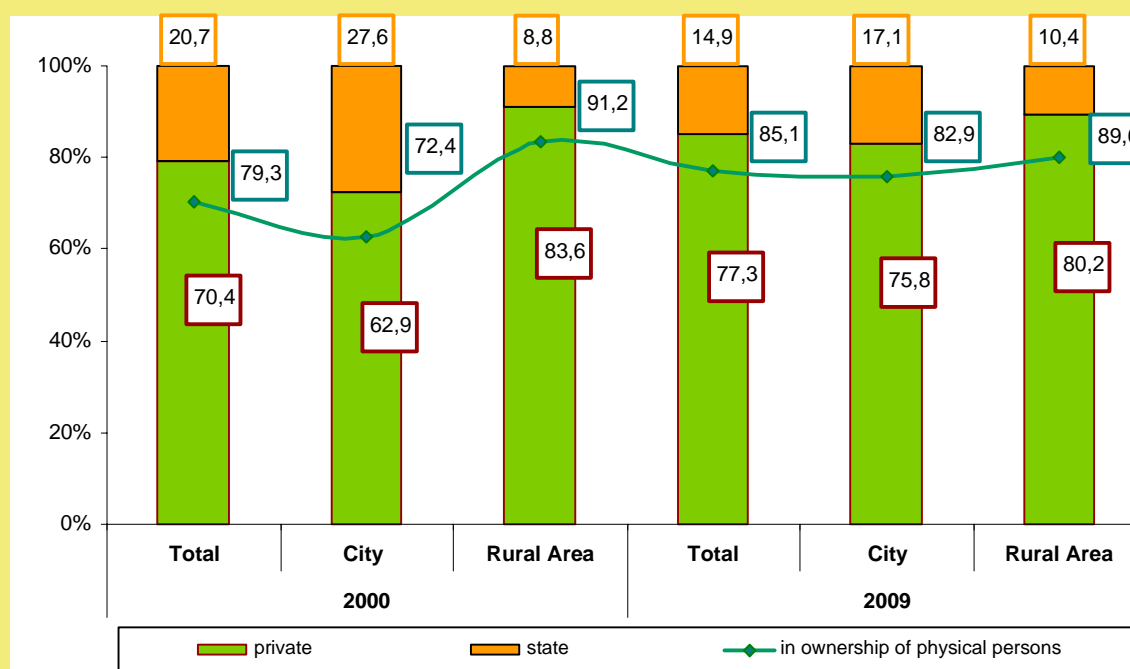


Source: National Statistical Committee of the Republic of Belarus.

households were living in an apartment, 28.3% in a single-unit dwelling, or occupying a part of such a dwelling, 3.7% resided in halls of residence and 21% in rented dwellings. Of the total number of households, 78.9% were urban, and 31.1% rural. Occupants of one-family dwellings or parts of such dwellings represented 13.6% of urban households and 67.8% of rural households.

In 2005–2009, 176.2 thousand citizens (families) moved to a new dwelling, including 71.2 thousand

**Figure 7.9. – Distribution of housing stock by ownership**



Source: National Statistical Committee of the Republic of Belarus.

young families and 17.3 thousand families with many children.

As of January 2010, 11 thousand people were living in dilapidated or ramshackle residential buildings (which can nominally be referred as ‘slums’), representing 0.12% of the total population.

Increasing the volume of housing construction is seen as the main solution to the housing problem. Belarus

is implementing a comprehensive Programme on Design, Construction and Renovation of the Housing Stock for 2009–2010 and up until 2020, which calls, inter alia, for construction of energy-efficient housing.

The environmental policy of Belarus seeks to minimize the negative impact of human economic activity on the natural environment, improve the quality of the environment and achieve environmental sustainability.





# GOAL 8.

## DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

### Global targets

#### Target 12

*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*

#### Target 14

*Address the special needs of landlocked developing countries*

#### Target 16

*In cooperation with developing countries, develop and implement strategies for productive and decent employment for youth*

#### Target 17

*In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries*

#### Target 18

*In cooperation with the private sector, make available benefits of new technologies, especially information and communications*

The MDGs call on the international community to develop and implement a broader vision of development, to which human potential is the key. Strengthening the global partnership for development is thus an important prerequisite to achieving the MDGs.

The MDGs establish criteria for evaluating progress in meeting specific targets for developing and industrialized countries, and for international organisations. MDG 8 is the means for implementing MDGs 1–7.

Belarus is implementing MDG 8 by:

- Implementing policies to promote economic growth, social development and environmental protection, which constitute the core objectives of the National Sustainable Development Strategy up until 2020 and a range of state programmes;
- Collaborating with bilateral and multilateral donors in supporting the national effort to address development objectives consistent with the MDGs 1–7;

- Facilitating the work of local and foreign companies contributing to national development and implementing in Belarus the principles of corporate social responsibility under the UN Global Compact initiative. Globally, more than one-half of all resources for development come from the private sector. Attracting foreign investments in the Belarusian economy is a high priority for the Government of Belarus.

**Target 12. Develop further an open, rule-based, predictable, non-discriminatory trading and financial system at the national and international level**

Belarus has an interest in creating an open and predictable trading system at the bilateral and multilateral level, which it sees as an important step towards opening up its economy and promoting further structural changes.

Multilaterally, substantive negotiations have been taking place since 1995 on the terms of Belarus' accession to WTO. Eight official meetings of the Belarus working group have taken place since 1997. The last such meeting convened on 24 May 2005.

Despite the ongoing accession process, the European Union abolished trade preferences for Belarus provided under the General System of Preferences for alleged violations of the minimum labour standards.

Formal recognition of Belarus as a market economy is another stumbling block. Accession negotiations as well address a range of other difficult issues from agriculture to trade in services.

Along with five other states (Kazakhstan, Kyrgyzstan, Russia, Tajikistan and Uzbekistan), Belarus co-founded the Eurasian Economic Community, with the goal of

creating a common market and adopting a unified system of customs tariffs and non-tariff limitation, and harmonising the principles of economic policy, including on transport, energy and trade. Despite the progress achieved in meeting these goals, (e.g. the signing of an agreement in 2008 on mutual protection of investments in the participating states of the Eurasian Economic Community), the barriers to the free movement of goods, services, capital and people have persisted. Belarus, Kazakhstan and Russia have so far made the greatest progress towards establishing a customs union.

As of 2008, Belarus had concluded 60 bilateral agreements on trade and economic cooperation, benefiting from the most favoured nation status in the markets of 40 countries.

**Target 14. Address the special needs of landlocked countries**

Official development assistance is one of the key tools for meeting this target. As a recipient of such assistance since 1992, Belarus has been doing a lot to meet its commitments under the Millennium Declaration, including the commitment to ensure maximum effectiveness and impact of international technical assistance. In March 2010, Belarus acceded to the Paris Declaration on Aid Effectiveness.

Expansion of priorities, tools and volumes of international aid to Belarus have taken place since 2005. According to OECD data, international technical assistance to Belarus amounted to \$110 million in 2008 (Table 8.1).

Recently, partnership with multilateral donors – including the European Commission, IMF, the World Bank Group, European Bank for Reconstruction and De-

**Table 8.1. – Volumes of official development assistance to Belarus in 2006-2008**

Indicator	2006	2007	2008
Official development assistance, US \$, million	73	84	110
Including:			
International technical assistance projects (grant aid)	42	52	62
International technical assistance as % of GNP	0,2	0,2	0,2

Source: OECD data.



velopment, the GFATM, and the UN system agencies (UNDP, UNCTAD, UNIDO, IAEA, and UNICEF) progressed to a qualitatively new stage. These organizations develop their country programmes based on the national development priorities of Belarus and expend their resources in areas directly relevant to MDGs.

International organizations are starting to provide substantial assistance to Belarus in expanding its foreign trade, integrating in the world economy, projecting a favourable image for investors, attracting finance and resources from the private sector, consistent with MDG 8.

National policies on international technical assistance for 2006–2010 are defined by the National Programme of International Technical Cooperation, whereby international aid is being channelled away from humanitarian assistance towards large-scale projects of international technical assistance which facilitate comprehensive solutions to issues of sustainable development in Belarus.

Belarus is also an active partner in global and regional development initiatives, as most sustainable development challenges are global in nature, and cannot be addressed by one or several countries in isolation from the world community. Belarus is making a substantial contribution to the operation and maintenance of the European energy and transport infrastructure, combating illegal migration and trafficking in persons, and to finding solutions to a range of other issues of greatest concern to humanity.

**Target 16.** In cooperation with developing countries, develop and implement strategies for decent productive work for youth

#### 45. Unemployment rate among young people aged 15–24

National statistics measure the ratio of unemployed aged 16–29 to total unemployment. National statistical committee data also make it possible to calculate the number of registered unemployed aged 16–24. Youth unemployment is the result of diminished competitiveness of most young people in the labour market. Youth unemployment affects secondary school

graduates with no professional training and graduates from university, vocational and uppersecondary institutions lacking professional experience. The structural imbalance between the supply and demand for labour further aggravates the problem.

Unemployment among young people aged 16–24 has declined steadily in recent years, as a result of dedicated Government policies on youth employment, implemented in the context of the state employment programmes. The ratio of unemployment at age 16–24 to total unemployment decreased from 40.9% at the end of 2000 to 27.2% at the end of 2009 (Figure 8.1).

There has been a marked decline in the ratio of young men aged 16–24 to total male unemployment, from 41.1% in 2000 to 22.6% in 2009. Of the total number of unemployed women, around one-third were aged 16–24 in 2009, down from 40.8% in 2000 (Figure 8.1).

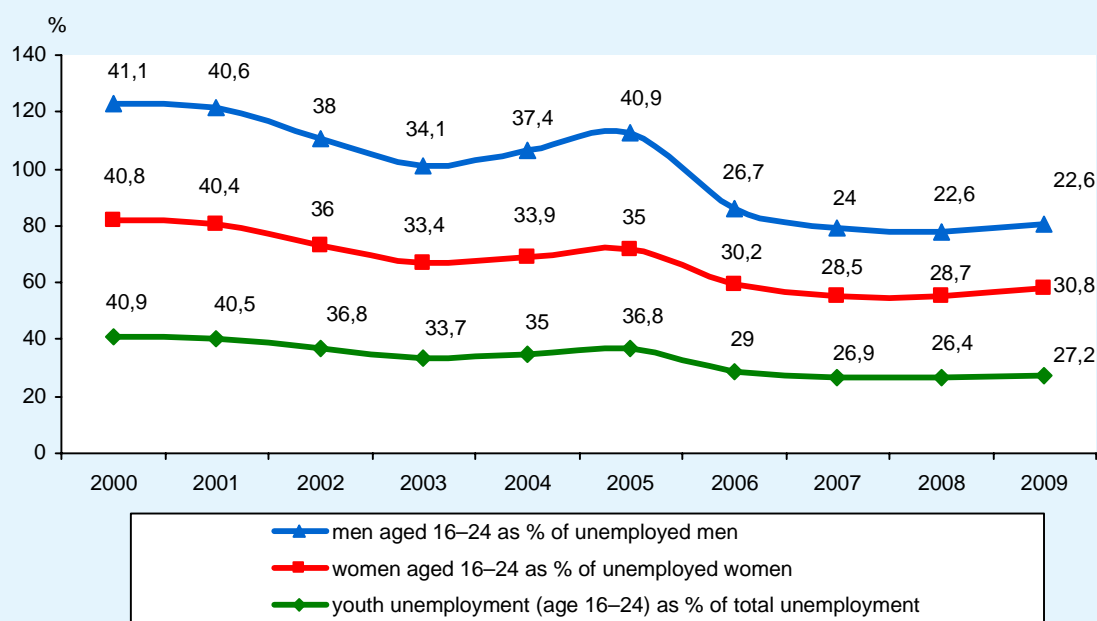
In order to reduce youth unemployment and improve young people's chances of employment, the state is offering additional employment guarantees to young job seekers, such as first job placements for persons aged till 21, priority placement in job training programmes, school-based career development and vocational training classes, and support to temporary employment of new graduates within the "Youth Job Practice" programme. Centralised job allocation schemes for graduates from uppersecondary and vocational colleges are also an important tool for reducing youth unemployment.

**Target 17.** In cooperation with pharmaceutical companies, provide access to affordable essential drugs

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

There is no dedicated statistical reporting of access to essential drugs, as these are available and affordable to all Belarusians. The law "On Medical Drugs" defines the mechanisms ensuring access and affordability of essential drugs, which include development of the network of pharmacies of different ownership types, geographic accessibility of pharmacies and afforda-

Figure 8.1. Unemployment among young people aged 16-24



bility of drugs. Geographic accessibility is ensured by subsidizing loss-making rural pharmacies from the profits of urban pharmacies run by the National Unitary Enterprise “Farmatsiya”. Affordability-promoting price policies include caps on retail mark-ups and application of competitive buying procedures by state pharmacies. The prices of drugs are being monitored by a council composed of Ministry of Health experts, and employees of state and private pharmacies. The council is authorized, to introduce price controls on medicinal drugs when necessary and appropriate.

In addition, the Ministry of Health of Belarus has developed and introduced a list of essential drugs which every pharmacy is obliged to carry as a part of the licensing requirement, along with a critical list of belarusian and russian-made drugs.

**Target 18.** In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

#### 47. Telephone lines per 100 population

#### 48a. Cellular subscribers per 100 population

#### 48b. Internet users per 100 population

Systematic policies to improve popular living standards have promoted expansion of new communication technologies and new types of consumer services, and improved availability coverage of the population with fixed and mobile telephone lines (Table 8.2).

Table 8.2. – Availability of new technologies, especially information and communications

Indicator	2001	2002	2003	2004	2005	2006	2007	2008	2009
Land lines per 100 population	28.8	29.9	31.1	32.9	33.6	...	...	...	...
Fixed-line phones (in flats) per 1000 population.	...	...	...	...	290	298	306	321	343
Cellular phone users per 100 population	1.4	4.7	11.3	24.9	1.8	61.1	71.6	83.9	100.1
Personal computers per 100 households	2	5	...	...	13	18	26	32	40
Internet users per 100 population	4.24	8.16	14.1	16.3	24.7	...	28.8	32.0	45.9
Internet hosts (total), thousands	...	...	...	...	...	...	2795.1	3100.7	4436.8

Source: UNDP Global Human Development Reports, 2003-2007/2008 (data for 2000 – 2005), Consumer services – Selected Statistics. National Statistical Committee of the Republic of Belarus, 2010 (data for 2007-2009). - Minsk, 2010.

In 2001–2009, the number of mobile phone users grew by 71.4 times, from 1.4 per 100 population. Policies have emphasised, inter alia, development of the infrastructure for broadband Internet access. The number of Internet hosts grew by 10.8 times in 2001–2009, from 4.2 to 45.9 per 100 population. Continued development of ICTs should lead to further improvements in the standards of living and economic productivity, and contribute to progress in the socio-political and cultural spheres, while making the communications sector more competitive. Medium-term objectives include expansion of digital broadcasting, advanced types of mobile and satellite communications.

Availability of personal computers is measured during sample surveys of household incomes and expenditures. As suggested by these surveys, the number of personal computers increased, in 2000–2009, from 2 to 40 per 100 households, or by 20 times. Availability of personal computers varies by income, from 59 computers per 100 most wealthy households to 23 per 100 poorest households.

Future policies will focus on increasing the number of computer and Internet users, including by increasing availability and affordability of computers for low-income populations.



# National MDGs, Targets and Indicators

## GOAL 1 – Eradicate extreme poverty and hunger

Targets and indicators	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<b>Target 1.1. To reduce, by more than three times, the share of population living below the national poverty line between 2000–2015</b>										
Share of the population with incomes below the minimum subsistence budget (%)	41.9	28.9	30.5	27.1	17.8	12.7	11.1	7.7	6.1	5.4
<b>Target 1.2. To promote employment, while keeping the rate of registered unemployment below 2.5 – 3 % a year</b>										
Official unemployment rate (% of economically active people at the end of the year)	2.1	2.3	3.0	3.1	1.9	1.5	1.2	1.0	0.8	0.9
<b>Target 1.3. To enable all members of the workforce to earn decent incomes by ensuring a regular increase in real wages at an annual rate of at least 6–7 %</b>										
Real monetary income growth rate (average growth rate. % per annum)	14.1	28.1	4.1	3.9	9.8	18.4	17.8	13.2	11.8	2.7
Real wage growth rate (average growth rate. % per annum)	12.0	29.6	7.9	3.2	17.4	20.9	17.3	10.0	9.0	0.1
<b>Target 2.1. To halve, between 2000 and 2015, the proportion of the population with calorie intake below the minimum level</b>										
Proportion of the population with calorie intake below minimum level (2.440 Kcal) (%)	47.2	47.8	48.1	51.7	48.2	48.1	47.4	50.2	51.4	57.6

## GOAL 2 - Achieve universal secondary education

Targets and indicators	2001	2002	2003	2004	2005	2006	2007	2008	2009
<b>Target 3.1. By 2015, ensure universal enrolment of children in general secondary education</b>									
Net enrolment rate in general primary education (ratio of enrolled children for primary education to the total population aged 6-9) (%)	105.4	104.0	102.5	100.5	99.2	98.3	98.0	98.8	98.3

## GOAL 3 - Promote gender equality and empower women

Targets and indicators	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<b>Target 4.1. Eliminate gender-based discriminatory practices in employment and in the labour market, economic empowerment of women</b>										
Proportion of economic activity of men/women, % of population in a working age of the same sex										
Men (%)	72.3	71.0	69.7	68.4	67.1	68.1	68.6	69.2	70.1	71.1
Women (%)	83.3	82.7	82.0	81.5	80.2	80.3	80.9	81.5	83.8	84.4
Proportion of women among registered unemployed (% of all registered unemployed)	60.7	60.3	63.3	66.1	69.3	68.9	66.0	65.5	60.7	57.0
Proportion of women among long-term (for more than 1 year) unemployed (% of all registered long-term unemployed)	80.2	77.8	79.4	80.3	83.0	84.0	79.4	78.2	76.2	72.9
Average wage of women as a proportion of men's wage (men wage = 100) (%)	81.0	82.7	80.9	79.4	81.1	79.1	79.9	78.4	73.9	74.6
<b>Target 4.2. Expand women's participation in decision making</b>										
Share of women in the national parliament (%)	13.5	18.4	20.2	19.2	19.3	29.9	30.0	30.2	29.8	32.1
Share of women among local Councils of Deputies at all levels (%)	-	-	-	44.4	-	-	-	45.7	-	45.2

## GOAL 4 - Reduce child mortality

Targets and indicators	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<b>Target 5.1. Reduce by half, between 1990 and 2015, the under-five mortality rate</b>										
Under-five mortality rate (per 1.000 live births)	12.3	11.6	10.9	9.9	9.1	9.3	8.3	7.0	6.0	6.2
infant mortality rate (per 1.000 live births)	9.3	9.1	7.8	7.7	6.9	7.1	6.1	5.2	4.5	4.7

# National MDGs, Targets and Indicators

## GOAL 5 - Improve maternal health

Targets and indicators	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<b>Target 6.1. By 2015, reduce the maternal mortality ratio to 12 cases per 100.000 live births</b>										
Maternal mortality ratio (per 100.000 live births)	21	14	18	17	17	10	12	6	3	1

## GOAL 6 - Combat HIV/ AIDS, malaria and other diseases

Targets and indicators	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<b>Target 7.1. Stop the spread of HIV/ AIDS including among the most vulnerable groups</b>										
HIV prevalence rate (new cases per 100.000 people)	5.3	5.8	9.2	7.2	7.8	7.6	7.5	10.1	9.1	11.1
Prevalence of HIV. female (new cases per 100.000 women)	3.1	3.0	5.3	4.8	5.7	6.7	6.5	8.6	8.3	9.9
Prevalence of HIV rate among 15–24 year-olds (new cases per 100.000 of 15–24 year-olds)	15.8	18.5	28.0	18.3	18.1	-	-	-	-	-
Prevalence of HIV among drug users (based on the results of epidemiological surveys), %	-	-	9.1	-	10.9	-	-	-	-	-
Share of HIV-infected children born by HIV-infected mothers, %	-	-	-	12	10	-	-	-	-	-
<b>Target 8.1. Reduce, by 2015, the growth of tuberculosis cases</b>										
Tuberculosis incidence (new cases per 100.000 people)	49.9	47.5	-	-	55.4	54.3	52.8	50.2	47.9	46.4
<b>Target 8.2. By 2015, reduce the death rate associated with tuberculosis</b>										
Death rate associated with tuberculosis (per 100,000 people)	7.3	8.3	9.5	10.4	11.1	12.1	10.0	9.2	8.8	8.1

## GOAL 7 - Ensure environmental sustainability

Targets and indicators	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
<b>Target 9.1. Introduce into the Program of Socio-economic Development of the Republic of Belarus for 2011-2015 a chapter on the rational usage of natural resources and conservation of environment for the current and future generations</b>										
Proportion of land area covered by forest, % of total land area <sup>1</sup>	36.2	37.6	37.8	38.0	38.2	38.3	38.6	38.6	38.7	38.8
Ratio of area protected to maintain biological diversity <sup>2</sup> , % of total land area	7.6	7.6	7.6	7.6	7.9	8.0	8.3	7.6	7.6	7.7
Energy use (kg oil equivalent per 1 million roubles GDP (in comparable prices of year 2000 <sup>3</sup> ))	3779	3626	3422	3243	3003	2824	2706	2460	2238	2126
Carbon dioxide emissions (tons per capita <sup>4</sup> )	5.32	5.24	5.28	5.34	5.71	5.78	6.06	6.00	6.23	
<b>Target 10.1. Ensure public access to high-quality drinking water, achieve social standards of the centralised water supply in the rural areas</b>										
Proportion of population using an improved drinking water source, % <sup>5</sup>	67.7	68.3	68.7	69.2	69.8	71.9	72.6	72.7	73.8	74.7
Proportion of population with access to improved sanitation, % <sup>6</sup>	65.6	66.3	66.7	67.3	67.9	70.1	70.9	71.2	72.2	73.1
<b>Target 11.1. Improve housing conditions for citizens, ensure availability of accommodation and housing and communal services for the population</b>										
Housing availability (m <sup>2</sup> of floor space per capita <sup>7</sup> )	21.2	21.6	21.9	22.3	22.6	22.6	22.7	23.0	23.2	23.6

<sup>1</sup> Source: National Forest Survey (2001-2006). National Forest Registry (all other years).

<sup>2</sup> Source: Ministry of Natural Resources and Environmental Protection of Belarus.

<sup>3</sup> Calculated from data obtained from the National Statistical Committee of the Republic of Belarus.

<sup>4</sup> Source: National Research Centre "Ekologiya" under the Ministry of Environment.

<sup>5</sup> Calculated as a proportion of population living in an accommodation equipped with water-supply system.

<sup>6</sup> Calculated as a proportion of population living in an accommodation equipped with sewage.

<sup>7</sup> Source: National Statistical Committee of the Republic of Belarus.

## Other Belarus' Indicators Related to the Millennium Development Goals

### GOAL 1 - Eradicate extreme poverty and hunger

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Proportion of population with average available resources <sup>1</sup> per person below \$2 (PPP <sup>2</sup> ) per day	1.3	0.7	0.3	0.3	0.1	0.0	0.0	0.0	0.0	0.0
Proportion of population with average available resources per person below \$4 (PPP) per day	22.3	14.1	9.9	7.0	4.0	2.3	0.9	0.6	0.4	0.1
Proportion of low-income population reporting receipt of benefits or allowances	63.0	65.6	61.2	61.1	62.0	64.4	62.9	67.7	54.7	50.2
Proportion of the population with available resources below the minimum subsistence level – excluding social benefits and allowances (%)	44.1	31.2	32.2	29.3	19.6	13.7	11.7	8.4	6.4	5.7
Proportion of overall volume of available resources to 20% group of population with the lowest income	9.3	9.1	9.3	9.8	9.9	9.6	9.5	9.3	9.2	9.6

<sup>8</sup> Available resources are financial resources of households, price of consumed food, produced in a personal subsidiary plot, excluding material costs for their production, and cost of provided in-kind allowances and benefits (both from the budget and from organizations). Calculation of the consumed goods, produced in a personal subsidiary plot, is processed based on an average price of purchase of food stuffs by population. Calculation of benefits is calculated based on interviews with household members.

<sup>9</sup> PPP – Purchasing Power Parity

### GOAL 2 - Achieve universal primary education

Indicator	2001	2002	2003	2004	2005	2006	2007	2008	2009
Net enrolment ratio in primary education	105.4	104.0	102.5	100.5	99.6	98.3	98.0	98.8	98.3
Including:									
Boys	106.0	104.4	102.8	100.8	99.6	98.1	97.8	98.7	98.0
Girls	104.7	103.6	102.2	100.2	99.6	98.5	98.2	99.0	98.6
Proportion of pupils of grade 1, reaching grade 5	98.6	98.1	98.2	98.2	98.3	99.0	99.1	99.2	99.1
Including:									
Boys	98.3	97.7	97.9	97.8	98.3	98.6	98.7	98.9	98.8
Girls	98.9	98.5	98.4	98.6	98.4	99.4	99.6	99.5	99.5
Literacy rate of 15-24 year-olds <sup>10</sup> - total	99.6	-	-	-	99.6	-	-	-	99.8
Including:									
Males	99.8	-	-	-	99.8	-	-	-	99.8
Females	99.4	-	-	-	99.4	-	-	-	99.9

\* 1999 census. 2010 census data will be published in 2011.

## Other Belarus' Indicators Related to the Millennium Development Goals

### GOAL 3 - Promote gender equality and empower women

Indicator	2001	2002	2003	2004	2005	2006	2007	2008	2009
Ratios of girls and boys in primary education (boys = 100)	93.9	94.0	94.2	93.9	94.7	95.1	94.6	94.7	95.0
Ratios of girls and boys in secondary education (boys = 100)	97.1	96.9	97.0	96.9	97.3	95.9	96.8	97.3	96.8
Ratios of girls and boys in vocational education (boys = 100)	61.4	60.8	56.3	54.6	53.4	52.8	49.8	52.4	49.0
Ratios of girls and boys in uppersecondary (boys = 100)	131.3	130.3	127.6	122.6	118.7	117.6	115.6	116.6	116.4
Ratios of girls and boys in tertiary education(boys = 100)	132.6	135.9	137.2	137.1	139.1	144.9	146.7	146.2	144.2
Share of women in wage employment in the non-agricultural sector, %	55.6	55.4	55.1	54.8	54.7	54.4	54.4	54.9	-

### GOAL 4 - Reduce child mortality

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Under-five mortality rate (per 100 000 live births)	12.3	11.6	10.9	9.9	9.1	9.3	8.3	7.0	6.0	6.2
Including:										
boys	13.8	13.0	12.2	11.4	10.5	10.7	9.0	7.9	7.0	7.2
girls	10.7	10.0	9.4	8.3	7.7	7.7	7.5	6.0	4.8	5.2
Infant mortality rate (per 100 000 live births)	9.3	9.1	7.8	7.7	6.9	7.1	6.1	5.2	4.5	4.7
Including:										
Male	10.7	10.2	8.6	9.0	8.0	8.4	6.8	5.9	5.3	5.4
Female	7.9	8.0	6.9	6.4	5.8	5.7	5.5	4.5	3.6	4.0
Proportion of 1 year-old children immunised against measles, %	98.2	98.9	99.0	98.8	99.0	99.0	84.3	87.6	92.1	98.2

### GOAL 5 - Improve maternal health

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Maternal mortality ratio	21	14	18	17	17	10	12	6	3	1
Including:										
Urban	23	12	18	14	15	12	11	5	4	0
Rural	16	20	17	25	21	4	16	8	0	4
Proportion of births attended by skilled health personnel, %	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9

## Other Belarus' Indicators Related to the Millennium Development Goals

### GOAL 6 - Combat HIV/AIDS, malaria and other diseases

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
New HIV cases. total)	-	578	915	713	778	751	733	990	881	1072
Including:										
Male	-	420	633	460	475	399	391	540	454	562
Female	-	158	282	253	303	352	342	450	427	510
Tuberculosis prevalence rate (active forms of tuberculosis) at the end of a year per 100.000 population	235.6	226.5	209.7	146.5	149.4	150.5	149.5	144.6	134.8	132.3
Tuberculosis incidence rate (new cases per 100.000 population)	61.6	55.9	51.8	51.7	55.4	54.3	52.8	50.2	47.9	47.9
Death rate associated with tuberculosis (per 100.000 population)	7.3	8.3	9.5	10.4	11.1	12.2	10.0	9.2	8.6	8.1
Including:										
Male	13.3	15.4	17.5	19.7	20.4	22.6	18.2	16.8	15.7	14.3
Female	1.9	2.1	2.3	2.2	2.9	3.0	2.9	2.6	2.4	2.6

### GOAL 7 - Ensure environmental sustainability

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
Land area protected to maintain biological diversity (Ha. 1000s)	1579	1593	1583	1583	1635	1676	1724	1578	1578	1596
Including:										
Nature reserves (Ha. 1000s)	296	296	296	296	297	297	297	298	298	298
National parks (Ha. 1000s)	333	333	333	333	398	398	398	398	398	398
Pollutant emissions from stationary sources (thousands of tons <sup>11</sup> )	388.3	391.6	379.2	371.8	415.3	403.7	423.3	408.2	397.0	457.2
GDP energy intensity, tons of oil equivalent per \$1000 GDP (PPP in prices of year 2000 <sup>12</sup> )	0.51	0.49	0.48	0.46	0.43	0.39	0.38	0.34	0.31	no data
Fuel savings from improved energy efficiency, in 1000 tons oil equivalent <sup>13</sup>	-	925.5	633.5	643.2	988.5	951.9	1687.6	1584.8	1780.0	1464.0
Proportion of population using an improved drinking water source, % <sup>14</sup>	67.7	68.3	68.7	69.2	69.8	71.9	72.6	72.7	75.8	74.7
Urban	84.8	85.2	85.2	85.3	85.5	86.5	86.8	86.2	86.8	87.1
Rural	27.3	27.7	28.2	28.7	29.4	33.6	34.6	35.3	37.0	38.7
Proportion of population with the private ownership <sup>15</sup> to their housing (%)	71.8	72.3	72.9	73.6	74.2	76.2	77.4	77.9	78.2	84.6

<sup>11</sup> Source: Ministry of Natural Resources and Environmental Protection of Belarus.

<sup>12</sup> IEA Key World Energy Statistics, 2003–2009.

<sup>13</sup> Department of Energy Efficiency.

<sup>14</sup> Calculated as a proportion of population living in an accommodation equipped with water-supply system.

<sup>15</sup> Calculated based on share of private housing facilities.



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# **Status of Achieving the Millennium Development Goals**

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### ***Национальный отчет Республики Беларусь***

На английском языке

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*Дизайн, верстка* Ю.В. Коленчиц

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