THE SECOND MILLENNIUM DEVELOPMENT GOALS REPORT

Republic of Moldova

United Nations
MOLDOVA

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LIST OF ABBREVIATIONS

ARVI	Acute Respiratory Viral Infection
ATP	Autonomous Trade Preferences
CEC	Central Electoral Commission
CEDAW	Convention on the Elimination of all Forms of Discrimination against Women
CEFTA	Central European Free Trade Agreement
CIS	Commonwealth of Independent States
ECHR	European Court of Human Rights
ETSEP	Environmental tobacco smoke exposure during pregnancy
GDI	Gender-related Development Index
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria
HDI	Human Development Index
IADG	Internationally Agreed Development Goal
ICT	Informational technologies and communications
ILO	International Labor Organization
IMCI	Integrated Management of Childhood Illness
IMF	International Monetary Fund
IUD	Intrauterine Devices
KNCV	Dutch Tuberculosis Foundation
MCRD	Ministry of Constructions and Regional Development
MDG	Millennium Development Goals
MEc	Ministry of Economy
MEd	Ministry of Education
MEnv	Ministry of Environment
MF	Ministry of Finance
MH	Ministry of Health
MoH	Ministry of Health
MTRI	Ministry of Transports and Road Infrastructure
NALE	National Agency for Labor Employment
NBS	National Bureau of Statistics
NCFM	National Commission for Financial Market
NCPCPM	National Scientific-Practical Center of Preventive Medicine
NDS	National Development Strategy
NHRAP	National Human Rights Action Plan
NRAECIT	National Regulatory Agency for Electronic Communications and Information Technologies
NSGE	National Gender Equality Strategy
OSCE	Organization for Security and Cooperation in Europe
PPP	Purchasing Power Parity
PRGF	IMF Poverty Reduction and Growth Facility
SDC	Swiss Agency for Development and Cooperation
SIDA	Swedish International Development Cooperation Agency
TBC	Tuberculosis
UN	United Nations
UNICEF	United Nations Children's Fund
UNIFEM	United Nations Development Fund for Women
USAID	United States Agency for International Development
WHO	World Health Organization
WTO	World Trade Organization

CONTENTS

FOREWORD

The Millennium Development Goals are simple and clear when analyzed at the level of individuals. Every citizen – man, woman or a child - shall be free of poverty, have access to education, live a dignifying and respectful life, be healthy since early ages, becoming a parent and until the old age live in a healthy environment and enjoy a sustainable development of the whole society. Since Moldova has adopted the MDGs translating the global objectives into national quantifiable targets the understanding of those has shifted significantly. It made a long way from interpretation as parallel development targets through a set of indicators for evaluating performance of the national policies to full incorporation into the strategic framework as major priorities. I am happy that the present Second National Report on MDGs took the path of reflecting the performance of Moldova within its national development objectives pointing out challenges and bringing forward recommendations that should strengthen the strategic vision of the Government.

Now when the country is still recovering from the economic crisis it is particularly difficult to uphold the commitments undertaken. Nevertheless the Government and I are devoted to put all the possible efforts in order to maintain the level of support for those sectors in which Moldova has already achieved the set targets and gradually increase the level of prioritization for those fields which need acceleration in order to reach the established objectives. In reaching the optimal balance between capital investments and financing of social safe-nets the support of the development partners was and will remain very important both in terms of technical assistance and financial contributions and we hope to intensify and expand the work with our friends from international community. The Government is also looking forward to intensify its cooperation with civil society creating a wider and more powerful resource base that would allow reaching the desired goals.

The transformations we are going through in Moldova require a comprehensive exercise of setting priorities and carefully selecting optimal solutions for the most stringent development issues. At the same time the Government realizes that the change shall be thought not only through targeted interventions in specific fields but also through comprehensive programs with multiple effects. We shall intensify our work on improved health education in schools, wider coverage of the social protection network and expansion of environmental sustainability programmes, specifically given the vulner-

ability of Moldovan territory to various natural disasters as the floods of July 2010 have proven once again.

We understand that the challenge is not only the economic growth. There are many additional factors that are crucial to the quality and value of human life in Moldova. Moldova is still trapped into the old, soviet mentality that is conductive to stereotypical visions and discriminatory behavior. Those are serious impediments for the development work in reducing poverty, promoting gender equality, fighting HIV/AIDS etc.

Transnistria remains an important dimension of Moldova's development challenge. Beyond the strategic importance of the political and security stability in the region for the Moldova's European future, Transnistria is registering the lowest values for many of the development indicators.

Migration is one of the top social determinants with a massive impact over the most dimensions of human life in Moldova. The negative impact must be carefully considered along with benefits of remittances.

Considerable discrepancies between poor and rich, rural and urban, men and women, young and adults are yet other major roadblocks on Moldova's development path. We are ready to devote more efforts in making vital services more accessible mainstreaming respect for human rights into Governmental actions and building a long term sustainable strategic vision for growth.

I believe this report will help the Governmental agencies, civil society and development partners in better focusing their interventions for achieving the national development targets of which the MDGs are an integral part.

The Government of Moldova would like to express its gratitude and appreciation to the UN Office and UN Agencies in Moldova for the support and guidance provided in elaboration of the Second MDG National Report for Moldova.

Vladimir FILAT,
Prime-Minister

EXECUTIVE SUMMARY

The progress made by Moldova toward achieving the Millennium Development Goals has not been uniform since 2007. Domestic economic and political crises are likely to undermine the achievement of several MDG targets set for 2010 and 2015. Targets in areas such as education, HIV/AIDS and the access of population to improved water sources and sewerage are not likely to be reached. The success in meeting other MDG targets will depend on the consistency of efforts made by the Government which is supported by the country's development partners in its goal of implementing the necessary reforms.

MDG 1. Reduce extreme poverty and hunger

After growing dramatically in 1998-1999, poverty in Moldova began to decline in 2000. In 2006, a new methodology was adopted for estimating poverty indicators, a fact which determined changes in targets related to poverty and hunger reduction. In 2008, poverty increased for the first time in three years, reaching a level of 26.4 percent, mainly due to the impact of the 2007 drought and to a fall in remittances. While remittances declined even further in 2009, the general level of poverty remained practically unchanged compared to 2008, largely because of unchanging prices and a growth in households' income from public sources. However, it is particularly worrying that the poverty rate in rural areas continued to grow in 2009, widening the gap between rural and urban areas. Another negative trend is the deteriorating inequality indicators, which are liable to hinder progress in sustained efforts to reduce poverty. From the gender perspective, there are no major discrepancies in poverty. The degree to which the three MDG targets are likely to be achieved differs. In 2007 the proportion of people whose consumption was less than 4.3 dollars per day (in PPP terms) has decreased to a point close to the level established for 2010 (29 percent), making it very probable that the target proposed for the medium-term will be successfully achieved. However, the stagnation of poverty rate based on national poverty line in 2008-2009 has made achieving the relevant intermediate target by 2010 (25 percent) less certain. As for extreme poverty, in 2007-2009 Moldova had already achieved both the intermediary target for 2010 and the final one for 2015.

MDG 2. Achieve universal access to general compulsory education

Moldova had to overcome many obstacles on its way to the Millennium Development Goal in the area of education. A major difficulty was the inefficient financing of the education system. Despite efforts by authorities to bring children into the educational system, the coverage of the general compulsory education is has constantly decreased (from 95.1 percent in 2002 to 90.7 in 2009). The causes of the fall in the enrolment rates are related to the continuing levels of high poverty, especially in families with many children. In urban areas, the rate of enrolment in both pre-school and compulsory education is higher than in rural communities. There are no gender discrepancies in schooling rates, although boys are slightly disadvantaged in secondary education. With the current level of literacy of 99.6 percent for young people, achieving the second target of maintaining a high rate of youth literacy is realistic for both 2010 and 2015, but in the long-term there are many risks that arise from the drop in enrolment in compulsory education. Contrary to falling enrolment in mandatory education, the number of children with pre-school education is continuously increasing (from 44.1 percent in 2000 to 75.5 percent in 2009). However, data show

that children in rural areas, children with disabilities and Roma children have a much lower enrolment rate in pre-school education. Some flaws in the recording system and a lack of continuity in the provision of data by the Ministry of Education have made it difficult to monitor the progress in the area of education and to compare Moldova internationally. Achieving the intermediary target of increasing pre-school enrolment is possible, but the perspective is less certain for the final target.

MDG 3. Promote gender equality and empower women

Despite enshrining equal rights in national legislation, many challenges remain in ensuring gender equality. The greatest disparities relate to horizontal and vertical gender segregation: Moldovan women are mostly employed in low-paying jobs and occupy lower positions in the job hierarchy where they are employed. The representation of women in decision-making positions is very patchy in Moldova. The result of the 2007 local elections led to a marginal improvement of women's representation in the executive and representative bodies at a local public level. Following the 2009 parliamentary elections the number of women lawmakers grew. However, in the central government, despite gender parity in the distribution of salaries and even of high-ranked positions, the higher up in the hierarchical structure of decision makers one looks, the fewer women one finds compared to men. Given the increasing number of women involved in policy and decision-making at local and national levels, if this growth pace is maintained, it is possible that the MDG targets for 2015 will be achieved. Discrepancies between the salaries of women and men have decreased in recent years, with the average female salary standing at 76.4 percent of the average male salary in 2009. The gap remains because women, in most cases, either work in lower-paid sectors (traditionally considered feminine occupations) – education, healthcare or services - or occupy lower-paid positions. Although the Government of Moldova has made efforts to improve the country's performance in gender equality and empowering women, it is still hard to identify tangible progress. Thus, even though all women benefit from the same employment rights as men, they are still considered a relatively vulnerable group on the labor market. In this case, there are doubts that the mid-term target can be achieved, although it is more than likely that the long-term target will be reached.

MDG 4. Reduce child mortality

Moldova achieved important progress in reducing infant and child mortality. In 2008 Moldova began to apply the international live birth definition and, as expected, this methodology led infant mortality indicators to rise that year. However, in 2009, the situation for infant mortality (12.1 cases per 1,000 live births), as well as the under-five mortality rate (14.3 cases per 1,000 live births) was significantly better than in 2000 (18.3 and, accordingly, 23.2 case per 1,000 live births). The targets for 2010 and 2015 for both indicators have been already achieved and it is important to maintain progress. However, despite this positive progress and outlook, Moldova currently has a much higher level of infant mortality than most other European countries. Perinatal diseases, congenital malformations and respiratory diseases remain the prevalent factors driving infant and child mortality. Children from poor families, children from families with many children and Roma children are less likely to have access to health care and face a higher risk of mortality. The second relevant target is increasing the proportion of children immunized against measles. Even though in 2007 the immunization rate reached 96.9 percent, the proportion of children under the age

of two years who were vaccinated against measles declined in 2008 (94.4 percent). Given this, it is possible that the intermediary target for 2010 will not be met, while the accomplishment of the final target for 2015 greatly depends on the implementation of National Immunization Programs and actions for increasing awareness of the positive effects of child vaccination against measles.

MDG 5. Improve maternal health

In 2008, for the first time in the five years, maternal mortality increased (from 15.8 to 38.4 cases per 100.000 births), but in 2009 it declined again (17.2 cases per 100,000 births). Deaths are predominantly caused by bleeding, followed by late gestoses, septic states, thromboembolism, hepatic cirrhoses and, rarely, cases of anaesthesia-related complications. Social determinants (particularly poverty and migration) play a determinant role in half of the cases of maternal mortality. Although the absolute number of maternal deaths is small, the non-linear evolution of the maternal mortality rate raises some concerns. Despite the decline in maternal mortality in 2009, compared to the high level of mortality in 2008, achieving the target for 2010 is not certain. At the same time, accomplishing the 2015 target largely depends on ensuring constant financing for this area of healthcare, in order to strengthen the measures for early identification of at-risk cases. Regarding the second target of maintaining the high number of births assisted by qualified medical staff, Moldova has made good progress. In 2007-2008 the proportion of births attended by skilled health personnel was 99.5 percent, while in 2009 it grew to 99.8 percent. The fact that this percentage has been maintained at such a high level with growing tendencies shows that the targets for 2010 and 2015 will be successfully met if the necessary financial resources are regularly allocated for the healthcare of mothers and children.

MDG 6. Combat HIV/AIDS, tuberculosis and other diseases

The incidence of HIV/AIDS rose from 4 cases per 100,000 population in 2000 to 19.4 cases per 100,000 population in 2008, and declined marginally to 17.2 cases per 100,000 population in 2009. As HIV/AIDS is steadily growing it is difficult to understand if the slight decline of the incidence of HIV/AIDS in 2009 represents a turning point in the evolution of the epidemic or merely an episode of no real importance. A particularly alarming situation in this context can be found in Transnistria, the region in eastern Moldova. Given the epidemiological situation and existing trends in the development of HIV/AIDS in Moldova, it is very improbable that the MDG targets for 2010 and 2015 will be achieved. HIV/AIDS greatly affects people of reproductive age, including those aged between 15 and 24, which may hinder the achievement of the second target for this goal. Even though the incidence of this disease among 15-24 year-olds fell in 2008 (21.21 cases per 100,000 relevant population in 2007 to 16.08 cases per 100,000 of the relevant population in 2008), it increased again in 2009 (19.59 cases per 100,000 of the relevant population). Again, the incidence for this age category was higher in the territory on the left bank of the Nistru River. The growth in the epidemic in 2009 does not make it possible to conclude that the intermediate target for 2010 is attainable. Considering the uneven fashion of this s indicator, the incidence of HIV/AIDS among the population aged15 to 24 could increase again in the mid- to long-term. Because of this, it is even harder to forecast the feasibility of achieving the final target for 2015. The situation is not much better as regards the third target of reducing the tuberculosis-associated mortality. Death rates associated with tuberculosis fell in 2008 for the first time in three years (going from 20.2 cases per 100,000 people

in 2007 to 17.4 cases per 100,000 people in 2008), but the that seems to be more a short-lived episode and in 2009 the tuberculosis-associated mortality grew again, even though not significantly (18cases per 100,000 members of the population). This evolution shows that the tuberculosis-related death rates, still pose a threat to the population, especially in the context of the economic crisis, with tuberculosis affecting mainly socially vulnerable categories. Given the contradictory evolution of the TB-related death rate in 2008-2009, it is difficult to assess whether the 2010 intermediary target could be accomplished. Even more, given the rather uneven development of this indicator over the recent decade, there is a real risk of the death rate rising again, so that it may also affect whether the final target for 2015 can be achieved or not.

MDG 7. Ensure environmental sustainability

Addressing the environmental challenges and risks is imperative for Moldova. From the perspective of the target of increasing areas covered by forests, progress has been slow. From 2000 to2008, the proportion of land covered by forests increased only from 10.5 to 10.9 percent. Given the slow expansion of forest coverage, the little forestation work done in 2009-2010 and the cuts in public expenditures that were made due to the economic crisis, we can predict that both the intermediary and final targets will not be accomplished. The situation is better when it comes to the target of increasing the share of the state-protected areas for maintaining biological diversity, for which both the interim and final targets have been achieved already in 2007 (when the indicator reached 4.76 percent). The progress in expanding access to water and sanitation infrastructure has been quite slow. In 2009, the proportion of the population with sustainable access to improved water sources was 55 percent (with the 2010 target set at 59 percent). Despite this increase in the population's access to safe water sources maintained in recent years, it is difficult to believe that the intermediary target for 2010 could be achieved. Achieving the final goal (65 percent), on the other hand, depends on how the economy of Moldova recovers as well as on the growth in state revenues. Another important problem for the population of Moldova is the construction, development and renovation of centralized waste water collection systems and waste water treatment stations. As a result of the actions carried in this period, the proportion of the population with sustainable access to sewerage was just 47.9 percent in 2009. The slow progress recorded in recent years towards the achievement of this target shows that the levels for 2010 (50.3 percent) and 2015 (65 percent) will probably not be achieved. The access of the population to sanitation services is being extended even more slowly. The proportion of the population that had access to improved sanitation in 2008 has not changed significantly (45.9 percent). No data are available for 2009, but the slow dynamics of this indicator suggests that the intermediate (51.3 percent) and final targets (71.8 percent) could be left unaccomplished.

MDG 8. Develop a global partnership for development

This goal covers areas such as foreign trade, financial system, transport and the communications' infrastructure, external debts, youth promotion strategies and the access to essential medication. The progress in these areas has been inconsistent in Moldova. The ICT sector is rapidly expanding, followed by the financial sector. There is a remarkable increase in the penetration of mobile telecommunications, computers and the Internet across the country, which makes the target of doubling the telephony penetration rate and increasing the number of personal

computers and Internet subscribers at an annual rate of 15 percent a realistic goal. But the transportation infrastructure remains underdeveloped, mainly because of the poor condition of the roads. The problems caused by the fact that Moldova is land-locked have been only partially solved by the construction and opening of the Giurgiulesti Port in 2009. Foreign trade remains poorly diversified in terms of exported goods. Exports are growing, but at a slower rate than imports, which leads to a growing trade deficit. As Moldova needs additional assistance from creditors and donors in order to implement reforms, its policy in the field of state debt has been to attract external resources under the most favorable conditions possible, for the purposes of investment and budget support. Important progress has been achieved in this regard, with the share of the foreign debt in GDP constantly decreasing in the last decade; despite the growth of foreign debt in 2009, risks have not exceeded critical levels. The difficulties of the transition period have increasingly had a negative impact on younger generations. Although youth unemployment fell between 2000 and 2008 as the economy grew at high pace, finding a job remained a difficult endeavor for the young. In 2009 youth unemployment rose again, by 4.2 percentage points, to 15.4 percent, which makes it unlikely that the intermediary target for 2010 of 15 percent will be achieved. At the same time, if the economic recovery that started in 2010 becomes sustainable, achieving the target for 2015 seems more probable. As for the target of ensuring access to basic medication, the Moldovan government launched a process of systematic analysis of the pharmaceutical market, looking into aspects of the variety and pricing of medication, but also into the population's physical and economic access to them. In this context, there is a growing concern regarding financial affordability of the medicines, with drug prices more than tripling between 2000 and 2009. ■

INTRODUCTION

The Republic of Moldova committed itself to achieving the Millennium Development Goals (MDG) together with 191 other countries by 2015. While sharing the same goals, the path chosen by each country to accomplish them and progress made in achieving them is different. Moldova first established its national targets for achieving the MDG in 2004.

Later, in 2007, after a progress analysis and a series of consultations with civil society and the country's development partners, most of the targets were revised. Today, the Millennium Development Goals are included in the Government's medium-term agenda, set out in the National Development Strategy (NDS) for 2008-2011. Thus, the Millennium Development Goals adopted by the Republic of Moldova are:

Goal 1. Reduce extreme poverty and hunger
Goal 2. Achieve universal access to general compulsory education
Goal 3. Promote gender equality and empowering women
Goal 4. Reduce child mortality
Goal 5. Improve maternal health
Goal 6. Combat HIV/AIDS, tuberculosis and other diseases
Goal 7. Ensure environmental sustainability
Goal 8. Develop a global partnership for development

As in other countries, the preliminary results of Moldova's progress towards the MDG are mixed. The main achievements of the Government start with its willingness to commit to making progress towards the 8 MDGs, and progress is visible in the fields of poverty reduction, reducing child and maternal mortality, the extension of state-protected areas and the rapid growth of the penetration of information technologies in the context of the creation of development partnerships. The development of indicators in the areas of education, HIV/AIDS and combating TB and the access to a proper sanitary infrastructure were less successful. The progress achieved by Moldova in promoting gender equality was uneven and sometimes accidental or short-lived. In general, fairly good indicators at the national level cover significant disparities, especially between different regions (the South having lower indicators in many cases), socio-economic classes (the poorest having the fewest advantages as expected), the size of the family (family with 3 or more children are poorer, have less access to health, education, sanitation etc) and ethnicity (the Roma are below all the national averages). This is most probably the result of this being the "natural course of things" in a post-Soviet society, rather than of the legislative amendments or specific regulations in the sphere of economy or politics.

The effects of the world economic crisis, felt by Moldova at the end of 2008 and even more so in 2009, will definitely throw up certain obstacles to the achievement of the Millennium Development Goals. The deepening of the crisis in 2009 produced changes on the labor market and in the social sphere. This is due to the fact that the fall in budget income on the back of a contraction in aggregate demand deprived the government of the means to make public investments and support vulnerable groups, while the labor force employment rate further declined, both for men and women. Also, the ongoing political crisis undermined the Government's efforts at achieving economic stabilization and recovery in 2009. However, the resumption of the aggregate demand and revision of the fiscal policy allowed for some economic stabilization and recovery in 2010.

Certain progress has been made in meeting the MDGs in several domains. But negative changes in some indicators in 2008 and 2009 and the deepening of the economic crisis highlighted the difficulties the country may have to face in the coming years. In order to put the MDG indicator trends back on track, the Government, civil society and development partners will have to make sustained efforts at securing full participation in the achievement of the established goals, as well as increasing public awareness of the importance of these engagements. ■

CONTEXT

In 1991 Moldova has declared its independence and embarked on a path of major systemic change. The beginning of the transition period was accompanied by Transnistria's self-proclamation as an independent state which is not internationally recognized[1]. This event affected Moldova from a political and an economic point of view, because Transnistria used to account for one-third of the total industrial production of the country and almost the entire energy production. Due to the lack of real economic and social reforms, which was accompanied by political instability in the first ten years of the transition period, Moldova dipped into a deep economic recession, which led to growth in poverty among other things. The population's lack of income and the state's increasingly limited ability to provide quality healthcare and education led to a decline in the level of human development in Moldova.

The economy of Moldova was finally able to grow after 2000, especially due to remittances, which represented about one-third of the GDP in 2008, when economic growth reached its apex. From 2000 to 2008 Moldova's economy registered a cumulative growth of 67.2 percent, although this only represented 56.9 percent of total production in 1990 (Transnistria included in the base period). In 2009, the global financial crisis translated into a 6.5% decrease in Moldova's GDP, setting it two years back in terms of the real GDP volume. However, the repeated external shocks (droughts, floods, export restrictions) that affected Moldova from 2006 to 2010, featured in 2009 by the deepest crisis since the beginning of the transition, have undermined efforts by authorities to change the pattern of economic growth.

Moreover, even though the proportion of external debt in the structure of GDP continuously fell in this period, its absolute value is still high, both in Moldova and Transnistria. By the end of 2008, Moldova's gross external debt was US$4.106 billion, which grew to US$4.369 billion by the end of 2009. There is little reliable data on the external debt of Transnistria, but according to some sources from the region that claim to be official (the so-called "Central Bank" of the breakaway region), in the first half of 2008 the net external debt of Transnistria increased by US$400 million, amounting to US$2.043 billion, mostly due to a rise in the level of debt owed to Gazprom (US$1.8 million). Inflation in Moldova in 2008 was 7.3%, and in Transnistria it was 25.1%. In 2009, the inflation pressures declined significantly as economic growth turned negative: in Moldova consumption prices grew only 0.4%, while in Transnistria – 5.7%.

The last two decades created significant discrepancies between the capital and the rest of the country, between urban and rural areas and, more recently, between the six development regions. The greatest socio-economic difference is between the Chisinau Municipality and the other territorial administrative units. The capital is not only the center of consumption and income, but also of public expenses and welfare. In fact, as recent research suggests, Moldova displays one of the highest degree of polarization of economic life in Europe[2]. Economic growth has been unbalanced not only geographically, but also from a gender perspective. Per capita GDP for men is now about 60 percent higher than per capita GDP for women[3].

Economic growth, driven by migration and remittances, contributed to a reduction

[1] National accounts statistics are compiled by the National Bureau of Statistics (NBS) in compliance with the methodology introduced in 1993. The estimations of the NBS do not include the Transnistria region after 1991. Therefore, the information contained in the report does not include Transnistria. If there is data on the situation on the left bank of the Nistru River, this will be explicitly stated in the report.

[2] Expert-Grup, Investment Attractiveness of Moldovan Regions, July 2010.

[3] See more on methodology of calculating the gender-disaggregated GDP per capita in UNDP-Moldova, National Human Development Report 2009, November 2009.

in poverty and an increase in the population's income, and thus helped establish improved access to healthcare and education. Salaries and pensions had an impact on the living standards of the population both in Moldova and Transnistria. However, this impact was rather marginal. The average monthly salary in Moldova in 2008 was US$243 and stayed almost unchanged in 2009 - US$247. Practically the same amount was recorded in Transnistria - US$236 in 2008, and almost unchanged in 2009 at US$232. The average pension in Moldova in 2008 was 62.2. In Transnistria, the average pension, including indexation and increases was US$53.3 per month in 2008, slightly more than the minimum consumption basket of a pensioner. No significant changes happened to the pension levels both in Moldova and its Transnistrian region in 2009.

In spite of these facts, massive migration has created problems on the local labor market. The economically active population of Moldova decreased by more than one -fifth, mainly due to emigration. This was paralleled by a similar decline of the employed population. At the same time, the economically inactive population increased dramatically in size. Even though the unemployment rate fell gradually in between 1999 and 2008, this is again mainly the arithmetic result of the emigration of the labor force and not related to the creation of jobs. Against a difficult economic background in 2009, the unemployment rate reached 6.4 percent, i.e. 2.4 percentage points higher than in 2008. The Transnistrian labor market underwent a steady fall in the size of the employed population (from 180,000 to 160,000 between 2003 and 2006), as a result of migration, primarily by losing skilled personnel and informal employment. According to some sources from the region, the situation with employment there is equally difficult as on the right-bank of Moldova.

The economic difficulties had led to a redistribution of the labor force in different sectors. The number of employees in the agricultural sector has decreased substantially – from 50.6 percent of the total number of employed persons in 2000 down to 31.1 percent in 2008 and to 28.2 percent in 2009. Structural adjustments, migration and the relocation of employees from one sector to another has contributed in the last four years to a doubling in non-agricultural incomes and a fall of almost a fifth in incomes derived from agriculture. Although some people found employment in other sectors of the economy, especially in the construction business, most migrated.

During the transition, Moldova has been affected by an ageing population caused mainly by a fall in the birth rate, which resulted in an absolute and relative fall in the size of the young population and an increase in the size of the old population. Both the birth rate and the death rate are rising, while life expectancy is growing. Demographic forecasts are not optimistic. According to UN forecasts, the population of Moldova could decline by 20 percent by 2050. At the same time, other sources say that this decline could be even larger in a pessimistic scenario[4]. The population of the country could decline by about one million people or around one third by 2050. The demographic crisis will have a negative long-term impact on the labor market especially, as well as on the pension and education systems, etc., and could in the medium term jeopardize the country's chances of attaining the Millennium Development Goals, especially in poverty, education and healthcare.

From the human development and gender empowerment perspectives, as reflected by the Human Development Index (HDI) and the Gender-related Development Index (GDI), Moldova is one of the least advanced countries in Europe and among transition states. However, there are important internal differences: women live longer than men and show higher enrolment ratios (in tertiary education), while men own significantly larger economic resources. Gender equality is

[4] Matei Constantin and others, Green Paper of the Population, National Commission for Population and Development, 2009.

essential to human development, and when human development ignores the gender aspect it is endangered. The human development framework is based on the conviction that no development strategy or effort that ignores half of humankind can be feasible.

Taking into account the fact that the level of implementation of the MDG is directly connected to the level of human rights, we can identify the following problems the authorities of Moldova are facing in this domain: poor detention conditions in most prisons penitentaries and pre-trial detention facilities; human trafficking; an overextended pre-trial detention period; a low level of judicial independence, restricted exercise of the right to freedom of religion; a low level of participation of women in the main decision-making roles in the public and private sectors; the use of abortion as a means of contraception and discrimination faced by some minorities, e.g. Roma. 2009 has been marred by the events of 7 April, with severe violations of human rights taking place against protesters participating in rallies that followed the parliamentary election. In this regard, shocking cases were recorded, including arbitrary arrests, torture, ill-treatment and even the deaths of detained persons. These events have still to be investigated.

Although Moldova has moved on an upward trend in the years 2000, the world financial and economic crisis has affected the development of its economy and the population's living standards. At the end of 2008, economic development slowed down and the country entered a period of profound economic crisis. In 2009, the economy contracted by 6.5%, while the number of the unemployed people and wage arrears increased dramatically. Remittances and budget incomes registered a continuous decrease in 2009, while budget expenses were not adjusted in a timely fashion. The authorities' response to the economic crisis has been slow, especially due to the political crisis and a state of expectation that reigned before the parliamentary elections. The political crisis, which started after Parliament had been elected in April 2009, is still continuing, which prevents adequate implementation of anti-crisis policies meant to support the private sector and vulnerable groups. Despite the resumption of economic growth in the first half of 2010, the achievement of certain MDG intermediary targets for 2010 could be undermined by major difficulties, while the achievement of the MDG final targets for 2015 depends on the country's ability to recover from the crisis and the question of whether post-crisis priorities will take into account the commitments assumed in the context of the MDG. ■

TABLE 1. Development of economic and demographic indicators in Moldova and Transnistria 2001-2009

Indicators	2001	2002	2003	2004	2005	2006	2007	2008	2009
Population, thousands (end of year)									
Moldova	3627.8	3618.3	3607.4	3600.4	3589.9	3581.1	3572.7	3567.5	3563.8
Transnistria (estimates)	633.6	630.1	621.8	616.5	600	585	570	550	n.a.
Nominal Gross Domestic Product (GDP), US$ million									
Moldova	1481	1662	1981	2598	2988	3408	4402	6056	5402
Transnistria	199	250	309	405	486	586	650	770	955
GDP in real terms compared to the previous year, %									
Moldova	106.1	107.8	106.6	107.4	107.5	104.8	103	107.8	93.5
Transnistria	110.0	97.3	118.1	116.2	111.8	107.7	110.0	112.0	108.3
Investments in fixed capital, compared to the previous year (%) in current prices									
Moldova	110.5	111.4	107.1	107.6	121.4	124	121.9	101.7	65.1
Transnistria	115.6	90.8	85.3	122.2	97.5	104.3	93.6	98	67.7

Note: n.a. – information not available.
Source: National Bureau of Statistics, IDIS Viitorul, Expert-Grup.

GOAL 1: Reduce extreme poverty and hunger

Introduction

In the context of the achievement of the internationally agreed development goals (IADG), Moldova committed itself to reduce extreme poverty and hunger by 2015. The relevance of this goal is unquestionable for a low-income country like Moldova. Although poverty levels had been falling since 2000, Moldova is still classified as a state with very low incomes[5]. However, starting in 2008, poverty increased for the first time in the last three years, but this was mainly in rural areas, whereas in urban areas poverty declined. In 2009 these disparate trends in poverty incidence continued, with the share of poor in urban areas declining, while in rural ones growing further. In this situation, authorities, civil society and the country's development partners will have to consolidate their efforts in order to support vulnerable people and prevent social exclusion.

General tendencies

The development of poverty in the Republic of Moldova is uneven. In 1998-1999, poverty in Moldova rapidly increased, reaching in 1999 one of the highest levels seen in the Commonwealth of Independent States (over 73 percent). In 2000, the poverty rate began to decrease rapidly. In 2005, despite economic growth, the level of poverty increased moderately, in particular because of rising poverty in rural areas.

Box 1. Revision of MDG targets on poverty

The first MDG targets on poverty reduction were established in 2004 and required that the proportion of population with incomes of US$2.15 per day and the proportion suffering from hunger be halved. The quantitative targets for the achievement of this goal were revised in 2007, following the first intermediary results reached in 2006. In the context of the Millennium Development Goal on reduction of poverty, the main reason for the revision of targets was the modification in 2006 of the methodology for calculating poverty indicators, which has contributed to a fundamental improvement in the quality of data, but made it impossible to compare the data with that of previous years.

Also in 2006, the intermediary target established for one indicator - the proportion of people whose income is less than 2.15 dollars a day - was exceeded more than twofold (13 percent compared to 28 percent). In this context, a higher poverty measurement standard was agreed upon – the international poverty threshold of US$4.3 a day per person (in PPP terms). At the same time it was decided that consumption should be used in place of income as a measurement of population welfare, because consumption expenses are a more precise and more relevant indicator for Moldova. At the same time, the goal was complemented by several additional targets, such as reducing the proportion of population below the absolute and extreme poverty threshold.

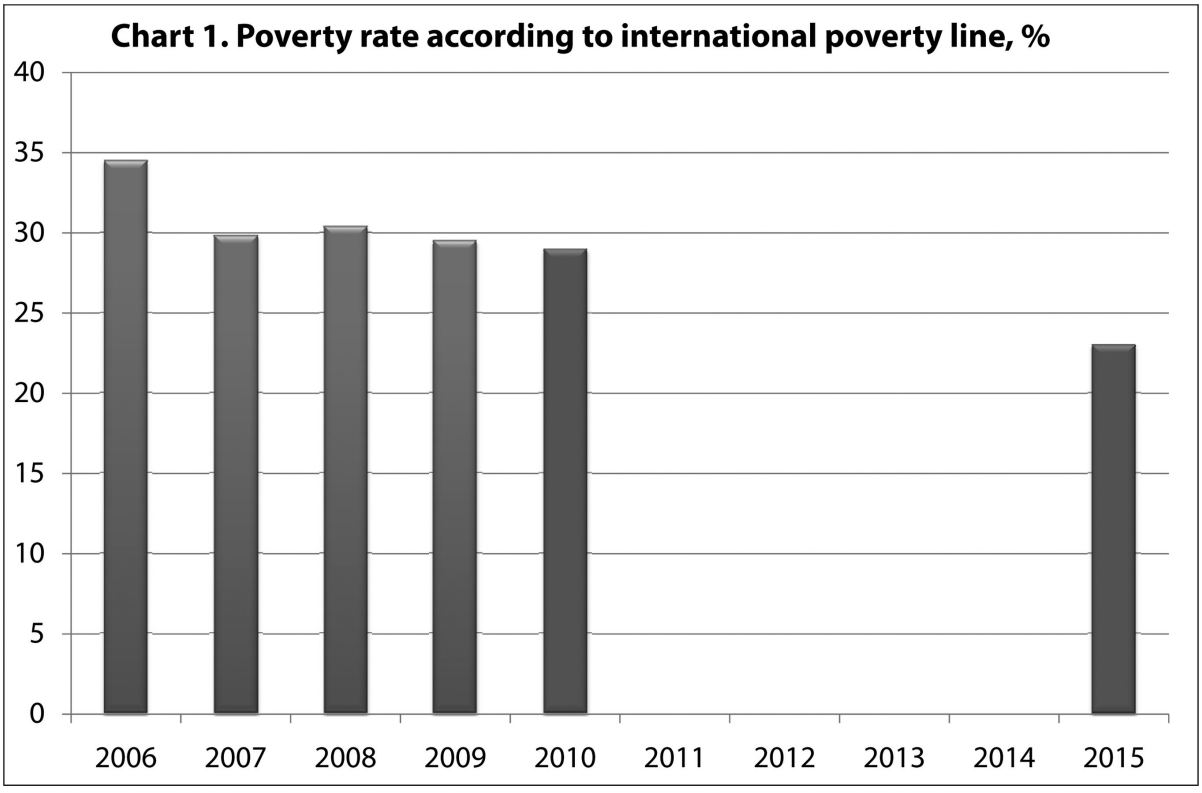
[5] With a per capita GDP of US$2842 based on Purchasing Power Parity, Moldova has the lowest income level in Europe, ranking 130 in the world, and is outperformed by many of the CIS countries, including Turkmenistan, Georgia, Armenia. Albania, which had one of the lowest incomes in Europe in 2000, had reached a per capita GDP of US$7163 by 2009. Source: IMF, World Economic Outlook database, April 2010.

Assessment of the progress towards the MDG

TARGET 1. *Reduce the proportion of people whose consumption is under US$4.3 a day per person (in PPP terms) from 34.5 percent in 2006 down to 29 percent in 2010 and 23 percent in 2015.*

In 2007 Moldova established MDG targets for reducing the proportion of people whose consumption is under $4.3 a day/person (in PPP terms) for the first time, taking 2006 as the reference year when this indicator was 34.5 percent. This indicator later followed a see-saw trend. A year later, in 2007, the poverty rate according to this international threshold was 29.8 percent, marking a fall of 4.7 percentage points compared to 2006 (see Chart 1). By following the development of this indicator in 2007 and comparing the poverty level in that year with the intermediate target of 29 percent, established for 2010, it appeared very probable that the medium-term goal could be successfully achieved. However, the development of poverty in 2008 increased the gap between the indicator and the intermediate target for 2010. In that year, the poverty rate calculated in compliance with the international threshold was 30.4 percent, 0.6 percentage points more than in the previous year. But in 2009 the proportion of people living under the international poverty line declined again, reaching 29.5 percent which made reaching the target in 2010 more realistic than a year before, but still dependent on effectiveness of the governmental social protection policy.

Chart 1. Poverty rate according to international poverty line, %



Note: red color shows intermediary and final target-values of the indicator.
Source: Ministry of Economy of Republic of Moldova.

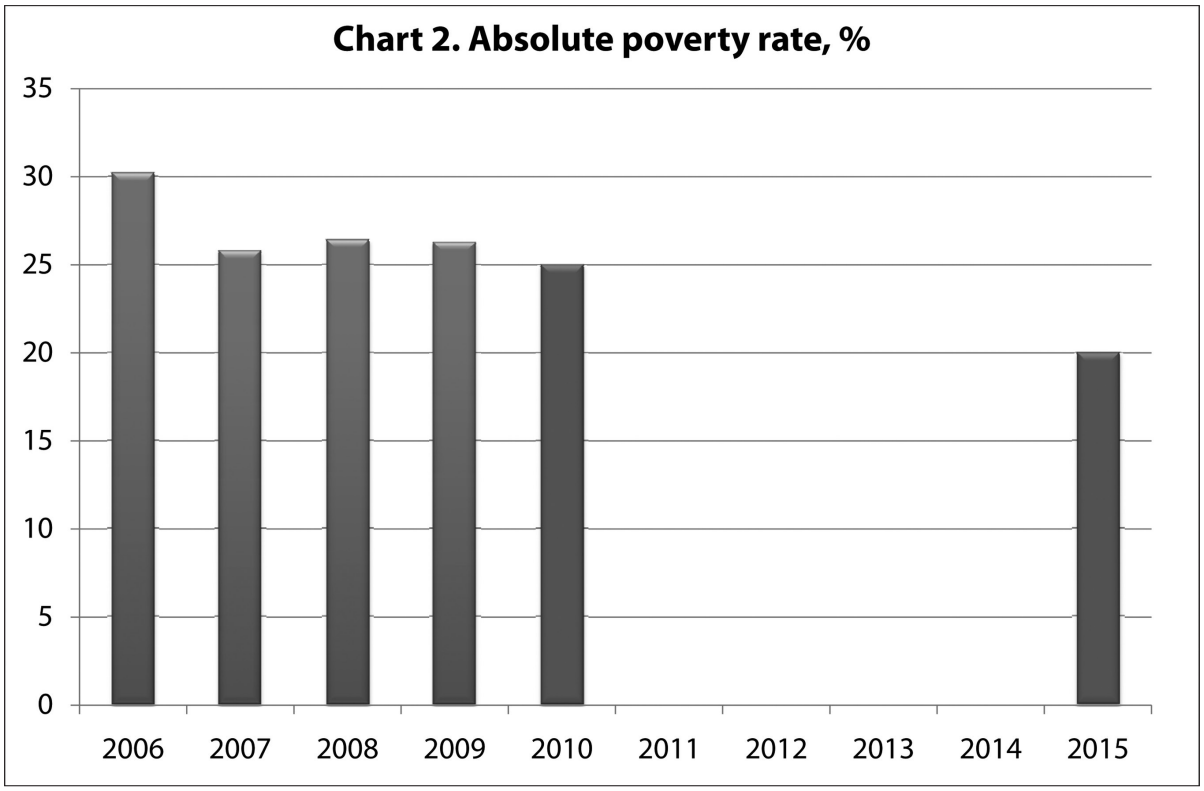
Poverty grew due the way it expanded in rural areas. The heavy dependence of the population's incomes on the climate (which was demonstrated by the negative impact of the drought of 2007 and of the floods in 2008 and 2010), was seen in the fall in incomes from the sale of agricultural produce as the price of fruits and vegetables decreased in 2008 and 2009. These were the main reasons why poverty grew in rural areas, where about one-third of the population is employed.

However, due to decline of poverty in urban areas, the deepening of the economic crisis in Moldova in 2009 did not significantly threaten Moldova's chances of achieving the intermediate target for 2010. If the consequences of the world financial crisis and the economic crisis in Moldova are overcome by authorities' efforts, the final target for 2015 could still be successfully achieved.

TARGET 2. *Reduce the proportion of people under the absolute poverty line from 30.2 percent in 2006 to 25 percent in 2010 and 20 percent in 2015*

When establishing the target for reducing the proportion of people under the absolute poverty line, 2006 was taken as a reference year. The proportion of poor that year was 30.2 percent (see Chart 2). As with the development of the poverty rate according to the international threshold, in 2007 the level of absolute poverty fell to 25.8 percent which was not far from the e level set for the intermediate target for 2010.

However, in 2008 poverty increased, reaching 26.4 percent. In 2008, about 875,000 people had a monthly consumption below the absolute poverty line[6] - 945.9 lei (91 US$). The reasons for the increase in the absolute poverty rates are the same as in the case of the international poverty line – the poor performance of agriculture in rural areas. This is also demonstrated by the fact that there is a fundamental discrepancy between poverty rates in rural and urban areas of Moldova, the poverty in rural zones being twice as high as in the urban ones.



Note: red color shows intermediary and final target-values of the indicator.
Source: Ministry of Economy of Republic of Moldova.

Another reason for the growth in absolute poverty is the decrease in the volume of remittances, which make an important contribution to overcoming poverty in the country[7]. A lower volume of money transfers from abroad had a definite impact on the growth in absolute poverty, with the highest rate of absolute poverty being recorded in the fourth quarter of 2008, when remittances started to decline. The impact of the fall in the income of workers abroad had a more significant impact on rural areas.

[6] The absolute poverty line represents the sum of all consumption expenses for food, non-food goods and services.
[7] Over recent years, the money transferred from aboard by individuals, has been one of the main sources of funding for houses purchases, and of financing for education and consumption. 2008 was marked by a boom in money transfers from individuals through the banking system. The increase in the volume of transfers, compared to similar periods of the previous year was: in the 1st quarter – 53.1 percent, 2nd quarter – 64.0 percent, 3rd quarter – 37.7 percent, 4th quarter – 5.9 percent.

At the national level the mean per capita disposable income fell by1.7 percent and income from self-employment in agriculture fell by n by 24.6 percent in 2008. So, the initial crisis impact, seen in a fall of welfare standards, was driven by falls in employment income and falls in self-employment income earned in agriculture, geographically concentrated in the central and southern region, in the villages with a heightened social impact due to greater dependence on remittances, which were also falling during the crisis period in rural areas. Households with children were more vulnerable to the effects of the crisis than households without children, with one child households being the most vulnerable[8].

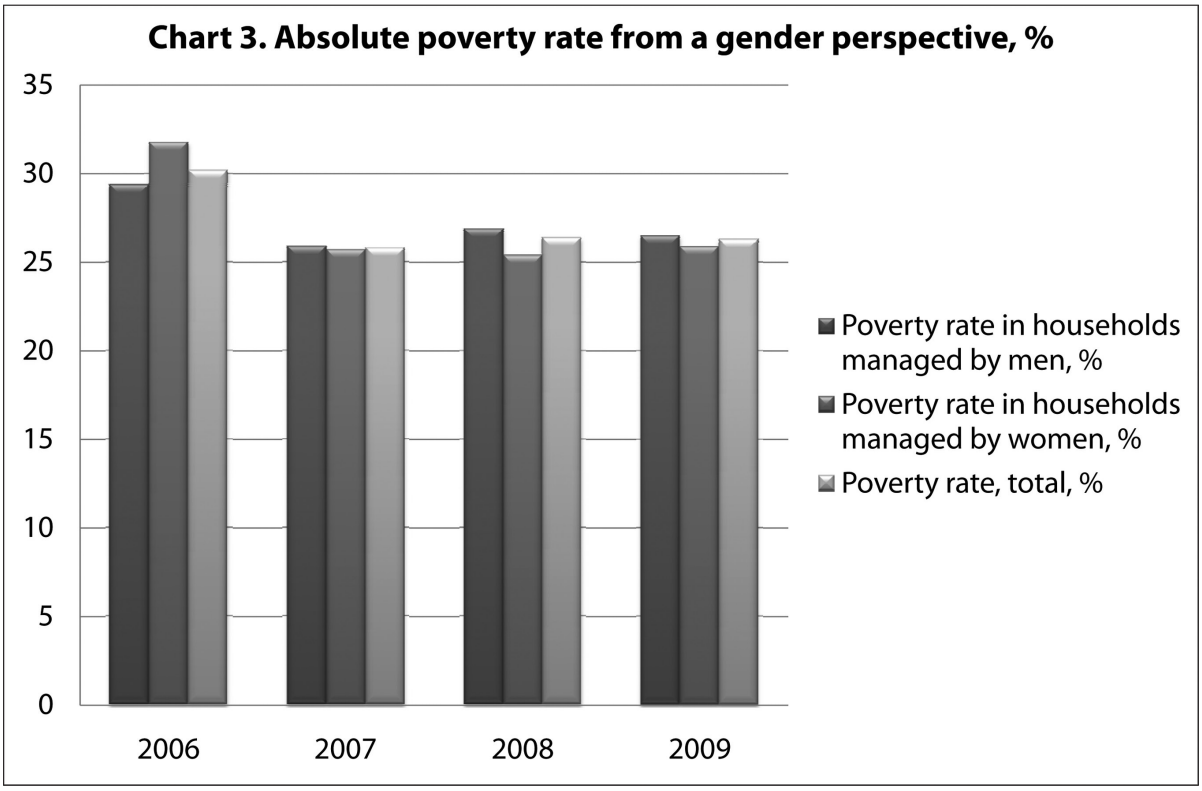
In 2009 the total poverty incidence remained almost constant, with 26.3 percent of the population being poor. But the urban-rural discrepancy continued widening. In large cities (Chisinau and Balti), the poverty incidence declined significantly, from 10.9 percent in 2008 to 7 percent in 2009. Poverty declined in small cities as well, even though at a slower speed than in big ones: from 21.2 percent in 2008 to 19.7 percent in 2009. Remittances in large urban areas grew while in small cities they declined very slightly. As for the rural areas, poverty continued rising at a high pace for the second year in a row: from 31.3 percent in 2007 to 34.6 percent in 2008 and 36.3 percent in 2009. A significant reason of the worsening poverty situation in villages was the decrease in agricultural prices, which resulted in shrinking income from agricultural activities. The second cause behind rising poverty in rural areas was the reduction in migrants' remittances. Even though this shift had a negative impact on residents of small towns, it was much more palpable in case of the rural ones, who depend more on migration and related remittances than the urban residents. The growth in salaries (mainly those in the budgetary sector) and in social payments did not compensate for the decline in other sources of income in rural areas in 2009. What it particularly worrying in the 2009 poverty profile is the significant worsening of the inequality indicators: the Gini indicator of the consumption expenditures went from 0.2924 in 2008 up to 0.3094 in 2009. Another telling indicator is that the consumption expenditures of the richest 10 percent of the population as a ratio of the poorest 10 percent went from 6.19 in 2008 to 6.51 next year.

By 2008, if economic stability had been ensured, there would have been good a chance of achieving the preliminary target for 2010. However, the rise in poverty rates in 2008 and the lack of progress in reducing poverty in 2009 undermines to some extent the chances of achieving this intermediate target. But it is likely that this goal will be achieved by 2015, if proper measures are taken to protect vulnerable categories of the population and a particular focus on policies having positive incidence on economic growth in rural areas.

The data analysis has shown that the most vulnerable social groups that are affected by absolute poverty are the elderly those whose sole source of income is self-employment in agriculture, large families and families with many children, and persons unemployed for long periods of time. From the gender perspective, there is no significant difference between the poverty levels of men and women. Households managed by both men and women are equally exposed to poverty. Thus, analysis of data by gender shows that men and women are situated on almost the same level of poverty – at around 26 percent (see Chart 3).

Another trend in recent years is rising poverty in households led by men. The situation is different depending on the place of residence. People from villages, women and men equally, are exposed

[8] Impact of the Economic Crisis on Poverty and Social Exclusion in the Republic of Moldova, 2009 Study Report supported by UNDP/IOM/UNICEF/WB.



Source: Ministry of Economy of Republic of Moldova.

to a 20 percent higher risk of poverty than residents of cities.

Even though there is no serious disparity between the poverty rates of women and men, an analysis of the different ways poverty affects the most vulnerable population categories based on the Research on Household Budgets survey, brings up a different perspective. Thus, the greatest gender disparities are seen in households which rely on unemployment benefits, those headed by men are less poor than those where women are in charge (see table 2.). Another discrepancy, although less significant, is the one between households managed by illiterate men or men lacking primary education and those headed by illiterate women and women without primary education, the former being much poorer. With regards to children, there are no significant disparities from the gender perspective for those under the age of 5 years, but for upper groups poverty among households headed by women in 2009 tended to be higher than among those headed by men.

Along with poverty rates, the poverty gap also deepened in 2008 (the poverty gap is an indicator showing how poor are the people living under the poverty line), but it subdued again in 2009. After this indicator fell by 2 percentage points down to 5.9 percent in 2007, in 2008 the poverty gap reached 6.4 percent and in 2009 went back to 5.9 percent. This means that each absolutely poor person was on average 60 lei short of rising above the poverty line in 2008 and roughly 55.8 lei short in 2009. This sum extended to the entire impoverished population shows that the monetary transfer required in order for the poor to escape poverty was about 52 million lei in 2008 and 49.5 million in 2009. For comparison, in 2007 the average shortfall was 50 lei, and the implied sum for the entire country was 46 million lei.

Another important indicator for assessing the welfare of the population and inequalities in the country in particular is the poorest quintile's share of total consumption expenditure. From 2006 to2008, this indicator improved, showing that the level of inequality in the country had fallen. Thus, in 2008

TABLE 2. Poverty rates among the most vulnerable categories disaggregated based on the gender of the household head, 2009

	Absolute Poverty Rate		Extreme Poverty Rate		Absolute Poverty Rate (total)	Extreme Poverty Rate (total)
	men	women	men	women		
Poverty rate (total), %	**26.6**	**26.0**	**2.0**	**2.2**	**26.3**	**2.1**
Poverty rate among the elderly, total, %	**32.8**	**34.1**	**2.1**	**2.3**	**33.6**	**2.2**
Including by age group:						
60 – 69	27.3	26.9	1.8	1.3	27.1	1.5
70 – 75	38.4	37.1	2.0	2.3	37.6	2.2
more than 75	40.2	44.5	2.6	4.2	42.9	3.6
Poverty rate among children, total, %	**27.3**	**29.0**	**2.3**	**3.6**	**28.1**	**2.9**
Including by age group:						
Under 5	26.6	26.7	2.6	3.8	26.6	3.2
5 – 9	25.8	30.6	2.6	3.5	28.1	3.0
10 – 14	27.8	29.5	2.1	2.6	28.6	2.4
15 – 18	28.6	29.0	2.0	4.3	28.8	3.2
Farmers	46.8	47.3	4.3	4.5	47.0	4.4
Employed in agriculture	48.5	47.7	5.5	7.0	48.1	6.3
Pensioners	36.4	35.0	2.7	2.8	35.6	2.8
Households with 3 and more children under 18	45.5	49.3	5.6	6.9	47.5	6.3
Households with 3 and more children under 16	48.9	52.5	7.0	8.1	50.8	7.5
Households headed by persons with basic/primary education	47.9	45.8	4.5	4.1	46.7	4.3
Households headed by persons without primary education and illiterate	52.9	59.2	7.4	8.7	57.0	8.3
One-person households	29.3	29.8	3.0	2.3	29.7	2.5
Households living on unemployment benefits	17.5	35.8	10.4	0.0	28.6	4.1

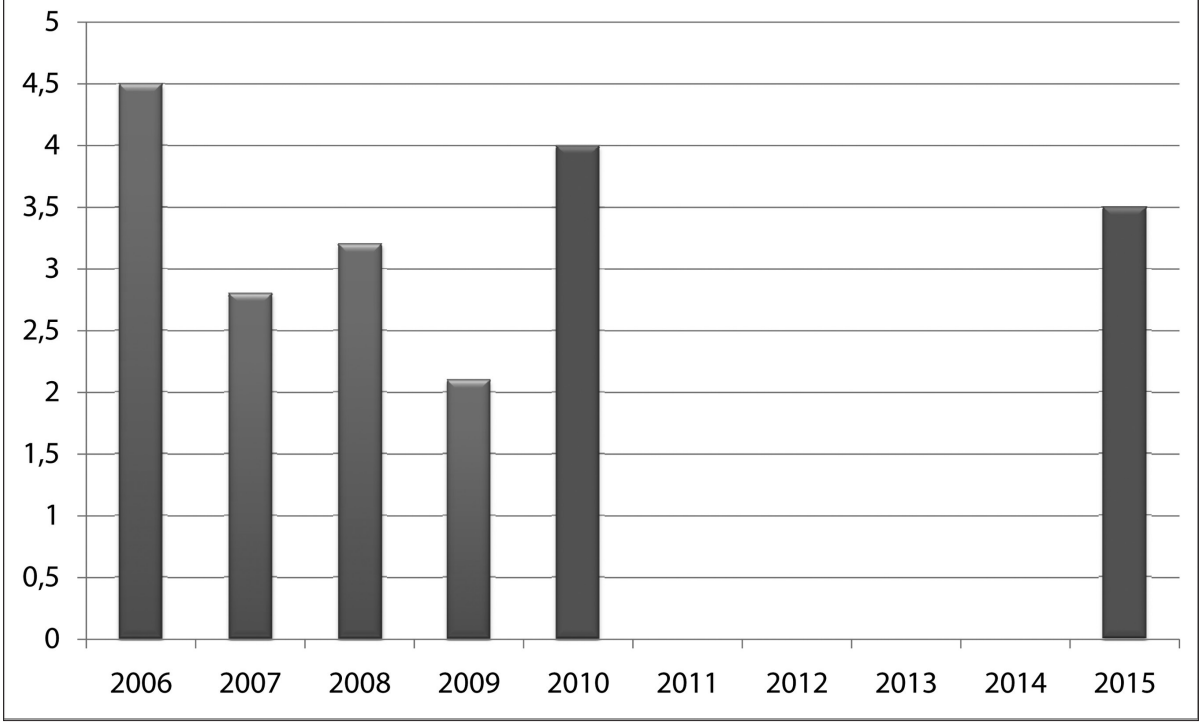
Source: National Bureau of Statistics of the Republic of Moldova.

the share of the poorest quintile in total consumption expenditure was 8.3 percent, compared to 8.1 percent in 2007 and 8.2 percent in 2006. It is important to mention here that one of the causes of the increase in poverty in 2008 was the fall in the consumption of people who were above the poverty line in the previous year, as a consequence of the heavy concentration of the population around this threshold. Therefore, it was the fall in the consumption of those who were not poor that reduced the discrepancy between the rich and the poor. However, in 2009 the situation worsened again, with the share of poorest quintile in total consumption expenditures reaching a new low of 7.9 percent. Worsening of inequality indicators may significantly speed down the country's progress in alleviating poverty in long run.

TARGET 3. *Reduce the proportion of people under the extreme poverty line from 4.5 percent in 2006 down to 4 percent in 2010 and 3.5 percent in 2015.*

As with the poverty rate trends described above, extreme poverty rate fell markedly in 2007, but rose again in 2008. Thus, in 2007, this indicator stood at 2.8 percent, down by 1.7 percentage points compared to 2006 (see Chart 4). In 2008, about 106,000 persons were under the extreme poverty line, which stood at 511.5 lei (US$49). In 2007 and 2008, Moldova had already succeeded in lowering its extreme poverty level to that required by the intermediate target for 2010 (3.5 percent). According to recent data, in 2009 the rate of extreme poverty improved significantly, posting a rate of only 2.1 percent. With such a decline in extreme poverty in 2009 it is realistic to believe that for Moldova it will not be difficult to achieve the intermediate target for 2010.

Chart 4. Extreme poverty rate, %



Note: red color shows intermediary and final target-values of the indicator.
Source: Ministry of Economy of the Republic of Moldova.

Children show higher levels of poverty than other categories of the population. In 2008 children represented 25 percent of the poor and 27.8 percent of the extremely poor population of the country. Over 2006-2008, the absolute poverty rate among children fell by 5.6 percentage points and extreme poverty rose by 0.5 percentage points, a fact indicating an increase in the number of children who were not even provided with the minimum amount of food needed to survive. Some important structural changes took place in 2009: while the general poverty rate remained practically unchanged, the absolute poverty rate among children grew by 1.1 percentage points (from 27 percent in 2008 to 28.1 percent in 2009), while the food poverty among children declined further, from 3.6 percent to 2.9 percent. Ensuring proper and healthy food for children is therefore not only a condition for reducing child mortality and morbidity but also for preventing extreme poverty. A relevant indicator, in this context is the incidence of malnutrition in children aged 0-5 years. According to the Ministry of Health, the Republic of Moldova has accomplished positive progress in this domain, the share of underweight children aged 0-5 years falling from 14.3 percent in 2006 down to 12.8 percent in 2007 and 11 percent in 2008. But this rate puts Moldova still above average in Europe. While no data are yet available on malnutrition of the children aged 0-5 years for 2009, the decline in infant malnutrition rate from 28.9 cases per 1000 infants in 2008 to 27.6 cases next year gives reasons for optimism.

Impact of policies on poverty

The public policies implemented by the Government during past years have had an overt social orientation, with more than 60 percent of public expenditure being directed towards implementing social measures. Even in the crisis-affected 2009-2010 years public expenditures remained socially-oriented. The National Development Strategy, the main strategic planning document of Moldova, included the development of human resources and the promotion of social inclusion among its five priorities.

In order to support the vulnerable, including those under the poverty line, the Government, with the support of the country's development partners,[9] has carried out a set of actions within the scope of the NDS and other policy papers[10], which have had an uneven effect. On the one hand, actions like introducing pension indexation and increasing salaries and allowances contributed to the growth of the population's incomes and helped avoid extreme poverty (see Box 2). On the other hand, actions focused on increasing the effectiveness of social assistance and plans to target social benefits, exclusively towards vulnerable groups have not been fully implemented, since the foundation of this reform was only laid out in the middle of 2008, when the Law no. 133-XVI of 13 June 2008 on Social Aid was at last adopted. At the end of 2009, two separate systems of social assistance were functioning in parallel – the system of individual allowances provided to 11 categories of people[11], many of whom are not poor, and social aid which is granted based on an assessment household incomes. This system only covered 45,000 people (representing 17,517 families) at the end of 2009 (in contrast to the individual allowances, which were provided to 250,000 people).

At the same time, from the point of view of the efficiency of social benefits distribution, it should be pointed out that in 2009 only 19.6 percent of the poorest households (from the first quintile) benefited from individual allowances – pensions not included – as compared to 20.1 percent in 2008, and these allowances amounted to 19.3 percent of the total sum paid out in 2009 (18.1 percent in 2008). Despite the attempts to improve targeting of the social assistance system, the more prosperous households from the fifth quintile remain important beneficiaries of the social benefits: in 2009 they represented a share of 19 percent in total households receiving social benefits and were granted 20.3 percent (i.e. more than the poorest one) of the total amount of benefits.

[9] The main donors assisting the Republic of Moldova in its fight against poverty are the IMF through its credits within the Poverty Reduction and Growth Facility (PRGF) Program and the World Bank, through its Poverty Reduction Support Credit (PRSC) program. Other donors – the European Commission, the UNDP, DFID, SIDA, etc., provide assistance to the Republic of Moldova through technical assistance projects focused on the reduction of poverty and the promotion of social inclusion.

[10] Employment Strategy (2007-2015), National Agricultural Developmment Program (2009-2011), Concept of the Subvention of Agrcultural Producers (2008-2015) and others.

[11] In compliance with the objectives of the Program of Economic Stabilization and Recovery of the Republic of Moldova for 2009-2011, individual compensations provided in the Law on the Social Protection of Certain Categories of Population no. 0933-XIV from 14 April 2000 will no longer be fixed after 1 January 2010. However, if a person was granted the right to individual compensations before 31 December 2009, they will continue to benefit from them until the expiry of this right in compliance with the legislation and the procedure provided by the Government.

Box 2. Impact of social benefits on poverty

Social benefits have an important role in supporting the vulnerable. The analysis of official data shows that pension increases reduced poverty in Moldova by 12 percentage points. Still, these increases are insufficient for a sizeable part of the population, including retirees. The income of about four in 10 retirees is insufficient for avoiding poverty. Another at-risk category is households with children. Social benefits represent one of the income sources of these families. On average, they contribute 7.2 percent to the incomes of the households with children, the most important social benefits being the social insurance payments, especially pensions (5.0 percent). Based on the welfare of families with children, it has been assessed that social benefits, including pensions, contribute a greater share of the income of the least prosperous households. This fact shows that poor households are more dependent on social insurance payments.

Studies show that social assistance has an insignificant effect on poverty. Poverty rates in the case of households receiving social assistance payments (child care benefits and individual allowances), differ by less than one percentage point before and after the payment. From the perspective of the efficiency of social benefits distribution, it should be pointed out that only 26 percent of the poorest households benefited from individual allowances in the amount of 26.2 percent of the total sum in 2008, while more prosperous households were granted 14.3 percent of the total amount for this type of benefits. It is forecast that the introduction of social aid will improve the distribution of social benefits and will contribute even more to the reduction of poverty.

Besides the provision of different social services, the current system for social protection of children offers two types of social benefits for children, based on the principles of social insurance and social assistance: i) child care benefits for children under 1.5/3, independent of income; ii) child care benefits for children aged between 1.5/3 and 16, depending on the income of the parents. These two types of benefits are granted according to categories, so that the proportion of households with children benefiting from these social payments practically does not differ depending on the welfare of the household. An analysis of the way childcare benefits for children under 1.5/3 cover households, shows that that there are certain flaws, like the inclusion in the system of prosperous households, the main reason being the gaps in the criteria applied when assessing the real level of the household's welfare. In 2008, some 35 percent of the poorest families received child care benefits amounting to 38 percent of their income, while 6.6 percent of prosperous families received child care benefits, with the sums covering 5.3 percent of their total income. At the same time, once social aid based on an assessment of households' incomes was introduced, the Government took the decision to annul child care benefits for children aged between 1.5/3 and 16.

Targeting child care benefits towards the most vulnerable categories is an effective way of using the resources allocated to children. At the same time, the creation of an equitable child support system can contribute to the reduction of child poverty only if the payments are substantial. Over recent years, child care benefits have increased; their size, however, is still insignificant. In this way, childcare benefits for children aged under 1.5/3 contributed to the reduction of poverty rate in 2008 by 0.5 percentage points, while child care benefits for children aged between 1.5/3 and 16 contributed a 0.2 percentage point reduction. Benefits paid by category have a greater impact on child poverty in urban areas, since salaries are higher in cities and therefore the child care benefits for children aged under 1.5/3 are more significant.

Source: Ministry of Economy, Report on poverty and impact of policies, 2008

Meanwhile, in 2010 authorities have reformed the system of agricultural subsidies with the purpose of maximizing the effectiveness of the subsidies paid. According to the new scheme, the small farmers are supposed to have better access to subsidies, which they have not had in the past. The provision of subsidies in an efficient and effective manner is crucial for a society in which about one half of the employed population is working in agriculture and a large proportion of these people are poor. About 21 percent of Moldovan households are employed in farming; 40 percent of those households are impoverished. However, as the new scheme was only recently introduced, its anti-poverty impact has not been yet assessed.

The economic crisis, which gathered pace in 2009, constituted a challenge but also an opportunity for Moldova's new Government to solve the existing problems, which have grown dramatically in a short

period. Consequently, through its Program of Economic Stabilization and Recovery for 2009-2011 the Government envisaged implementing much-needed reforms for making social assistance and agricultural subsidies more efficient and to take measures appropriate for optimizing all public expenditures. Implementation of these reforms is subject to the outcome of the early elections in autumn 2010.

Employment policies are also of particular importance. Coherent economic, social and employment policies as well as enhanced institutional capacities are essential if the unemployment rate is to be lowered and inactivity to be avoided. It would also help in ensuring labor was profit-generating and in achieving a better correlation between supply and demand on the labor market. In most cases active labor market policies do not provide a comprehensive package of training and employment measures. Rather, they focus mainly on unemployed who are better-off who in any case have more opportunities, while those with a lower chance of finding employment are left behind. This is especially the case for young people who are exposed to the greatest risks: poverty and social exclusion. The lack of monitoring in this domain may create distortions, and does not allow for a proper assessment of the efficiency of employment programs. The capacities of the institutions responsible for the labor market to develop, monitor and assess employment policies are still inadequate and should be improved.

Although the actions proposed in the Program will benefit the population of the country in general and vulnerable people in particular in the medium and long terms, in the short-term certain measures could slow down the growth of the income of certain categories of persons. One of these measures is the postponement of salary increases for certain public sector employees. Nevertheless, these kinds of actions that were necessary in 2009 when the budget deficit for 2009 was close to 7 percent of GDP, are provisional and are expected to cease once the economy is firmly back on the growing track. The economy started recovering in 2010, partly because essential actions set out in the Program (including the Memorandum of Economic and Financial Policy between the IMF, the Government of Moldova and the National Bank) are carried out. However, the risk of these measures on increasing poverty is rather small, since the Government intends to promote social protection measures, through better distribution of financial resources as well as by increasing certain social benefits, indemnities and allowances.

Conclusions and recommendations

First, the poverty level is strongly related to economic growth. However, balanced economic growth does not guarantee a fair distribution of benefits among the population. In 2008, Moldova registered economic growth of 7.2 percent. This growth led to a fall in poverty rates in cities and towns, but not in rural areas. In 2009 the economic receded, but the total poverty did not grow; however, the rural-urban poverty gap widened even more. In 2010 economic growth resumed, and this creates good conditions for continuing the progress with poverty reduction. At the same time, the economic growth of recent years is largely based on remittances, which flow into the country's economy and contribute to state revenues growth. Families benefiting from remittances are least exposed to the risks of poverty. A recent World Bank report points out that relatively well-off groups, rather than the poor, benefit most from remittances[12]. At the same time the economic crisis has most severely affected households in the lowest quintile of the distribution of consumption expenditure. Thus, households in the top three quintiles are mostly affected by the fall in incomes deriving from employ-

[12] World Bank, The Consequences of Several Shocks for Consumption and Poverty, 2009.

ment in general and self-employment in agriculture. Fall in remittances in 2009 led to increases in poverty rates only in rural areas, but not in the cities, which in relative terms are less dependent on remittances.

Economic growth and poverty reduction based on remittances was accompanied by a mass exodus of people (at least one-fourth of the active population of the country went abroad). The world financial crisis, accompanied by the collapse of businesses, massive job cuts and dramatic growth in the population's vulnerability, determined many migrants to return from abroad and resulted in a fall in the volume of remittances. But the opportunities available inside the country, which were limited even before, were even more limited following the aggravating impact of the global crisis on Moldova. In that situation, the substantial fall in state revenues meant it was not possible to provide adequate support to vulnerable persons or to migrants. Most of the migrants that came home in 2009 have made efforts to return the same year or in 2010. The recovery of the labor market after the crisis (which is still in progress) will take longer than the resumption of economic growth. Therefore, if the Government forecasts positive progress in the economy starting from 2010, the labor market may not show signs of recovery until 2011[13].

Economic growth and poverty reduction based on remittances were accompanied by a massive migration of the population (at least one-fourth of the economically active population has gone abroad). Migration, although it brings benefits in the short term by increasing households incomes and supplying the economy with funds for development, will in the long term have a disastrous impact on the country's economy and demography by creating and exacerbating social problems including poverty. Yet, as long as other countries remain more attractive then Moldova in terms of job opportunities and salaries, the country's population will be motivated to migrate in order to survive or in search of better opportunities in case of younger and/or more qualified migrants. In order to ensure a healthy and sustainable economic growth, issues such as the so-called brain drain and the emigration of those with other skills will need to be addressed, and the permanent migration followed by families reunification reversed by stimulating temporary legal labor migration. Ensuring viable alternatives in the country is crucial to prevent migration of the young, and attract those who are already abroad. Among the emergency measures, one can mention public infrastructure works, the creation of an attractive business environment, supporting the creation of small businesses and self-employment, training programs for improving the employability of the youth with a special focus on the rural youth.

Moldova's labor market rigidity is the result, first of all, of the fact that the country's economic growth over past years has not resulted in new jobs. Employment is one of the domains which is most affected by the transition to a market economy and many economically active people are at risk of being excluded from the labor market. Underemployment, long-term unemployment and the resulting despair in combination with reduced opportunities for good jobs and the large number of workers employed in the informal sector, continue to contribute to the advancement poverty and the higher levels of migration, which most affect young people. The apparently low unemployment rate[14], especially during the crisis, does not exclude the possibility of distortions on the labor market.

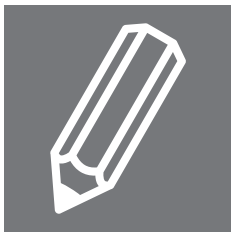
Second, in certain situations, economic growth is not sufficient for preventing and reducing poverty. For instance, the increase in poverty rates between 2005 and 2008, in the context of economic growth, was due to poor results of the agricultural sector (as

[13] Impact of the Economic Crisis on Poverty and Social Exclusion in the Republic of Moldova, UNDP/UNICEF/IOM/World Bank, 2009

[14] According to the NBS, in 2009 the unemployment rate was of 6.4%

a consequence of unfavorable climate conditions) which employs a major part of the population, including a large number of poorer people. With regards to this fact, it is necessary to make efforts to support the agricultural sector, including against climate-induced risks, as well as diversify rural activities. Therefore, in order to prevent and reduce poverty and hunger, the following recommendations have been developed:

- Efficiently channel social assistance towards vulnerable people, including by restricting the entry of new beneficiaries into the individual allowances system and by guaranteeing a minimum monthly income to vulnerable families by providing social aid established in compliance with the assessment of the total monthly income of each family;
- Analyze possibilities and needs for gradually increasing the volume of social benefits/payments provided to vulnerable categories;
- Stimulate the creation of micro, small and medium-sized businesses in rural zones, especially by encouraging investment in business;
- Further optimize the targeting of agricultural subsidies to encourage the development of added value production of animal and vegetable produce, including a definite focus on the processing industry;
- Stimulate job creation, which includes reducing the tax and administrative burden for initiating and managing business as well as by improving enterprises' access to credits provided on preferential terms;
- Encourage participation of the unemployed in temporary public works (repairs to facilities/equipment damaged in accidents, fires, natural disasters etc.). ■



GOAL 2: Ensure access to general compulsory education

Introduction

Being fully aware of the importance of education for the development of human capital ready to confront the challenges of the new millennium, the Government, committed itself, to increasing the quality of education and to expand children's access to pre-school and secondary education, which is crucial to the formation of the personality. The level of education is directly proportional to the welfare of a population – early dropouts increase the risk of poverty. Despite the revision of MDG targets in the domain of education in 2007 and efforts made by authorities with the support of the country's development partners in order to achieve the proposed objectives, the evolution of education indicators in the past few years provides no reason for optimism with regards to the achievement of the commitments that were taken on. Moreover, the lack of continuity in the provision of data by the Ministry of Education makes it necessary to consider an alternative source of information, provided in the case of the present Report by the permanently updated records of the National Bureau of Statistics. Otherwise, when changing the source of the data it is necessary to revise the MDG education targets. In general, the lack of internationally comparable data in the education sector, particularly referring to the quality of education, remains a challenge in Moldova.

General tendencies

Before the Republic of Moldova declared independence, the country's educational system was designed in a manner to allow all Moldovans access to its services. The socio-economic difficulties that have come as a result of the transition to market economy meant that the access of children from vulnerable families to education was restricted and the quality of teaching was also affected, because it no longer fit the new requirements. Even though reforms which started in 1995 and are still ongoing, were developed to minimize the impact of transition on the education system, there are still a range of unsolved problems. For example, although expenditure on education has constantly risen, and was 8.23 percent of GDP in 2008 and, according to recent estimates, and 9.44 percent in 2009, compared to 5.7 percent in 2000 and 5.6 percent in 1990, this fact has not been reflected in the quality of education, while the intrasectorial expenditures are still inefficient . On the other hand, there is a major discrepancy between the financing of different education cycles. About one half of the expenses for education are allotted for general compulsory education and these sources are not used efficiently.

These problems, aggravated by falling birth rates and Moldova's low income, contributed to falling enrolment in general compulsory education. Enrolment in the various education cycles has not been uniform for at least the last seven years in the Republic of Moldova. First of all this concerns general compulsory education and its components: primary education and secondary school. After an increase in primary education, enrolment ratios between 2000 and 2002, and started to shrink. The coverage of high school education also fell. At the same time, even though the pre-school enrolment ratio has continued to rise, there are huge discrepancies between urban and rural areas in this regard. However, even with the uneven education coverage, the literacy rate is very high in Moldova and the country is ranked 17th by this criterion out of 177 countries[16]. But it literacy is expected to decrease, since in rural areas, one out of 10 children does not enroll in primary school, and one out of 7 does not enroll in secondary education.

[16] Human Development Report, UNDP, 2009

Box 3. Revision of MDG targets on education

During the initial process of adjusting the MDG in the national context (2004), the enrollment trends in all stages of education were analyzed, with particular attention being paid to primary education, which is a Millennium Development Goal, determined internationally. At the same time, given that in the period between 2000 and 2002 the coverage of primary education had continued to increase, reaching 99.5 percent in 2002 (gross rate), it was decided to extend the education targets to reflect the enrollment in secondary education, which registered lower rates at that moment. Therefore, it was agreed to approach general compulsory education, comprising primary and high school education, in the context of the revised MDG education targets. It was also decided to use the gross enrollment ratio for assessing access to general compulsory education, rather than the net rate, because the former shows the level of children's enrollment to education, regardless of their age, thus taking into account the recent tendency of enrollment of children under 7.

Also in 2007 it was decided to introduce another MDG target which would reflect the literacy rate among the population aged between 15 and 24. Thus in the medium and long terms, the Government intends to maintain the literacy rate for the 15-24 year-old population at a level of 99.5%.

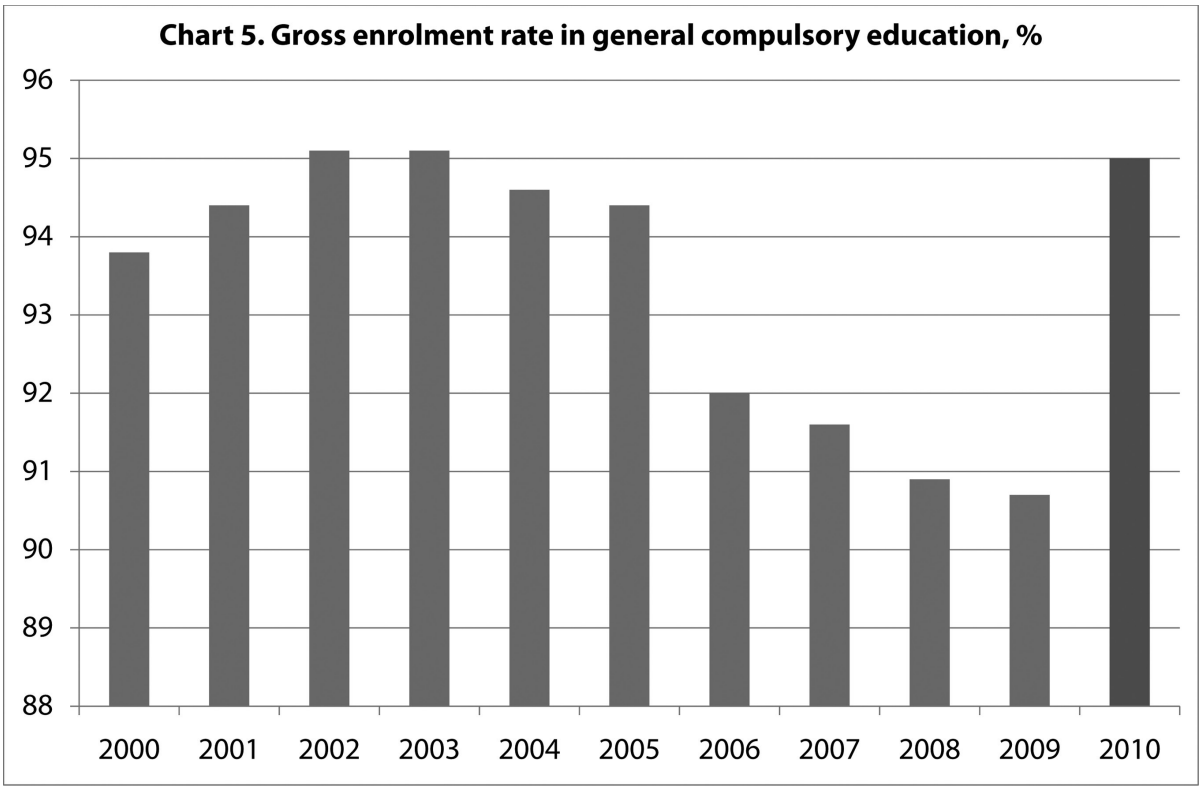
The third MDG target on education reflects enrollment in pre-school education. Although the gross coverage rate of pre-school education increased from 44.1 percent in 2000 to 70.1 percent in 2006, the low level of investment in this education stage, as well as the low incomes of the population, did not allow the achievement of the intermediate target for 2006 and offered little prospect of the other targets being achieved. This fact influenced the government's decision to revise the values of the targets for 2010 and 2015 as well as to separate this indicator into two age categories: 3-6 and 6-7, the latter being the age of school preparation.

Assessment of the progress towards the MDG

TARGET 1. *Ensuring opportunities for all children to attend general compulsory education. Increase the gross enrolment rate for general compulsory education from 94.1 percent in 2002 up to 95 percent in 2010 and 98 percent in 2015.*

Despite efforts by authorities to attract children into the educational system, the coverage of the general compulsory education is constantly decreasing. In 2008, the enrolment ratio for general compulsory education was 90.9 percent, compared to 91.6 percent in 2007 and 95.1 percent in 2002 (see Chart 5). According to recent statistical data, in 2009 the enrolment ration for general compulsory education declined further to 90.7 percent. This decrease was due to the fall in enrolment ratios for both primary and secondary education. In 2009, the gross enrolment ratio into primary education was 93.5 percent, compared to 93.6 percent in 2008, 94 percent in 2007 and 99.4 percent in 2000. The gymnasium enrolment ratio, after growing from 90.2 percent in 2000 to 93 percent in 2005, started falling in 2006, dropping to 89.3 percent in 2008 and further down to 88.8 percent in 2009.

It is important to point out the large proportion of children who are enrolled in primary school at an early age. In recent years the proportion of children who are admitted in the first grade at the age of 6 or even 5 is around 20 percent of the total number of admitted pupils. Another tendency, common to both cycles, primary and secondary, is the practice of combining two study years into one, a practice that decreases the value of the indicator.



Note: red color shows intermediary target-values of the indicator.
Source: National Bureau of Statistics of Republic of Moldova.

The main factors which have a negative influence on enrollment ratio trends in general education are the persistence of high poverty rates, especially in families with many children and discrimination/exclusion. Children with disabilities are usually not enrolled in mainstream schools. Some of them are in auxiliary schools (boarding schools), where they receive a second- rate education. Many of them are completely outside the school system. Roma children are also excluded from school. Their enrollment rate is estimated to be half of the enrolment rate of non-Roma children. There are also reported cases of children affected by HIV/AIDS (HIV positive or with a HIV-positive parent) excluded from the school system. The decrease is also due to the disparities in the financing of education at different levels, and in different areas (urban and rural) as well as the lack of a record system that keeps track of school-age children. Also, there is no mechanism that would establish the responsibilities of all social actors – parents, teachers, school managers and local public administration – with regards to the schooling of children.

Regarding the distribution of children in the general compulsory education system according to area of origin, there are significant disparities between rural and urban areas. This fact is especially visible in the case of primary education. In 2009 the enrollment ratio in primary education in urban areas was 102.4 percent (101 in 2008) continuing the slightly rising trend maintained for several years. In rural areas, however, this rate was 88.9 percent (89.4 percent in 2008) and has thus continued the decreasing trend since 2000, when this indicator was 98.3 percent. In secondary education, the situation is similar: in 2009 the enrollment ratio in the urban zones was 95.8 percent which is significantly better than in 2008 (95.1 percent). On the other hand, secondary education coverage in the rural areas has not changed significantly over the years, and the enrolment level is much lower than in cities – 85.3 percent in 2009, down from 86.3 percent in 2008.

From a gender perspective, enrollment to the general mandatory education system does not show any significant dis-

parities: the enrollment ratio among girls is only a little higher than among boys. Thus, in primary education,, the enrollment ratios of girls and boys were 93.3 percent and 93.7 percent respectively in 2009. In secondary education, the disparities are insignificant as well, the rate of enrolment in 2009 being 89.4 percent for girls and 88.1 percent for boys.

Developments in the general mandatory education enrolment ratio show the Government's limited scope for achieving the targets for 2010 and 2015, set at 95 percent and 98 percent respectively, because the economic crisis that led to the decrease in the income of the population and the fall in public revenues will even further undermine the achievement of the MDG targets in the domain of education. Children from poor families will still be the most affected. The preparation of children for schooling is still a serious burden for family budgets. On average, a poor family spends half as much on the primary school attendance of their children than the more wealthy families as well a third as much on their children's secondary school attendance. The differences also depend on the area the family is living in, as poor families from urban areas spend more money than those from villages.

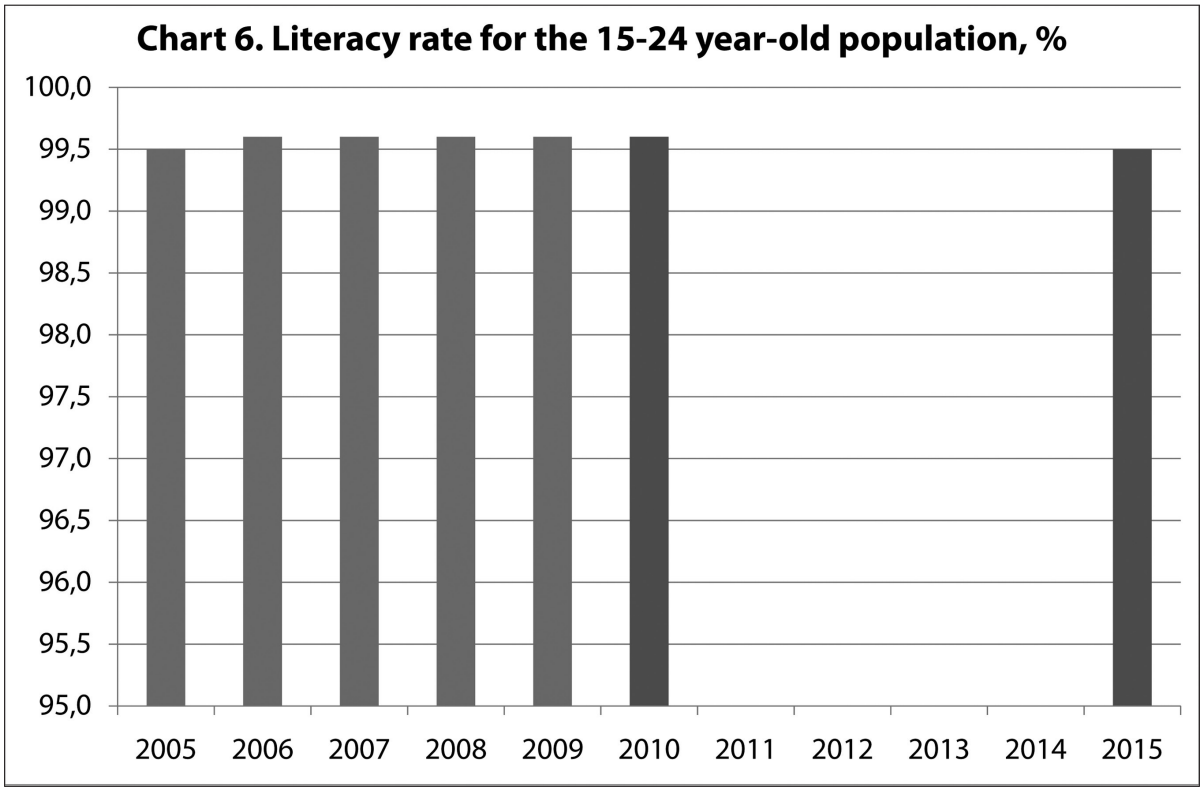
Economic hardship makes it difficult for children from poor families to benefit from educational services to the same extent as children from better-off families. According to a study carried out by the Institute for Educational Sciences, in which teachers, professors, and school directors from 128 communities of Moldova participated. There has been a shift in the frequency of different causes of non-attendance in recent years: besides the obvious lack of material means, other causes emerge, which are related to the attitude of parents and the community. According to teaching and administration staff, the main causes of non-attendance are the lack of supervision and care as result of parents' migration abroad (35.1 percent), a negligent attitude of parents towards their children's education (28.1 percent), a lack of textbooks and other school equipment (25.4 percent), and children who working together with parents (11.4 percent)[17]. Very recent data also show a worrisome level of child labor, with one child out of 10 (age 5-11) not going to school and going to work, and 30% of children working long hours or in hazardous conditions (child labor). Child labor, even if combined with schooling, has a negative affect on learning[18].

TARGET 2. *Maintaining the literacy rate for the 15-24 year-olds at 99.5 percent.*

The development of the literacy rate for 15 – 24 year olds has stayed at t a high level despite the hardships that confront the educational system. The general literacy level as well as literacy among people aged from 15 to 24 is rather high, covering about 98.9 percent and 99.6 percent respectively in 2008 (see Chart 6).

This indicator has been maintained during recent years, being higher than in 2005, when the literacy rate of 15-24 year-olds was 99.5 percent. This means that almost the entire population of Moldova has completed at least primary education. The constant positive movement in this indicator shows that there are solid reasons for the successful achievement of the intermediate and final MDG targets related to the literacy of 15-24 year-olds. But current trends in the education sector show that these achievements may not be sustainable in long-run.

[17] Baseline Study on Basic Education in the Republic of Moldova from the perspective of Child-Friendly Schools. Developed by the Institute for Public Policy with the financial support and assistance of UNICEF Moldova, 2008.
[18] Child Labour Study, NBS, September 2010.



Note: the red color shows intermediary and final target-values of the indicator.
Source: National Bureau of Statistics of Republic of Moldova.

Target 3. *Increase the enrollment rate for pre-school programs for 3-6 year-old children from 41.3 percent in 2002 up to 75 percent in 2010 and 78 percent in 2015, and for 6-7 year-old children from 66.5 percent in 2002 up to 95 percent in 2010 and 98 percent in 2015, as well as reduce by less than 5 percent the discrepancies between rural and urban areas, between disadvantaged and middle-income groups.*

Pre-school education coverage is increasing constantly. The gross enrollment ratio in pre-school education of 3-6 year-old children began to rise starting with 2000. In 2009, the enrollment ratio of this age group in pre-school education was 75.5 percent, compared to 44.1 percent in 2000 (see Chart 7). Enrollment ratios in cities are much higher than in rural areas - 91.9 percent compared to 66.1 percent. This difference however has been decreasing in recent years. In 2000 and 2002 the difference in the pre-school coverage of children aged from 3 to 6 was 29.6 percentage points, while in 2000 this difference fell to 25.6 percentage points. From a gender perspective, there are no serious disparities between the sexes in pre-school enrollment for this age category; the enrollment ratio for girls aged between 3 and 6 is 74.9 percent while for boys it is 76 percent. Roma children and children with disabilities mainly remain excluded from mainstream pre-school education.

In general, the gross enrollment ratio in pre-school education rises along with households incomes, from 70.9 percent in the case of the poorest households (first quintile) up to 85.3 percent for the most prosperous ones (5th quintile).

At the same time, it is hard to assess the pre-school education enrolment ratio of 6 and 7 year olds, because, at this age, a large proportion of the children are already enrolled in primary education. The coverage of 6-7 year-old children by education, regardless of the cycle of education, is 91.1 percent and is no different from the level registered in 2000. The enrolment ratio of 6 and 7 year olds in pre-school education has increased over recent years. It was 42.7 percent in 2009, as compared to 41.8 percent in 2008 and 36.8 percent in 2000. Data analysis shows that more children of that age are already enrolled in primary education, although the enrollment ratio in primary education is falling, while the enrollment of 6 and 7 year-olds in pre-school education is increasing.

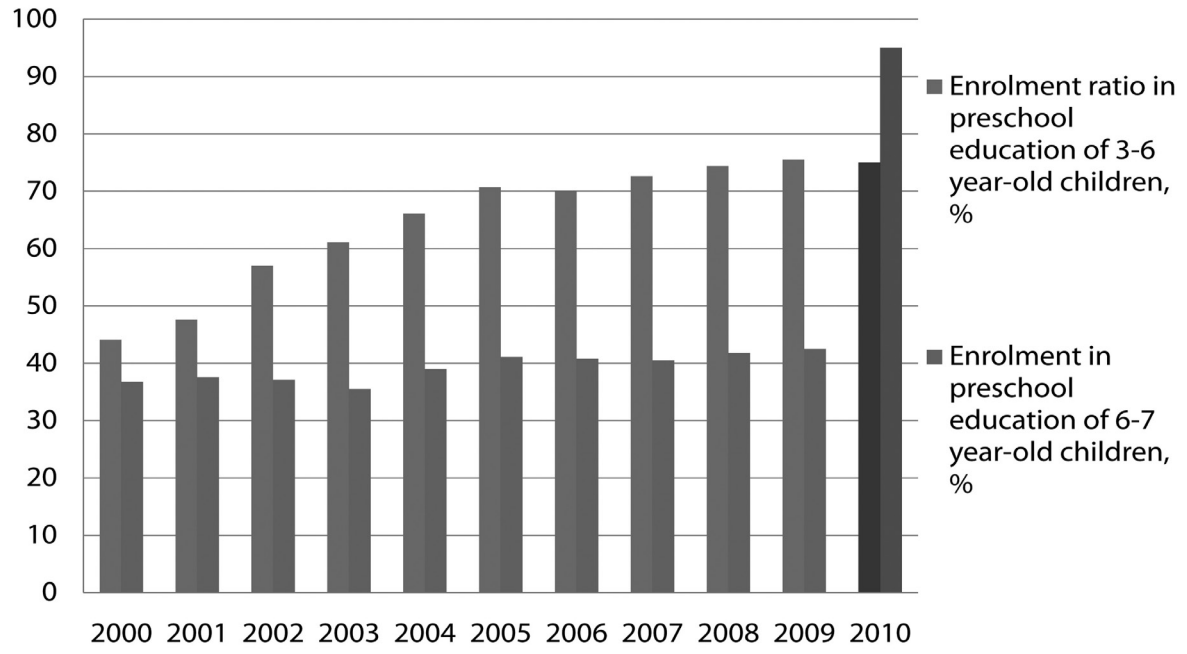
It also should o be pointed out that the values of indicators, which in 2007 had been taken as a reference for establishing targets for 2010 and 2015, do not coincide with the data provided by the National Bureau of Statistics. This is mainly the case for the pre-school enrollment ratio for 6-7 year-old children, which according to the MDG Report, prepared by the Government in 2007, was 66.5 percent in the reference year of 2002, while according to the National Bureau of Statistics the value of this indicator was only 37.1 percent in the same year. Given that the figures presented in the 2007 MDG Report were based on the administrative data provided by the Ministry of Education which, for unknown reasons, could not be updated in following years, when analyzing this indicator the data provided by the NBS will be used. Another reason for using this source is the constantly and consistently updated data.

The main problem however is in the monitoring of progress towards the target for this indicator (95 percent in 2010 and 98 percent in 2015). If the data provided by the NBS is used in the future, it may be necessary to modify the targets for this goal. It is also important to reflect upon the relevance of this target. Another option would be to revise the MDG indicator on pre-school education. According to the Law on Education, art. 17, p. 5, pre-school education includes children aged between 3 and 6 (7), and p. 6 stipulates that the preparation of children for school is mandatory starting from the age of 5. Therefore, in the future, MDG could take into account the 5 to 7 age group rather than 5 to 6 year-olds, because the Government's interest is that 5-7 year-old children be enrolled in education, regardless of the education cycle.

Impact of policies on education

In recent years, the Government's efforts and the assistance provided by the country's development partners in the domain of education were important, both in terms of the interventions and the financial resources allotted. In this context, the implementation of public policies in the domain of education contributed to quality improvements and to better access to education[19]. These achievements were made

Chart 7. Pre-school education enrollment rates, %



Note: more intense color shows intermediary target-values of the indicators.
Source: National Bureau of Statistics of Republic of Moldova.

[19] The main public policy documents in the domain of education are: Moldovan Educational System Modernization Program (2005-2008), "Education for Everybody" National Plan (2004-2008); "SALT" Program for Implementing Informational Technologies in Education, Strategy and Action Plan on the Reform of the Residential System (2007-2012), National Strategy and Plan for Community Action (2007-2009), etc.

possible with the support of technical and assistance projects and consultancy offered by the country's development partners.

In the domain of pre-school education, with technical assistance from UNICEF, the World Bank and other partners, the Government has developed new policies on early education (a new curriculum focused on children's individual needs, standards for early development of children under 7 years old, professional standards for educators) as well as teaching and methodological materials, which would include vulnerable groups. According to the data provided by the Ministry of Education, in the 2008/2009 academic year, some 89.7 percent of pre-school institutions were applying the new early education policies and were using the teaching materials that have been distributed to all pre-school education institutions in Moldova. About 60 percent of pre-school institutions have developed professional development plans in compliance with the new professional standards for educators. Around 4,500 managers of pre-school education institutions, teaching staff and representatives of local public authorities have been trained to apply different approaches focused on the needs of children as well as to promote the principles of early education at a local level. As a result of the EFA/FTI grant, 569 pre-school institutions (out of a total of 1,349), including two rehabilitation centers for children with disabilities, were provided with technical equipment, teaching materials, toys, playgrounds etc., which significantly improved the study rooms and the study environment in general, making them more accessible and inclusive. Also, in order to improve access to pre-school education, 300 kindergartens were provided with teaching materials, furniture, games, toys and playgrounds within the Education for All – Fast Track Initiative[20].

At the same time, in order to extend access to quality pre-school education in cities and especially in rural areas, the supporting efforts of the Government are required. Although the number of pre-school educational institutions rose by 227 from 2000 to 2009, the pre-school system is unable to meet increasing demands (the number of children increasing by 18.8 percent in that period). Kindergartens in villages are the most affected, since many of them lack the resources to meet the system's requirements.

Another major challenge for the Government is the extension of alternative services for including those 25 percent of young children who have no access to early education. As a result of the implementation of a pilot project by UNICEF and UNESCO, the Ministry of Education institutionalized and started to replicate alternative arrangements for early education services (community centers in communities lacking kindergartens. The draft of the new Education Code developed in 2009 contained provisions on community centers which were to provide official early education services in parallel with kindergartens and crèches, especially in those 230 communities without pre-school education institutions. Yet, the draft law has not been approved, while the current Government is developing another normative act to regulate the education sector.

In contrast with the situation in pre-school education, the number of schools fell from 2000 to 2009. Sixty-one schools were closed in this period the rest being used at an average capacity of about 70 percent. A considerable proportion of the schools is in an inadequate physical condition, lacking central heating and a proper sanitary infrastructure. According to the data for 2008, around 41 percent of school buildings require capital renovation and percent wheelchair ramps can be built in for children with walking difficulties in only 11.2 percent of them. Unquestionably, given these conditions, it is very difficult to organize the study process at the level of the requirements for child-friendly schools.

From 2000 to 2009 the number of children in primary schools fell by about 43

[20] 8.8 million dollar grant offered by the Fast Track Initiative Catalytic Fund through the World Bank.

percent. The birth rate, which has fallen and looks to remain at its current low level, will also affect the development of the school-age population[21]. If in 2008 the population of the school age (3-23) was of 1,113,900, then by 2015 (according to the first, pessimistic, scenario) it will fall to 891,300 and to 803,200 in 2020. In 2030, in this scenario, the school age population will be 707,800 in 2030 and 468,200 in 2050. A halving in size of the school age population will affect the entire education system, having serious repercussions for Moldova's economic and social life.

The current formula for financing education offers limited flexibility to local public administration and school management for administering funds in a more efficient way. The problems of financing and the underutilization of schools' capacities can only be solved in medium term through the implementation of the Economy Stabilization and Recovery Program which proposes the reorganization of about 130 general education institutions by changing their current status and setting up around 50 district schools and linking some 60 schools to these centers while offering the schools a greater autonomy in utilizing funds. At the same time, in order to widen students' access to educational institutions, the Government is relying on its development partners with regards to building infrastructure that would ease access to district institutions (building or repairing roads, ensuring their functionality in bad weather) and purchasing around 80 transportation units for transporting pupils to schools. The optimization of the school network is also relevant in the context of the continuous fall in the number of school students. The number of school students will fall in the 2014/2015 academic year by more than 24 percent compared to 2006/2007.

In spite of the benefits offered by the Government to young teachers for their activity in rural areas, the low remuneration of their work does not make the educational system attractive for young professionals[22]. In 2009, the average salary in the education system represented only 77.7 percent of the national average salary This explains the lack of staff, especially in rural communities lacking adequate infrastructure for life and work. Moreover, the postponement of the increase of salaries in education and the implementation of this increase gradually in the period 2009-2011, as proposed in the Economy Stabilization and Recovery Program will probably reduce even more the attractiveness of the education system for potential teaching staff in the short-term. This fact could yet be compensated for by optimizing the school network, which is also planned by the Government through this Program.

In order to contribute to reducing differences in rural and urban enrollment ratios in general compulsory education, the World Bank has implemented the Quality Education in the Rural Areas of Moldova Project, within which standards of continuous training for the teaching staff in general secondary education and methodological guidelines for teaching staff in pre-university education have been approved. Training programs were also held with teachers from 10 districts. The project also provided lab equipment and teaching materials to 1190 educational institutions in rural areas: including to lyceums, high schools, and gymnasiums. At the same time, in the 2008-2009 academic year, as well as in 2009/2010, all students in primary education have been provided with textbooks and breakfast free of charge. However, the state-approved standard sum established for covering the cost of a meal was not enough to ensure a nutritious meal.

It is important to mention that educational institutions in the Transnistria region, which are subordinated to the Ministry of

[21] Matei Constantin and others, Green Paper of the Population, National Commission for Population and Development 2009.

[22] Regulations of the Fund for Supporting Young Teaching Staff in Rural Areas, approved by Government Decision no.1171 of 08.11.2005.

Education, are also facing some problems, including an inability to claim back buildings that have been taken away from them; inadequate school transportation capacity; obstacles in the process of transportation of teaching materials, schoolbooks, teaching staff salaries and food for students through the customs points of the self-proclaimed republic. The Ministry of Education allocates around 30 million lei yearly to the functioning of these education institutions. In the reporting period, with the support of the Fund of Social Investments, all education institutions were subjected to capital repairs and were provided with school transportation. All students from the first to the 12th grade are provided with meals free of charge. The institutions are eligible within the Quality Education in the Rural Areas of Moldova Project and the SALT Educational Program.

One problem, which is justifiably a priority for the Government, is that of people with disabilities. There are more than 170,000 people with disabilities in Moldova, almost one tenth of whom are children under 16, and their number is constantly growing: from 13,287 in 2001 to 15,780 in 2009. Only 10-12 percent of children with disabilities are covered by services, including non-residential services. Even though children with disabilities have the right to education within the general education system, at this moment they enjoy this right sporadically, because of the poor physical facilities available at these institutions for the disabled, a lack of special furniture, equipment and school programs etc. Discrimination and exclusion, and a culture that promotes the institutionalization of children with disabilities, greatly contributes to the fact that they are either sent to boarding schools, where they are provided with second-rate education, or they do not receive any education at all. In the opinion of managers of non-governmental organizations active in the field of disabled rights, there is not even one general (unspecialized) school in Moldova with an infrastructure that would allow access to at least people with locomotive disabilities. At the same time, a disabled person's chances of benefiting from school and professional education is very subjective, depending greatly on the person's efforts but also on the social, moral and economic possibilities of his or her family (see box 4). It should also be underlined that many children who are in auxiliary schools (for children with disabilities) do not suffer from any disability.

The representatives of human rights NGOs say that current legislation does not prohibit but also does not encourage the inclusion of children with special needs in general schools. The Law on social protection of the disabled, for instance, provides that "Disabled persons [be] enrolled in general, vocational and higher education in general education institutions and, if necessary, in special education institutions". On the other hand, the Law on Education and the Law on the Rights of the Child mention the education of disabled children only in the context of special education. These provisions of the national legislation contradict the requirements of the UN Convention on the Rights of the Child. Due to this extremely permissive legislation, some school directors refuse to enrol disabled children. In addition, a very recent study shows that 95% of parents do not want children with disabilities in their children's classes[23].

With regards to Roma, there is a significant difference between the levels of education and literacy of the Roma and non-Roma population according to data provided in a study conducted in 2007[24]. Thus, one in five Roma cannot read or write and the proportion of Roma who are college or university graduates is only 4 percent compared to 38 percent in the non-Roma population. Although the Government has taken steps to address the problem of low enrollment rates and school

[23] Early Childhood Development Knowledge, Attitude and Practice Study, UNICEF, to be published September 2010.
[24] Roma in the Republic of Moldova, UNDP, 2007, p.59

Box 4. Access to education for children with dissabilites

Once diagnosed as having "special needs", a Moldovan child has little chance of integrating into society. The education system provides a single option for this category of children — special schools, institutions that keep them away from their families but also the rest of the world. Parents who choose to enroll their children in schools in their communities have to confront many obstacles: the access to the institution, the directors' refusal to enroll them, a lack of special education programs and many more. According to the NGOs active in the domain of children's rights, about 90 percent of disabled children are deprived of the right to attend school.

A study conducted by the Motivation Association in three distrcts of Moldova reveal that more than half the respondents did not or do not have access to education, whether general or special. Yet this happens in a country where primary and secondary education is compulsory. Also, only 2 percent of disabled children say they have friends they communicate with. The others refer only to family members and relatives.

The number of children with disabilities who attend community schools numbers several hundred in the entire country. Home education, proposed by authorities for children with such problems, is a partial solution, specialists say. Staying home, these children are deprived of communication, which is even more important than education. "The school is not only about gaining academic knowledge, it teaches us to live together, to cooperate, to find our way in life. School is a minimized model of society, in which the child learns to interact,"", says Viorica Cojocaru, director of the "Speranta" (Hope) Day Center.

One of the reasons why disabled children do not attend schools is the resistance of the school directors. In spite of the fact that the UN Convention on the Rights of the Children provides for special assistance and education for children with special needs, this international document is not an argument convincing enough for some school managers, who find a whole range of reasons to avoid enrolling a disabled child in a community school. The directors either advise parents to enroll their children in a boarding school, or suggest they resort to home education.

All over the world, children with special needs study together with the other children in so-called inclusive classes. According to a UNESCO definition, inclusive education is a type of education adjusted and individualized to fit the needs of all children within classes, bringing together children with different needs, capacities and competence levels. In Moldova inclusive classes are very rare. The few existing classes were opened with the insistence and efforts of parents, who wanted to offer their children a chance to integrate into society. The Ministry of Education admits that the process of organizing inclusive education is at its initial phases. Agnesa Eftodi, head of the Pre-School Education and General Education Division of the Ministry of Education, believes that the educational system of our country is not yet prepared, in terms of infrastructure and attitudes, for the proper implementation of inclusive education. "Although 70 percent of the teaching staff point out that there are children with disabilities in their schools, only half the teachers think that these children should study in community schools. At the same time, one in three students of the upper grades does not agree with the statement that children with disabilities should be able to attend their school", the Sociological Study "Basic Education in Moldova", conducted in 2008, shows.

Source: Journalistic Investigation Centre, with the support of UNICEF, 2009, http://www.investigatii.md/index.php?art=403

dropouts, the situation regarding Roma's access to education is still problematic.

In order to solve the problems Roma children face, the Ministry of Education has embarked on a series of activities in cooperation with non-governmental organizations, including identifying cases of non-attendance at school, providing direct support for children facing difficulties in attending school, mobilizing public opinion and raising awareness of the problems these children face, developing a legal and regulatory framework for the organization of the activity of Sunday schools, introducing a course on the "History and Culture of Roma" in schools of communities with concentrated Roma populations. These activities, though, did not produce the expected results, proving that the situation requires new approaches, based on both wider involvement of Roma and non-

Roma families and communities as well as raising the awareness of teaching staff.

A rigorous analysis on the impact of the economic crisis on the progress towards the Millennium Development Goals in the domain of education has not been carried out, but its effects are likely to be negative. Indeed, the fall in the population's income as a result of the crisis could limit vulnerable people's access to education, especially in the light of the gradual increase in the official and unofficial cost of studies. What is certain, though, is that the economic crisis has a 'human' component and could degenerate into a social crisis in the absence of the appropriate measures for protecting vulnerable categories of people. Among other things, the issue of children left behind by migrating parents has to be addressed, so as to maintain their school enrollment, attendance and adequate academic performance, and to take proper care of their psycho-social needs. Particular attention needs to be paid to ensuring the reintegration of children of returning migrants, which can face challenges related to their absence or entering the Moldovan school system for the first time. In line with the above, a very important measure was the approval in Government Decision no. 290/15.04.2009 of the rules on issuing the certificate that keeps the record of the child in Moldova while their parent, guardian or trustee (a Moldovan citizen) , is employed on a provisory basis abroad. An important step forward in ensuring child protection is the initiation of negotiations on the cooperation agreement with Italy on the protection of unaccompanied or children in difficulty who are Moldovan citizens and are identified while in Italy.

Conclusions and recommendations

Despite the fact that public allocations almost tripled in real terms from 2000 to 2008, the quality of the education system and the accessibility of education are still low. Moreover, there are serious discrepancies between the coverage in urban and rural areas with pre-school and general compulsory education, villages registering the lowest enrollment rates.

Each child's guaranteed access to education is restricted in practice because of a lack of educational institutions, the poor condition of school buildings and equipment, inadequate teaching methods, the inadequacy of integrated services for vulnerable children, child poverty resulting in malnutrition, a lack of clothing and school supplies, a lack of properly trained teaching, administrative and technical staff, especially in the rural education institutions, and the costs parents have to bear for sending their children to school.

Analysis of the progress towards the MDG shows that the quality of education in Moldova limits enrolment to educational institutions. The poor condition of the pre-school institutions and schools, the lack of teaching staff, the quality of teaching which is insufficiently adapted to modern requirements are just a few of the obstacles s which stand in the way of access to education in general and general compulsory education in particular. At the same time, besides the public policies implemented by the Government with the support of its development partners in the domain of education, enrolment and attendance is also dependent on the socio-economic situation in the country.

Another important aspect that directly influences enrollment and attendance rates in educational institutions at all levels, beginning with early education, is their strong connection to the parent's knowledge, attitudes and habits regarding the supervision, education and healthcare of their own children. Thus, according to a study conducted in 2009 with the support of UNICEF relating to the knowledge, attitudes and practices of parents, a

considerable numbers of Moldovan parents have a poor knowledge of the health and education of their children. Parents and caregivers who have a high level of education and welfare employ better care-giving practices than poorer families, which proves it is necessary to focus on vulnerable families, including Roma. Parenting skills should be improved especially among young parents, those from rural areas or those from vulnerable families, bearing in mind that parents who lack the knowledge and skills for taking care of their children are incapable of offering them the necessary conditions for adequate development. As a result of parents' lack of knowledge and skills, their children are poorly prepared for school, which affects their performance and attendance in the future.

However, the promotion of relevant and efficient educational policies, which would take into account the interests of the vulnerable children, is hard to accomplish without complete and reliable statistical data. The differences between the statistical data obtained from different sources, the lack of detailed indicators reflecting the performance of each student, each teacher and each institution, the insufficient disaggregation of the currently used indicators, all of these create serious obstacles in the implementation of results-based management of education.

The current record system of pre-school and school-age children managed by the Ministry of Education is imperfect, the data on the pre-school and primary education enrolment being estimated and provided upon request only by NBS. This defect could be determined by a range of factors: i) the high percentage of children enrolled in primary schools at an early age (6 or even 5), which reduces the pre-school enrollment rates of 6 and 7 year-olds; ii) the number of 7 year-olds who, according to the legislation, should have been enrolled in the first form but who continue their education in the pre-school institutions, which decreases the primary education enrolment rates; iii) the pupil's mobility between the primary and gymnasium education, which distorts the enrollment rates in both cycles; and iv) the possibility of flawed population records in mayoralties. Yet, without data on certain indicators, it is impossible to follow the progress towards the achievement MDG and to make conclusions on the access and enrolment of children in education.

In order to make an advance in achieving the MDGs in the field of education, measures should be taken not only to improve the quality of education, but also to redress the social economic situation in the country. Broadly speaking, the following actions in the domain of education should be considered:

- Continue optimizing school networks and introduce an adequate financing structure by consolidating the legal framework, in order to resolve the disparities in access to quality educational services and increase the level of responsibility of all authorities in the domain of child education in order to prevent and counter non-attendance and dropouts;

- Develop/revise the main education development policies in compliance with advanced European practices directed towards guaranteeing access to pre-school and compulsory education for all children, with specific focus on children most at risk of exclusion and on inclusiveness;

- Continue to promote measures directed at increasing participation in education, including by providing free-of-charge schoolbooks and meals and creating Community Centers and renovating pre-school institutions

that are in poor condition in order to cover those 25 percent of children from all over Moldova who do not have access to early education institutions; a cross sectoral collaboration between the education and the social sectors would benefit the most disadvantaged children;

- Invest in comprehensive community programs to promote early education accessible to all children and families, starting with education before conception and prenatal education and care-giving, continuing with programs to educate parents that are integrated in pre-school institutions and the child protection system;

- Solve the problem of children left behind by migrant parents, by ensuring enrollment, attendance and academic performance, as well as the necessary psycho-social assistance and other support as needed;

- Provide special attention to educational enrollment of the Roma children and children with disabilities, as these two categories are particularly prone to exclusion;

- Provide reintegration assistance to migrant children returning to Moldova;

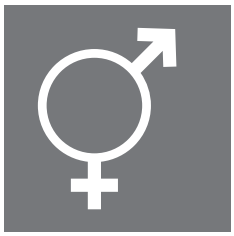
- Improve the legal framework for raising the responsibility of all stakeholders involved in the domain of child education in order to prevent and counter non-attendance and drop-outs; mandate social working and education staff to work together to ensure enrollment and attendance of all children;

- Improve the quality of the teaching staff and improve the school curriculum and standards;

- Improve education statistics and ensure permanent monitoring of the MDG indicators in the domain of education, including collecting data disaggregated by gender and age-group;

- Adequately compute and monitor the rate of school drop-out and the rate of children who successfully complete compulsory education;

- Adjust the education system at all levels to the new conditions, bearing in mind the demographic tendencies. ■



GOAL 3: Promote gender equality and empower women

Introduction

In recent years, gender equality has become a major concern for Moldova's Government. The Government has tried to promote equal opportunities for women and men through different actions. By signing and fully committing itself to achieving the MDG, Moldova reiterated at both national and international level its interest in achieving gender equality, besides other major goals. Moldova's adoption of the MDG brought new impetus to invigorating the activities for promoting gender equality, both in the governmental and the non-governmental spheres. This led to approaching more sectors and domains of activity form the gender perspective and the extension of women's presence in different activities, to which their access was previously restricted. At the same time, the problems pertaining to the achievement of full gender equality persist. The greatest disparities are related to horizontal and vertical gender segregation: women are mostly employed in poorly paid sectors and occupy lower positions in any of the considered domains. In a way, the achievement of this goal will facilitate the accomplishment of all the other MDGs, since all the goals are related, in one way or another, to the roles of women and men in society and in the family.

General tendencies

Moldova's Constitution stipulates that women and men are equal before the law and public authorities[25]. In reality, though, the legislation in the domain of gender equality is only declarative, partly because of the way traditions and customary perceptions see the role of women in society. In 2009, women held only 24.7 percent of seats in Parliament. Although this figure shows both a short- and long-term positive dynamic (it was 7.9 percent in 2000 and 21.8 percent in 2008), this level of representation of women is not sufficient for ensuring the equality of seats between the two sexes.

Currently[26], out of a total of 70 people who make up the Cabinet of Ministers and hold managerial positions in institutions representing governmental authorities, only 11 are women (representing a proportion of 16 percent compared to 84 percent men). Of these, only one minister is a woman and the other six are vice-ministers. Only 18 women hold the office of directors of an institution subordinated to a ministry while men hold 104 such positions (representing a ratio of about. 15:85).

In 2003, women chaired only 10 percent of the district councils and were mayors in only 15 percent of the mayoralties, while in 2007 the respective figures increased to 13.2 percent and 18 percent. In 2008, as result of the 2007 local elections, the representation of women in district councils improved (16.9 percent), while in mayoral seats it slightly decreased (17.4 percent).

[25] Article 16 (2), Constitution of the Republic of Moldova.
[26] The data reflects the situation in February 2010.

Box 5. Revision of MDG targets on gender equality and empowerment of women

Even though the MDG target proposed on an international level relates to the elimination of gender disparity in education, a large number of states for which this problem is not relevant have established specific targets in the context of national development. It is also the case of Moldova where this problem is not that serious. The problem however lies in the fact that while many women graduate from the education system, the jobs and, consequently, the salaries they earn later are inferior to men's . At the same time, the first MDG target established in 2004 aimed to expand women's participation in social life. This target was very general and did not highlight dimensions which require a special approach from the gender perspective. Therefore in 2007, through the MDG, the Government decided to highlight the importance of economic and political opportunities for women, the expansion of their presence in decision-making structures, including at the level of local public authorities, as well reduce the disparity in the salaries earned by women and men.

Assessment of the progress towards the MDG

TARGET 1. *Increasing women's representation in decision-making positions. Increase the representation of women at decision making levels (from 26.5 percent in local councils in 2007 to 40 percent in 2015, from 13.2 per-cent in district councils in 2007 to 25 percent in 2015, from 18 percent women mayors in 2007 to 25 percent in 2015 and from 22 percent women MPs in 2005 to 30 percent in 2015).*

Increasing the political participation of women in governmental structures is considered to be one of the basic methods for improving the gender balance in society. In reality, the representation of women in the decision-making process is very uneven and depends on the administrative level and the political events that occur each year.

At the level of local public authorities, women did not expand their representation in leadership structures. So in 2009, the proportion of women in mayor positions was 17.4 percent, slightly lower than in 2007 when this proportion was 18 percent (before the local elections in June 2007), but better than in 2004, when the proportion of women mayors was 14.8 percent. Regarding women holding the position of district president, their number did not change compared to 2004, meaning that presently only one woman (3.1 percent of the total) is district president (Falesti). At the district level, the only position where women outnumber men is the one at the bottom of the hierarchy – consultant/ specialist (68.4 percent are women). Of the total number of heads of departments/divisions, 47.3 percent are women, which makes the gender distribution more balanced on this level.

At the level of councilors, the number of women increased. The proportion of women in the position of district councilor rose in 2009 to 16.9 percent of the seats, compared to 13.2 percent before the local elections in 2007. The situation also improved in local councils, where the share of seats occupied by women was 28.7 percent in 2009, in contrast to 26.5 percent in 2007.

At the legislative power level, the current structure is more favorable for women. The number of women lawmakers rose from 22 percent in 2005 to 24.7 percent in 2009; 26 women entered the 18th legislature of the Moldovan Parliament which was elected on 29 July 2009, and 25 seats are currently held by women Parliament's leadership is formed exclusively of men (4 persons), while only two women sit in the Parliament's 12-strong Permanent Bureau. Of the five parliamentary factions, only one is chaired by a woman, while one other party has a woman as vice-president. Of the five independent lawmakers two are women. The current Parliament has nine permanent commissions, two of them headed by women, and there are four women vice-presidents.

In Transnistria, out of a total of 42 lawmakers four are women, who are also involved in the activity of five parliamentary commis-

sions (out of a total of nine). The governing bodies of Transnistria's Supreme Committee are formed exclusively of men, while the Apparatus of the Supreme Committee is staffed only by women. Of the 12 ministers, three are women. There are three women out of the 12 presidents of local administrations. The leadership of the Supreme Court of Justice is formed f four people: two women and two men, while the Council of the Supreme Court of Justice is formed of five members, including two women.

In the central executive of Moldova, the following trend can be noted: even though at the level of the Ministries and other central authorities there is gender parity in the distribution of salaries and even of high-ranked positions, the higher you go in the hierarchical structure of decision makers the fewer women you finds compared to men. Fewer than 20 percent of the vice-minister/vice-director positions and 26.7 percent of minister/director positions are held by women.

Even though the representation of women in district and local councils, as well as in Parliament is increasing, their place in the decision-making structures cannot be forecast, depending largely on the way each political party perceives gender parity related issues. However, given the increasing number of women involved in decision-making, if this growth tendency is maintained or improved, it is possible that the MDG targets for 2015 could be achieved. At the same time it should be mentioned that the lack of provisional regulations – affirmative actions – on the political participation of women and their representation in the decision-making process determines a certain risk for the achievement of MDG targets by 2015.

It is also important to point out that, besides the figures illustrating women's participation in the decision-making process, it is fairly difficult to assess their real involvement in the de facto decision-making. This supposition is even more relevant with regards to the women participating in politics, often promoted based on the membership and loyalty towards the party. The same is the situation of women lawmakers due to the lack of research that would analyze the performance of women and men lawmakers, there is no way we can assess to what extent the voices of women are listened to and taken into consideration.

According to the Recommendations of the Committee on the Elimination of Discrimination against Women, the state of Moldova should implement measures in order to increase the number of women who represent the Government of Moldova at the international level (diplomatic missions or international organizations). In January 2009, in those 33 diplomatic missions of Moldova, women occupied only seven positions as chief of mission. And as a result of the diplomatic nominations in 2010, the number of women who are chiefs of diplomatic missions appeared to decline further. According to official data, the number of women occupying administrative and technical positions in embassies is twice the number of men. In 2000 there were 46 women and 23 men occupying administrative positions; in 2001 there were 49 women and 24 men and in 2002 there were 51 women and 26 men.

TARGET 2. *Reduce gender inequality in employment. Reduce gender equality on the labor market through reducing the disparity between women's and men's salaries by at least 10 percent by 2015 (given that the average monthly salary of women represented 68.1 percent of the average salary of men in 2006).*

The principle of equal pay for equal work has become largely accepted and is reflected in several ILO conventions. However, the difference in the income of men and women is still one of the most persistent forms of gender disparity on the labor market in several regions of the world, and Moldova is no exception.

The discrepancies between the salaries of men and women have decreased over recent years (see Chart 8). Thus, in 2009

the average monthly salary of women was 76.4 percent of the average salary of men (in 2002 this proportion was 75.7 percent). These differences are conditioned by the fact that women, in most cases, either work in less-well-paid domains (traditionally considered feminine occupations) like education, healthcare or services, or occupy low-paid positions (i.e. subordinate jobs with no managerial tasks/prerogatives).

The greatest proportions are registered with women working in the domain of fishing and pisciculture (125.2 percent), transportation and communications (89.5 percent) and the real estate market (89.3 percent), the smallest being in industry (71.2 percent), public administration (75 percent) financial activities (76 percent), and trade (79.2 percent). At the same time, from 2002-2009 the average salary of women as a percentage of the average salary of men had significantly changed in several domains. In industry, this percentage fell from 85 percent in 2002 down to 71.2 percent in 2009, and on the real estate market from 105.6 percent to 89.3 percent

As mentioned, salary differences are due to the fact that in Moldova there are fewer women in high management positions. For instance, in education, where women outnumber men (74.3 percent of the personnel in 2009), the average monthly salary of women represents only 82 percent of the average salary received by men. It can therefore be inferred that here also the best-paid jobs, meaning the management positions, are held by men. In public health and social assistance, where women represent 79.9 percent of the employees, they receive an average of 76.4 percent of the average salary of men employed in the same domain.

Turning to the employment of women in general, the situation in Moldova is complex. No important gender disparities were registered among the economically active population in 2009: the number of men employed being almost equal to the number of women (with shares of 50.5 percent and 49.5 percent , accordingly, in total number of the economically active population). The same is true of the gender distribution of the employed population. However, the employment rate among the population for 15 years and more is higher among men than women (42.6 percent compared to 37.7 percent respectively), both declining dramatically in comparison with 2008, due to jobs shedding and migrants returning back in the context of economic recession.

According to data provided by Moldova's National Bureau of Statistics, women represented 38.7 percent of the total number of managers and high officials in public administration, economic and social units in 2009, while 62.6 percent of women are involved in intellectual and scientific occupations. Per capita Gross Domestic Product (in PPP terms) is US$2,118 for women and US$3,357 for men (these data are for 2008[27]). The majority of women employed in 2009 were wage earners (74.5 percent, compared to 0.7 percent who managed their own business and 24.8 percent who were self-employed).

With regards to the percentage of men and women by economic activities, the greatest differences are registered in the construction business, where 88.1 percent of its employees were men and only 11.9 percent were women in 2009 (see Chart 9). Another significant difference between the proportion of men and women is in transportation and communications, where 74.3 percent of employees are men and 25.7 percent are women. The situation is the other way around in public administration, education, healthcare and social assistance where men (30.8 percent) are greatly outnumbered by women (69.2 percent). Women in Moldova are mainly unskilled agricultural workers (14.7 percent), workers in the sphere of services and trade (19.4 percent) and highly qualified specialists (17.3 percent).

[27] See methodology of calculating gender-disaggregated GDP per capita in UNDP-Moldova, National Human Development Report 2009, November 2009.

Source: National Bureau of Statistics of the Republic of Moldova.

According to national legislation, women are prevented from practicing certain jobs in harmful or dangerous conditions in compliance with a Government decision of 1993[28]. This decision prevents women from practicing founding, welding, thermal pressing, smithing, and locksmithing etc. and lifting weights over 10 kg (22 pounds)[29]. The Labor Code also prevents pregnant women and women on maternity leave, and those who have children under three from going on business trips.[30] Yet these provisions are discriminatory will be abolished. In 2009, an expert group developed a set of improvements to the Labor Code from the gender perspective, which has been discussed with the ILO international experts and presented to social actors. As of mid-2010, the draft law on amendments to the Labor Code was still being consulted with the ministers and social partners.

Despite the smaller remuneration of women's work, their income is of more importance fore supporting their families, with or without children, because women are more likely than men to use their money to purchase food, education and healthcare services, which are crucial for the welfare of children.

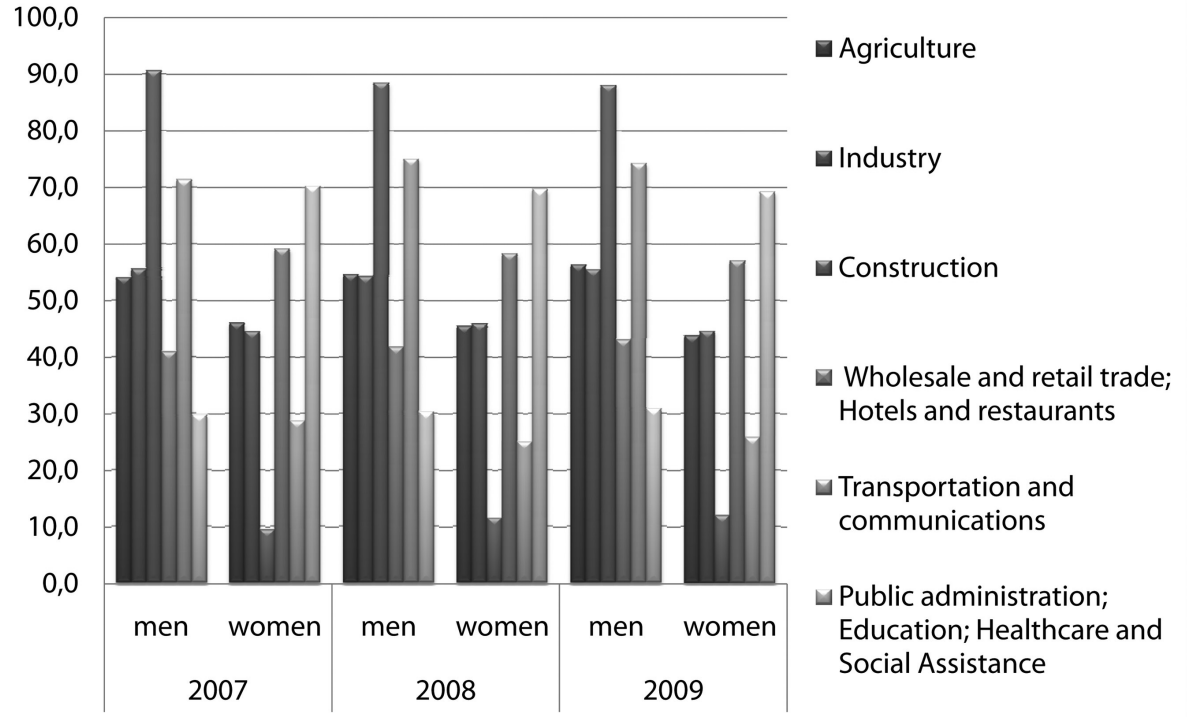
Impact of public policies on the equality of opportunities

The recognition of the importance of equality of opportunities and the empowerment of women is explicitly expressed in the international commitments undertaken by Moldova (e.g. signing CEDAW, Beijing Platform, certain ILO conventions), as well as in the direct actions implemented by the Government in order to achieve gender equality (e.g. adoption of the Law on the Equality of Opportunities between Women and Men, the Law on the prevention and countering of family violence, etc.).

National legislation stipulates that at the hiring stage there is no discrimination between men and women. Law no.102-XV of 13 March 2003 regarding Employment and Social Protection of Persons looking for Employment stipulates that services relating to employment, protection of

[28] Government Decision no. 264 of 06.10.1993 on works prohibited for women.
[29] Art. 249, Labor Code of the Republic of Moldova, Law No. 154-XV of 28.03.2003.
[30] Art. 248(1), Labor Code of the Republic of Moldova.

Chart 9. Proportion of men and women by employed domain, %



Source: National Bureau of Statistics of Republic of Moldova.

dismissal and professional reintegration, professional orientation and training be provided without gender-based discrimination. Thus, the law expressly says that "when applying the provisions of the current law any discrimination on the criteria of race, nationality, ethnicity, language, religion, sex, opinion, political views, property or social origin is excluded"[31]. Moreover, people who resort to employment agencies benefit from employment assistance, professional training and orientation regardless of their sex. However, representation of women in the decision-making process is not regular. This is also due to the low representation of women on the parties' electoral lists (see Box 6).

The gender problem is also present in certain national documents and development plans (e.g. the National Development Strategy, the National Human Rights Action Plan, etc.). Moreover and most important, the Governing Plan incorporates the commitment of the current Government in the domain of gender equality, detailed in objectives and relevant activities.

Of particular importance is the support and assistance provided by certain international organizations in promoting gender equality in Moldova (UNIFEM and other UN agencies, SIDA, etc.). The role of the country's development partners is crucial to achieving progress in this domain from both points of view – that of financial support and that of informational assistance and experience. The achievements of civil society in this area are also very valuable, with many specialized NGOs implementing projects and initiatives that have substantial impact on the private sphere (family, relationships within the couple etc.), as well as in the public sphere (political, economic and social domains). The interventions promoted by civil society would be even more visible and far-reaching results if the Government's commitments in the fields of cooperation and consultation with civil society on public policy projects would be respected.

Following the implementation of the new remuneration system and

[31] Article 8, Law no.102-XV of 13 March 2003 on the Employment and Social Protection of Persons looking for Employment

Box 6. Representation of women on electoral lists

Analysis of the 2009 Parliamentary Elections based on the data provided by the Central Electoral Commission shows that, in general, the elections were held within a framework of respect for democratic values and the entire activity of the Central Electoral Committee was conducted on the basis of respect for the legal framework, including those aspects of it that related to gender equality. An analysis of the lists of candidates for the positions of members of the Moldovan Parliament in the elections held on 5 April 2009 reveals that out of a total of 1,386 persons in the lists, 409 were women. Also, among those six registered independent candidates there were 2 women. Almost the same proportion is maintained on the lists for the early Parliamentary Elections held on 29 July 2009. Thus, of the 996 registered candidates, women 303 or 31.3 percent. During the parliamentary elections on 5 April and 29 July 2009, the proportion of women in the electoral bodies at the level of district electoral councils was 42.3 percent. Forty-six women or 43.8 percent were elected as presidents, vice-presidents or secretaries of district electoral commissions on the second level.

An examination of the last four parliamentary elections held in Moldova shows that each time women were under-represented, their percentage varying from 15.7 percent (1998) to 29 percent (2005). In addition, the following aspects have to be pointed out: i) the percentage of women on the lists registered a continuous increase, marking significant progress since the elections in 1998 to those in 2005, when this figure almost doubled (from 15.7 percent to 29 percent in 2005); ii) in the 5 April 2009 elections the share covered by women on the lists of candidates (12 parties and 5 independent candidates) was of 27.7 percent, slightly lower than the level registered in 2005 (29 percent); iii) in the early elections of 29 July 2009, the proportion of women in the lists increased compared to April, reaching 28.5 percent It was, however, lower than the maximum level registered in 2005. Apparently, the elections held in 2009 did not follow the growing trend of previous years and there was even a fall in the number of women on the candidate lists, suggesting that the enthusiasm for and commitment to egalitarian principles have weakened. It should also be pointed out that the position of women in the lists is unfavorable, and as is the case with the proportion of women in the lists, this indicator followed a positive trend in the first three elections, while in 2009 it started to decrease.

In this context, the average position occupied by a man in the list is five to 10 positions nearer the top. This difference had significant evolution. In the 1998 elections the difference was 10 positions (the average position for male candidate was in 46th position and 56 – for women). In the 2001 election, the difference fell to 8 positions, to five 2005, six in April 2009 and 8 in July. Women are almost absent from the top of the lists (first position). In 1998, top positions were occupied by women on the lists of two out of 15 parties, while in 2001 no women headed the lists. In 2005 there was one female leading the list, compared to two in April 2009 and none in July. The percentage of women in the first five positions rose significantly from 5.3 percent i 1998 to 21.7 percent in April 2009, while in July a decrease was registered again when only 10 percent of the top 5 positions were occupied by women.

Source: Partnership for Development Center. Gender Equality in the 2009 Parliamentary Elections, Chisinau, 2010. (the monitoring was conducted within the "Progen – Elections 2009" Alliance by a group of specialized NGOs)

the increase in the level of the minimum wage, on 31 December 2008, an increase in average monthly salary for economy up to 2,529.7 lei was achieved, 9 percent more in real terms than in 2007. In 2009, the nominal wage increased further to 2,747.6 lei, again, rising 8.6 percent from 2008. It is worthwhile noting that this increase was the reflection of the growth of public workers' salaries whereas in the real sector, salaries declined in real terms, due to the economic recession. In the budgetary sphere, the average salary in 2009 was 2,406.5 lei, representing 123.1 percent of the level of the previous year.

At the same time, the postponement of the increases to teacher's salaries offered in the Economic Stabilization and Recovery Plan for 2009-2011, though fully justified by the shortage of money

in the state budget as a result of the worsening of the economic crisis in Moldova, could contribute even further to the growing discrepancy between the salaries of women and men, due to the higher concentration of women in the education sector. Another factor that contributes to this difference may be the implementation of the Law on the Public Office and the status of the Public Servant, which stipulates that people fulfilling administrative functions are not public servants. The remuneration of this category of persons, who are mostly women according to statistics, will therefore be substantially reduced.

Conclusions and recommendations

Significant gender disparities in terms of opportunities and retribution are a problem confronted by most of the countries of the Commonwealth of Independent States, as well as the countries of Central and Eastern Europe. The problem is also common to Moldova. Despite the reasonably high presence of women on the labor r market of Moldova, they are employed in so-called 'feminine' jobs as a rule, meaning areas which represent, in some way, a continuation of their activities at home: education, healthcare, services etc.

Although the Moldovan Government has made efforts to improve the situation in the country in gender equality and the empowerment of women, it is still hard to discern any tangible progress. In this way, even though women enjoy the same rights in employment, they represent a relatively vulnerable group on the labor market. Also, despite certain progress in the representation of women in decision making in general, the situation is still critical: women are a vulnerable group, and are liable to be affected by poverty. They are more frequently victims of violence, human trafficking, illegal migration, sexual harassment in the workplace and discrimination.

In spite of the fact that in recent years women are better represented at the level of high political forums, their opinions do not necessarily carry the same weight as the men's opinions, and this is caused by gender traditions, the attitudes of colleagues and the population, with regards to women in general and to women in politics, in particular.

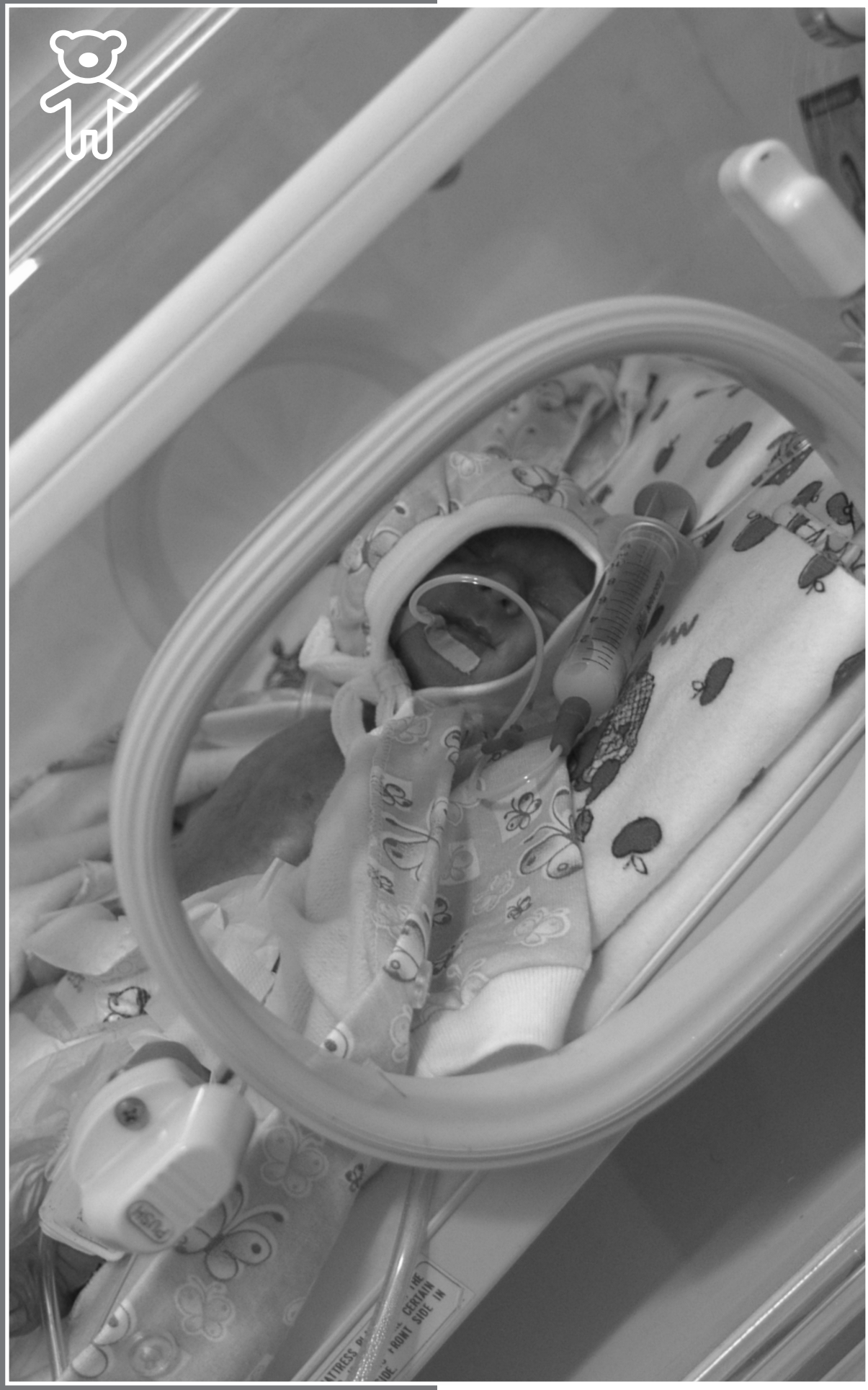
Therefore, without a coherent approach, gender equality will a very difficult target to achieve. This is why it is necessary that the Government together with society should initiate a process of rethinking and reconsidering the concepts of good governance and development from the gender equality point of view. This process should be focused on the gender problem, at all stages and in all domains, concerning both participation and benefits. Only through such an approach can ideas of good governance and development be properly understood and successfully implemented in Moldova.

Given that gender equality and the promotion of women are not included in all phases of the national-level processes, Moldova needs a more intense, more coherent and firmer approach from all parties involved in the decision-making process. In this context, the following actions are recommended:

- Implement fully the commitments undertaken in the context of international agreements on gender issues, including the conclusions of the CEDAW Committee on the integration of gender equality, as a central indispensible aspect, in the planning, implementation, monitoring and evaluation of public policies and on offering special support to women;
- Implement the National Programme for Ensuring Gender Equality (2010-2015) and the Action Plan for 2010 -2013;
- Strengthen institutional mechanisms in the field of gender equality (i.e. the Equal Opportunity and Violence Prevention Department within the Ministry of Labor,

Social Protection and Family, including by creating gender councils in the ministries, and units at the local level);

- Amend labor legislation in order to guarantee equal rights for women, including in the domain of labor protection;
- Promote cooperation between the Government and civil society, including representatives of organizations specialized in the promotion of equal opportunities ity of chances, in the process of development of public policies, as well as in implementing activities in the domain;
- Increase the awareness of Moldova's population regarding the commitments undertaken by the Government in the context of MDG, particularly related to gender;
- Apply affirmative measures in order to increase representation of women in decision-making bodies, at local and central levels;
- Develop social policies focused on reconciling work and family life and specifically on increasing the number of men taking childcare leaves. ■



GOAL 4: Reduce child mortality

Introduction

The difficulties of transition and the multiple crises that the Republic of Moldova has gone through in recent years have had an effect on vulnerable segments of the population, with children among those that are the most affected. The issue of child health is a primary concern of the Government and has been incorporated into the Millennium Development Goals that were adopted at the national level. The child mortality rate, which the Government has committed itself to reducing considerably by 2015, serves as a litmus test for the quality and the accessibility of healthcare services for the population, and for the level of general knowledge of parents in regards to childcare. It is thus directly related to poverty. Although sustained efforts on the part of the Government have contributed to a continuous decline in the infant mortality rate over the past few years, continuous measures are necessary for the existing positive trends to be maintained.

General tendencies

The dynamics of perinatal deaths has undergone significant changes over the past 19 years. From 1990 to 2009 perinatal mortality dropped from 19 of each 1,000 live births to 13 for each 1,000 live births in the 1 kilogram (2.2 pound) or above birth weight category. The rates in perinatal mortality has varied. There were two periods when there were significant drops: between 1975 and 1999, when infant mortality fell by 56.1 percent, and from 2000 and 2009, when it fell by 34.9 percent.

The analysis of the structure of infant mortality from 2000 to 2009 shows a high level of early neonatal mortality. The share of neonatal mortality cases in total infant mortality cases has grown from 46.4 percent in 2000 and 51.5 percent in 2009, the increase being driven partly by the switch to registering children born after 22 completed weeks of gestation and with a birth weight of 500 grams (1.1 pounds) or more.

The mortality rate for children under five years continued to decline from 2000 to2004, and was generally higher in rural areas than in urban ones. Following a subsequent reduction of that rate in 2006, the mortality rate for children under the age of five years rose n (reaching 14.4 for each 1,000 born alive) from 2007 to 2008, and remained almost unchanged in 2009 (14.3 for each 1,000 live births).

Vaccination against measles has not been carried out continuously in Moldova. In the pre-vaccination period, 23,000 cases of measles (representing a rate of 845 cases for a population of 100,000) were registered. The vaccination of children in 1961-1962 reduced the relevant mortality indicator by 95 percent. The last measles epidemic in the country occurred in 2002 and it was stopped at that time by conducting a nationwide massive vaccination campaign. From 2006-2008 some 12 cases of measles were recorded each year on average. In 2008, the number of registered cases of measles fell to zero. This achievement is due to the implementation of the Vaccination Program which has ensured that since 2006 over 95 percent of children up to the age of two receive the initial anti-measles vaccination (a combined vaccine against measles, mumps and rubella) and a re-vaccination at the age of seven at a national level.

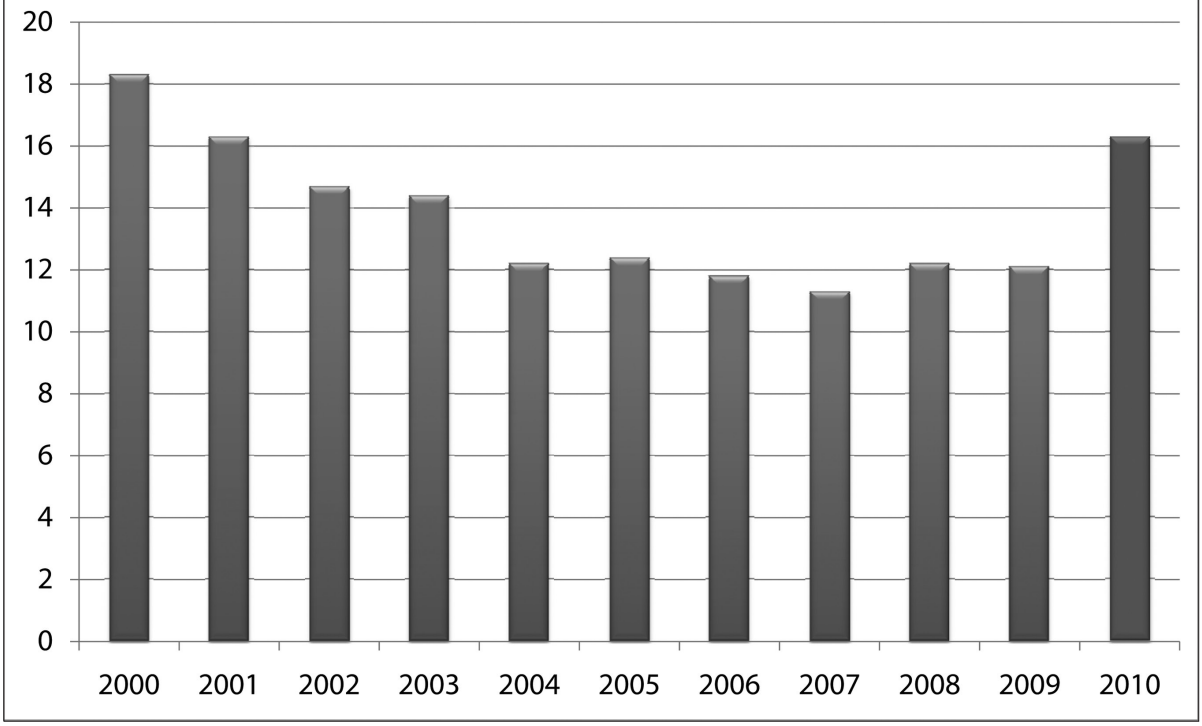
Assessment of the progress towards the MDG

TARGET 1. *Reduce infant mortality from 18.5 (per 1,000 live births) in 2006 to 16.3 in 2010 and 13.2 in 2015.*

Starting in 2008, the implementation of the new methodology of defining live births has, as expected, increased the rate of infant mortality for that year, which reached 12.2 cases for each 1,000 live births, compared to 11.3 cases in 2007. In 2009 the infant mortality rate remained almost unchanged – 12.1 cases for each 1,000 live births. At the same time, compared to h 2000, when infant mortality constituted 21.7 for each 1,000 live births, the situation in 2008-2009 has improved considerably (see Chart 10). These results place Moldova at the top of the list of countries for reducing the neonatal mortality rate. [32]

This particular discrepancy can be explained by the fact that in 2007, while the targets for infant mortality rate were under revision, the assumption was made that the data obtained as a result of the monitoring conducted by the Ministry of Health was undervalued, since medical institutions across the country were offering only partial data regarding the numbers of deaths among children. This assumption led the Ministry of Health to adjust the respective indicator, by increasing it to a value that seemed more realistic at the time. Later on, however, with the introduction of a new methodology for estimating that indicator and after obtaining in the end the new real numbers regarding the evolution of the mortality rate for children, it was concluded that the assumption regarding the underestimation of the data was faulty and that the data offered by the medical institutions was correct.

Chart 10. Infant mortality rate, cases per 1000 live births



Note: red color shows intermediary target-value of the indicator.
Source: National Bureau of Statistics of Republic of Moldova.

[32] The results of the Study have been published in the series of materials "Neonatal Survival" in the Lancet journal (March, 2005). The situation in the Republic of Moldova has been examined as part of a study analyzing neonatal mortality conducted by the Working Group Belagio concerning the situation in 74 countries as part of the group of countries with low or medium income. The obtained results of the Study suggest that only six of the countries included in the study have managed to reduce neonatal mortality in the past few years, the Republic of Moldova being one of them.

In this context, since the value of the infant mortality rate for the base year (2006) was overestimated, the targets for the years 2010 and 2015 were therefore underestimated. To explain, since the corrected infant mortality rate for 2006 was 13.9 cases and not 18.5 cases for each 1,000 live births, as previously believed, and in 2008 it actually constituted 12.2 cases for each 1,000 live births, the targeted rates for the years 2010 and 2015 of 16.3 and respectively 13.2 cases for each 1,000 live births were not good targets since they had already been achieved. In the new context, the Ministry of Health should commit to maintaining the infant mortality rate at the levels already achieved, preventing them from increasing either in the medium or the long term.

The mortality rate in the case of male infants has been traditionally higher than for female infants. The mortality rates for the two genders equaled out in 2007, at 11.3. In 2008 the mortality rate for female infants in urban areas increased from 2007, with 10 cases for each 1,000 live births, and in 2009 it dropped again to 9.5 cases for each 1,000 live births (compared with 9.4 cases in 2007 and 11.7 cases in 2006). The mortality rate for male infants in urban areas remains higher, with 12.3 cases for each 1,000 live births in 2008 and with 12.9 cases for each 1,000 live births in 2009. In rural regions the mortality rates for both female and male infants are higher than in urban areas. As in the case for the urban environment, the mortality rate for male infants is higher than the one for female infants in rural areas, reaching f 13.1 cases for 1,000 live births in 2008 and displaying a worrying 14.5 cases for 1,000live births in 2009. This is significantly opposed to the 12.4 cases of infant mortality for each 1,000 live births of r female infants in 2008 and 10.4 cases for each 1,000 live births for female infants in 2009.

There are various factors that shift or influence the infant mortality rate. Among those that continued to be important in 2009 were: factors connected to some diseases of perinatal origin (40.8 percent, up from 37.6 percent in 2008), congenital malformations (27 percent in 2009 and 32.1 percent in 2008), and diseases of the respiratory tract (13.2 percent in 2009 and 14.4 percent in 2008). The rate of infectious diseases has an oscillatory tendency and was 2.3 percent in 2008, rising to 4.1 percent in 2009; the rate of traumatic injuries and poisonings appears to be relatively stable representing 7.4 percent in 2008 and 7.1 percent in 2009. In conclusion, the biggest problems are linked to the health of the mother and the infant during pregnancy. It can also be concluded that insufficient monitoring of pregnant women, partly as a result of these women's migratory life-styles, represents one of the principal causes of mortality among children up to one-year.

There are deep inequities in access to the health system. Children from rural areas and poor families have a greater chance of dying before they reach 5. Out of pocket expenses, discrimination against some groups (people with HIV/AIDS, Roma, very poor people), the lack of health staff and infrastructure in some rural areas are all reflected in child mortality data. A child in a rural area has a 1.5 times higher chance of dying before the age of 5, than a child in an urban area. A poor child is nearly twice as likely to die before the age of 5, than the one from a wealthier family. Infants in the southern Moldova have the highest mortality rates of all Moldova, and children in Chisinau have the best chances of survival in their first five years. Undernutrition is also concentrated among poorer people. Families with less income spend 4.5 times less on food compared to better-off families. Anaemia affects poor women nearly twice as often as wealthier ones. Poor children have a 1.7 times higher chance of being anaemic before the age of 5, than the ones from wealthier families[33].

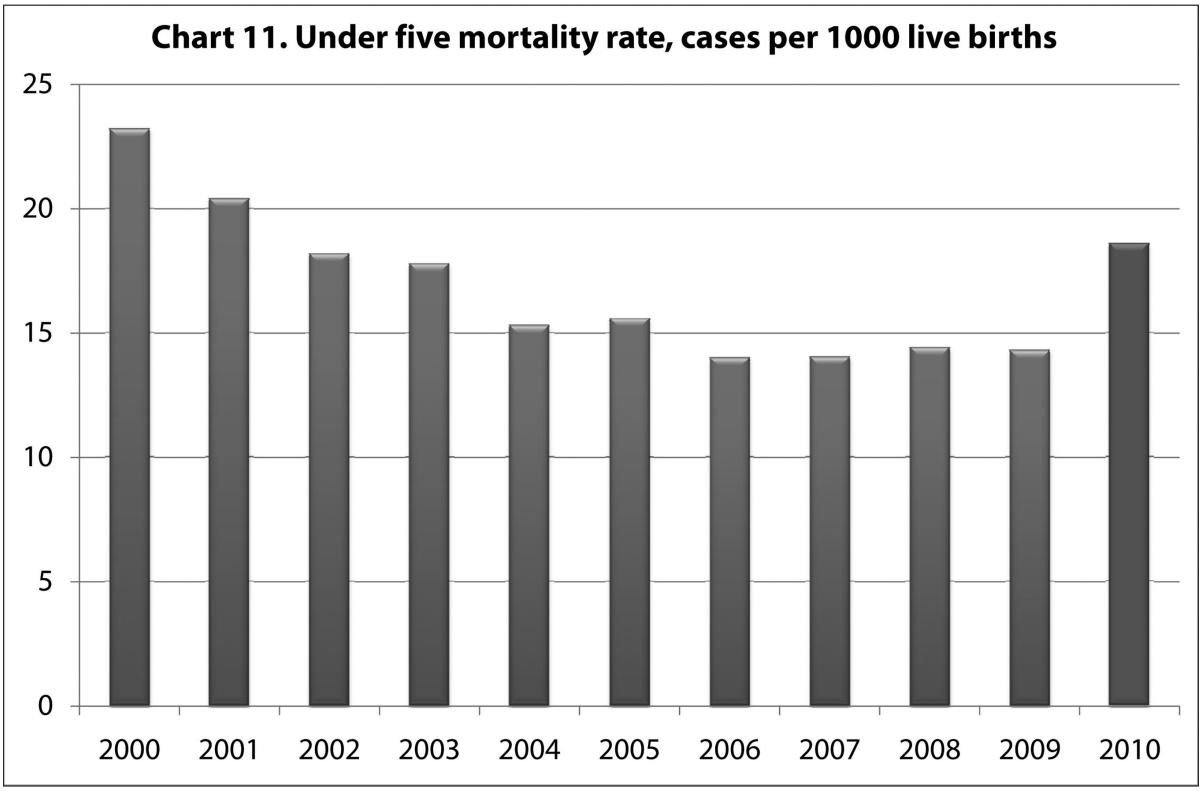
[33] Health Equity Analysis, PAS/UNICEF, July 2010.

TARGET 2. *Reduce the under-5 mortality rate from 20.7 (per 1,000 live births) in 2006 to 18.6 in 2010 and 15.3 in 2015.*

As with the previous indicator, using the new methodology for defining newborns has resulted in an insignificant increase in the 2009 and 2008 mortality rate of children aged up to 5 years old which constituted 14.3 and, accordingly, 14.4 cases for each 1,000 live births, compared to 14.04 such cases in 2007 and 14.0 cases in 2006. At the same time, compared to 2000 (23.2 cases), the mortality rate of children aged up to 5 old has decreased considerably (see Graph 11).

On the other hand, just as has happened in the case of infant mortality, the data available for 2006 regarding the mortality rate of children up to 5, which were used as a basis for establishing future targets, were overestimated, which led to the setting of very high targets . In reality, the mortality rate of children up to 5 years old was 14 cases per each 1,000 live births in 2006 and not 20.7 cases for each 1,000 live births, as initially believed. Thus, taking the adjusted data into consideration, the initial targets for 2010 and 2015 have already been achieved. Therefore, as was the case with the previous goal, the current level strongly suggests it would be worthwhile to consider maintaining the indicator at its current level and coming up with a mechanism for preventing its increase and aiming at its further gradual reduction.

Chart 11. Under five mortality rate, cases per 1000 live births



Note: red color shows intermediary target-value of the indicator.
Source: National Bureau of Statistics of Republic of Moldova.

The factors that shift and influence the mortality rate for children aged up to five years are similar to those that largely influence the infant mortality rate. Thus, in this case, perinatal period disorders continue to prevail (31.7 percent in 2008 and 34.5 percent in 2009), as do congenital malformations (30.3 percent and 25.4 accordingly), diseases of the respiratory tract (13.7 percent and 12.9 percent accordingly) and traumatic injuries and poisonings (11.7 percent and 11.5 percent). Gender-wise, the analysis suggests similar

conclusions to the analysis in the case of infant mortality: the mortality rate of male children under o five is higher than the same indicator for female children, both in rural and urban environments.

TARGET 3. *Maintain the proportion of children under two vaccinated against measles at at least at 96 percent by 2010 and 2015.*

Even though public authorities, with the support of the country's development partners, can control the process of vaccinating the population[34], the actual decision regarding vaccination is in practice at the discretion of parents. For these reasons, the share of children under two who are vaccinated against measles is decreasing. In such a way, in 2008, the vaccination coverage against measles had 94.4 percent, decreasing by f 0.3 percent compared to the indicator of 2007 (94.7 percent)[35]. Nevertheless, regardless of the fact that the number of children under two who have been vaccinated against measles is falling, the World Health Organization places Moldova at the top in the ranking of countries who have been vaccinated against measles. Simultaneously, according to other sources, as far as the level of coverage of vaccination against measles is concerned Moldova continues to hold be in the top, along with e Monaco, Hungary, Slovakia, Ukraine and others[36].

Given the fact that the share of children vaccinated against measles is falling, it is possible that the target set for 2010 will not be met. Reaching the final target set for 2015 depends largely on the degree of implementation of the National Vaccination Programs and the increase in the degree of awareness of the beneficial effects of vaccinating children against measles.

The impact of policies on child mortality rates

Based on the International Covenant on Civil and Political Rights[37] and the Convention on the and the Convention on Children Rights[38], all countries are responsible for taking all possible measures to reduce child mortality rates and increase life expectancy, especially by adopting measures that eliminate malnutrition and epidemics. These measures are part of respecting the above-mentioned standards relating to the right to life and health.

The Republic of Moldova respects these commitments and is implementing efforts for successfully achieving the Millennium Development Goal of reducing child mortality. The positive results reflected in the dynamics of child health indications (with the exception of 2008, when rates increased) are owed to the implementation of the National Perinatalogy Program (1998-2008) which was set up on the basis of the World Health Organization's "Maternity without Risk" Program, the National Healthcare Policy, the National Vaccination Programs, the Branch Program on "Integrated Behaviour of Children Illnesses," the Healthcare System Development Strategy for the period 2008-2017 and the National Development Strategy 2008-2011.

[34] Law no. 10-XVI from February 3, 2009 regarding the state overseeing of public health.
[35] These data are provided by the Ministry of Health and do not coincide with the data coming from the National Bureau of Statistics. For instance, according to MH, in 2008 the vaccination coverage against measles was only 94.4, whereas according to the NBS, the indicator reached 96.2.
[36] NationMaster – world-wide database with data gathered from sources like the UN, OCDE, the Central Intelligence Agency.
[37] International Covenant on Civil and Political Rights, ratified by the Republic of Moldova through the Decision of the Parliament no. 217-XII from 28.07.1990 which came into force on 26.04.1993.
[38] Convention on the Rights of the Child, ratified by the Republic of Moldova through the Decision of the Parliament no.408-XII from 12.12.1990 which came into force on 25.02.1993.

By means of these public policy documents, a number of measures have been implemented which have allowed to the indicators to reach the levels targeted in the Millennium Development Goals. These include the regionalization of perinatal medical assistance, a measure which allowed for an adequate sorting of pregnant women and newborns, as well as implementing in vitro transportation. In the last few years the optimization of the functioning of the regionalized system was ensured due to its strengthening with an ambulance especially equipped for transporting newborns. At the same time, national policies in the field of perinatal medical assistance have been developed and subsequently updated and a national system of monitoring and observation of perinatal medical assistance has been established. Supplementary to all of these, obstetrician-gynecologists, midwives, medical assistants and family doctors have been properly trained on both the theoretical and practical aspects of providing qualified perinatal medical assistance, a measure that has contributed to improved care during pregnancy, and better assistance to newborns, all based on modern technologies and the measures proposed by the World Health Organization. Efforts have also been undertaken to integrate perinatal medical assistance into the family and the community.

At the same time, Moldova is the only country in the CIS and in the region which began implementing confidential auditing of the perinatal foetuses/newborns weighing 2.5 kilograms (5.5 pounds) or more in 2006. The decision to implement this measure was triggered by the high incidence of perinatal deceases among such children. In the three years this audit was implemented, the percentage of children with a normal weight at birth of those that died has fallen from 52 percent (2005) to 46 percent (2008).

The support of the country's development partners in this regard has been considerable. Over the last three years, modern technologies of care and treatment have been introduced in the field of obstetric and neonatal assistance, all of which has been possible thanks to the aid in the form of equipment obtained from the Government of Japan, Switzerland, the European Bank for Reconstruction and Development, and UNICEF. Various perinatal centers s in Moldova have been given high quality medical equipment. With the support of UNICEF and the Swiss Agency for Development and Cooperation (SDC), the Integrated Conduct of Child Diseases (ICCD) the Program has been successfully implemented, a measure which would lead to medical staff in the primary care field gaining greater r levels of knowledge and practical skills in regards to the behavior of children suffering from acute viral respiratory infections (AVRI), pneumonia and diarrhoea . Regarding the measles vaccination, UNICEF, with financial support from the World Bank, has made repeated offers of the necessary vaccines that prevent measles, mumps, and rubella.

By applying its Vaccination Program, Moldova aims to support the achievement of the objectives for reducing infant mortality by implementing the Hib vaccine starting in 2009. This vaccine is designed to prevent meningitis and severe pneumonias. Starting in 2012, it is also planned the vaccine against pneumococcal infections will be introduced, contributing to a reduction in the morbidity and mortality caused by pneumonias and bacterial meningitis. In this context, the support of the country's development partners is crucial, especially against the background of the economic crisis affecting Moldova, which has led to a dramatic fall in budget revenues and, as a consequence, to a fall in public spending, including in healthcare.

Box 8. The importance of vaccination and the consequences of non-vaccination

There are medical historians who claim that the decline of diseases is due not to vaccines but rather to improved living conditions. Water consumed is cleaner and sewage systems are more advanced. The nutrition of the population is of a higher quality and poverty is declining. They say that vaccines contain various viruses which were used to produce the vaccine and there is never a guarantee that a vaccine does not contain other elements as well as those mentioned in the prospectus. This alternative opinion regarding vaccination leads to a greater number of parents refusing vaccination for their children. Nevertheless, the Ministry of Health's position is that these opinions do not serve as justification for refusing vaccination and refusal should be a choice only in cases where e vaccines are advised against by doctors.

In spite of the Ministry of Health's efforts with the help of the country's development partners, the abuse of excluding children from vaccination without a good reason continues, and as a result, some children do not get vaccinated when they are at an age where the risk of catching the illnesses in question is at its highest. For years in a row the Transnistria region had the lowest level of vaccination coverage, even below the risk level. A comparative analysis of the number of post vaccine adverse reactions (PAR) shows that 64 cases were registered in 2008 (in 2007 there were 54 such cases).

Vaccinations and prophylactic and anti-epidemic measures that have been carried out have made it possible to maintain a favorable epidemic situation in 2008. No cases of poliomyelitis induced by the wild virus or vaccine-associated viruses, tetanus and neonatal tetanus, congenital rubella, diphtheria, measles, co-super infection with viral hepatitis D which would infect children were registered. The number of cases of children infected by viral hepatitis B fell to three cases (in 2007 there were 19 such cases), by rubella to 1 case (three in 2007). The morbidity caused by pertussis was also maintained at a low level.

In 2008, the country confronted a widespread mumps epidemic which started in October 2007. The total number of registered cases of mumps was 29,783 in 2008 (which includes d January-July, when there were 29,430 cases), and there were 709 cases for each 100,000 citizens, which wad a record level for the entire period of observation, including the pre-vaccination period. Conducting a massive vaccination campaign from March-May 2008 during which 322,025 (73 percent) of people from the risk group were vaccinated, it became possible to take control over mumps, with morbidity returning to the level of August 2007.

Should vaccination end, the epidemic situation in the country will gradually return to its state during the pre-vaccination period. Over the first five years, the incidence of pertussis will rise to 15-20 cases for each 100,000 citizens, and measles and mumps to 150 – 200 percent - diphtheria – 2-3 percent, viral hepatitis B to 0.3-0.5 cases for every 1,000 children under three. On top of that, polio cases induced by wild polio viruses and generalized forms of tuberculosis will appear. Within 10-20 years, some of the infectious diseases will become an epidemic similar to the level of those in the 1950s. On average, there will be an annual rate of 235 cases of polor, of whom 12 will die, while 120 will be disabled for life; 850 people will fall sick with diphtheria, of which 40 will die; 230 will get h tetanus, of which 110-120 will die; 13,160 will get sick with pertussis; 37,600 people sick with measles. The general incidence of hepatitis B will return to the levels of 60-70 cases for each 100,000 citizens.

A situation which occurred in the country from 1992-1995 can serve as a real-life example of what happened when a lack of financial resources for procuring the vaccines and the syringes combined with political and the economic crises led to a lower level of vaccination coverage , which then caused an epidemicof contagious diseases. From 1994-1996, the diphtheria epidemic was spreading. There were 888 people registering the disease, of which 46 (5.2 percent) died. The epidemic was contained only thanks to international humanitarian assistance. The World Health Organization, UNICEF, the European Commission, the Governments of USA and Japan have allocated vaccines, syringes, antibiotics, anti-diphtheric serum and other resources, with a total estimated value of US$3.5 million.

Source: National Scientific-Practical Center for Preventive Medicine, 2009

Conclusions and recommendations

Generally speaking, the fall in the rate of infant mortality and the mortality of children under five from 2000 to 2007 is largely due to increased access and the improved quality of the medical services offered to mothers and children. As a result, there was the introduction of a minimum package of health insurance in 2003 and of mandatory health insurance in 2004, which meant free-of-charge access to medical assistance and compensated medications for pregnant women and for children. At the same time, an increase in some of the indicators was noted in 2008-2009 due to the introduction of a new methodology for defining live births, a methodology recommended by the World Health Organization.

Although the education and training of specialists and the presence of modern medical equipment in maternity hospitals has directly contributed to obtaining desired results such as reducing the infant mortality rate, a lack of qualified staff continues to represent a significant problem for the healthcare system. So while the salaries in the healthcare system are continuously rising, the level of remuneration is not sufficient to attract and retain qualified medical staff for the healthcare system[39].

Although infant mortality level was reduced at the national level, the situation is different at the regional level. For example, in 2009, the lowest levels of infant mortality were registered in the districts of Soldanesti (5.3 percent, Drochia (5.4 percent, Ocnita (7.3 percent, Causeni (7.4 percent , while the highest levels were in the Basarabeasca (21.5 percent, Glodeni (21 percent) and Calarasi (18 percent districts[40]. The district-level discrepancies are explained by the differences in the quality of the medical services that are available in the rural and urban environments, including differing levels in different localities in the rural areas, the uneven distribution of financial resources, qualified specialists and availablity 0f medical equipment. The number of family doctors in rural areas is ten times smaller than in urban areas, and 15 percent of localities do not even have a family doctor[41].

Based on data that has previously been presented, the major causes of mortality among childrenunder 5 are disorders of perinatal origin, congenital malformations, diseases of the respiratory tract and traumatic injuries and poisonings. Even though some progress has been registered, especially in the area of reducing the number of deaths caused by infectious diseases, there still are many disorders which could have been prevented and treated. The high rate of children mortality at home (20 percent) is due to causes which could have been avoided and is explained by the low level of knowledge of parents regarding childrearing and childcare, as well as their inability to recognize danger signals which require urgent medical assistance.

Methods for preventing infant mortality and strengthening child health are not limited to the assistance offered by the healthcare system. Both the culture of childrearing and respect for high hygienic standards play very important roles in preventing various illnesses that affect children. Breastfeeding has a very important role in this context[42]. Although the percentage of breastfed children grew from 86.2 percent in 2000 to 93 percent in 2006, only in 45.5 percent of cases was the child fed only maternal milk and the duration of the natural feeding remained short. An interview-based study questioned approximately 4,000 mothers as part of an evaluation study of the

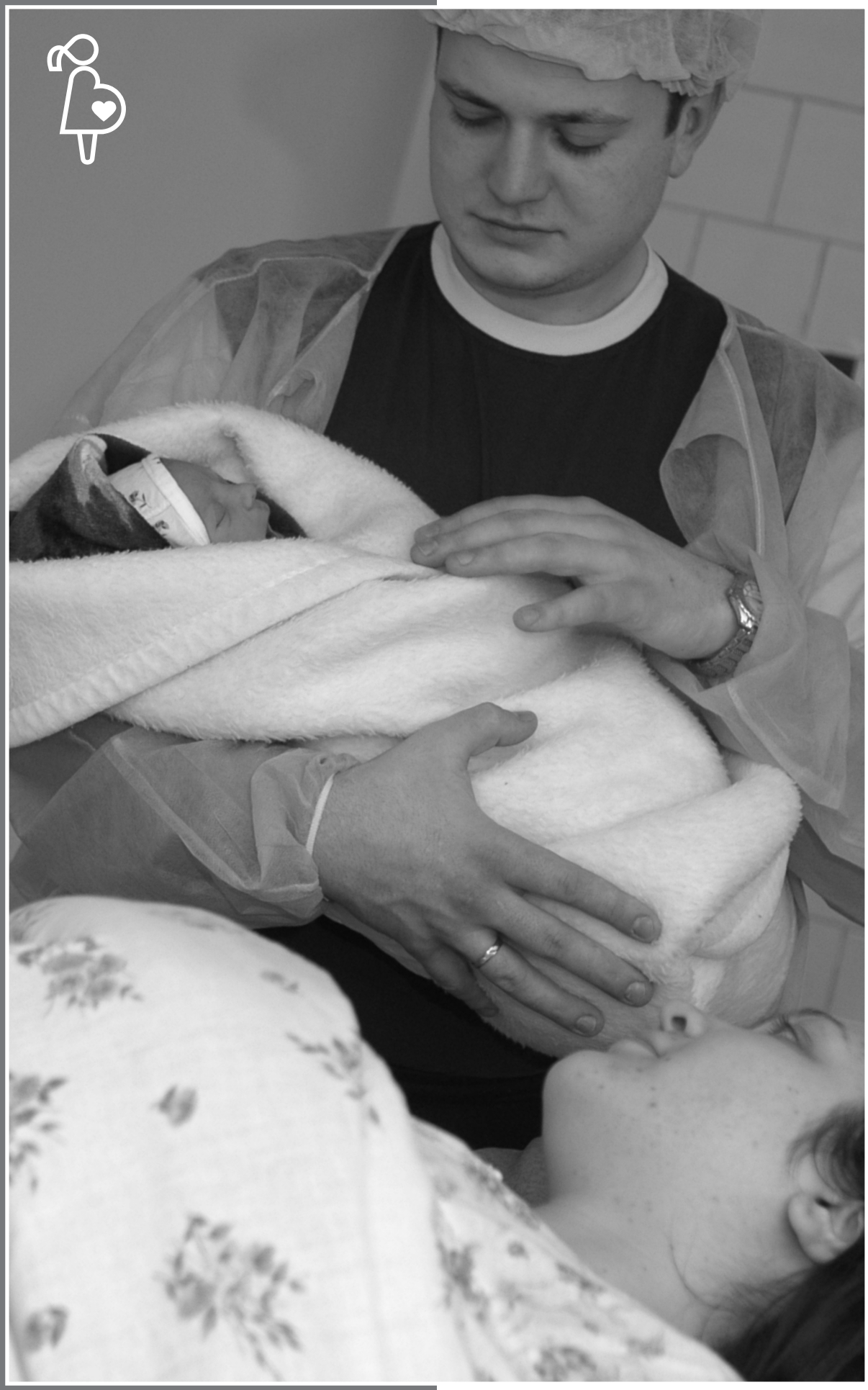
[39] „Women and men in the Republic of Moldova", NSB, Chişinău 2008. The average salary for a medical assistant is 1,250 lei and for a doctor 2,083 lei.
[40] Demographic situation in the Republic of Moldova in the 2008, NSB, 03.06.2009.
[41] Yearly Report of the Ministry of Health, 2008, http://www.ms.gov.md/public/info/analiza/statistics/200/Anuar2008/
[42] Based on the estimates of the World Health Organization, if 90 percent of all mothers worldwide would breastfeed their babies during the first six months after birth then 13 percent of the 10 million children aged up to five years old who die yearly prematurely could be saved.

National Perinatal Program at the end of the period (2008) regarding their experiences of breastfeeding their children showed the following frequency during the first year: up to the third month 88.4 percent of children were breastfed, up to the sixth month – 72.3 percent, up to the ninth month – 62 percent, throughout the first year – 40.4 percent. Later on, at 12-15 months the majority of the children (59 percent) are no longer breastfed, and at the age of 20-23 months almost all children are weaned. Although the average is high, more than 47.8 percent of mothers do not practice natural feeding exclusively and introduce complementary feeding already at the age of 2-3 months, thus depriving the child of important advantages for her/his health[43].

In the context of reducing child mortality, certain measures are necessary which can be implemented by the Government with the support of the country's development partners. In this regard, the most important recommendations are the following:

- Continuously strengthen perinatal and paediatric services by applying modern care and treatment methods derived from evidence-based medicine;
- Continuously strengthen the technical-material basis of medical institutions, including by supplying them with the adequate medical equipment;
- Prevent and diagnose congenital malformations early;
- Continuously improve the system of definitions and indicators for perinatal medical assistance, as well as the system of instruments for evaluating perinatal services, continuously train the specialists and staff involved and improve data collection and processing;
- Continuously train service providers in the priority areas, such as evidence-based medicine, basic care in obstetrics, paediatrics and neonatology, prevention of the transmittal of the HIV virus from the mother to the foetus, quality management systems;
- Develop integrated services for children from socially vulnerable families;4
- Increase access to primary medical assistance, especially in rural areas;
- Guarantee the inclusion of young and vulnerable families in the system of social assistance;
- Raise awareness of families and communities regarding danger signs and the health of the child, childcare and childrearing;
- Sensitize medical staff about discrimination (against people with HIV/AIDS, Roma people etc) and promote inclusion;
- Regionalize the paediatric medical assistance service. ■

[43] Demographic and Health Study in the Republic of Moldova, 2006.



GOAL 5: Improve maternal health

Introduction

Taking into account the direct and close correlation between the general health of the population, and child health in particular, and the reproductive function of women, increased attention paid to the health of the woman, of the mother, is fully justified. Maternal mortality is one of the most sensitive and crucial indicators of reproductive health and the Government pays great attention to it and makes serious efforts to decrease maternal mortality. It should be noted that in the Republic of Moldova where the number of babies born alive have varied in last 4 years between 37,000 and 40,000, that an indicator for maternal mortality of 15,5 means in absolute terms 6 maternal mortality cases. Although the number of maternal deaths in the Republic of Moldova is small both in absolute terms and by comparison with other countries, including more developed ones, the recent rising trend for this indicator gives rise to concerns. The economic crisis, coupled with the pandemics which have recently gained momentum both worldwide and in the Republic of Moldova, endangers not just the achievement of the Millennium Development Goals targets in the context of maternal mortality, but also makes possible scenarios that would imply alarming levels of maternal mortality.

General Tendencies

Maternal mortality[44] has not undergone a linear evolution over recent years, although it has fallen significantly compared to the levels of the last decade of the twentieth century. Maternal mortality has fallen from 55.2 cases for each 100,000 live births in 1990 to 27.1 per 100,000 live births in 2000. After a considerable increase in mater-

Box 9. Modifying the targets regarding the improvement of maternal health in the context of MDG

Although the development of maternal mortality over recent years has not been homogenous, the intermediate target set for 2006 has been successfully achieved. This has led the Government to reconsider in 2007 the MDG intermediary target for 2010, thus lowering it from 21 cases for each 100,000 babies born alive to 15.5 cases for each 100,000 babies born alive. At the same time, the final target for the year 2015 in the context of maternal mortality has remained unchanged at the level of 13.3 cases for each 100,000 babies born alive, due to the fact that achieving more ambitious targets requires the investment of enormous resources in medical institutions (endowing them with equipment, modern medical technologies, etc.) which the Government cannot afford to commit.
As for the second target, which refers to births assisted by qualified medical staff, is concerned, it was considered practically impossible to ensure that 100 percent of births be assisted by qualified medical staff because there will always be exogenous factors which do not depend on policies and actions undertaken by the Government or the medical institutions, and which will impede achieving this target. In this context, it was decided that the targets for the years 2010 and 2015 should be maintained at the level of 99 percent, the focus being placed on rural areas where this indicator is lower than in urban areas.

[44] In the Republic of Moldova, the maternal mortality indicator is very well established and is in line with the definition and the methodology proposed by the World Health Organization. Based on the definition, a maternal death is defined as the death of a woman during pregnancy or in the period of up to 42 days following the completion of the pregnancy, for any reason associated with, or aggravated by the pregnancy or its handling, but not caused by traumas or poisonings.

nal mortality in 2001 (43.9 cases for each 100,000 babies born alive), this indicator has declined, to 15.8 cases for each 100,000 babies born alive in 2007. However, in 2008 maternal mortality climbed sharply rising to to 38.4 cases for each 100,000 babies born alive and thus exceeded by a significant margin the values registered in previous years. Confirming the non-linear evolution, this indicator went down to 17.2 cases for each 100,000 babies born alive in 2009.

As far as births that are assisted by qualified medical staff are concerned, their number remains high. In 2000, the percentage of women assisted at childbirth by qualified medical staff was 98.3 percent, which represents a significant achievement for a country in the process of transition like the Republic of Moldova. Subsequently, this indicator, although it never had a linear evolution, was never lower than 99 percent. In 2009, for instance, 99.8 percent of births were attended by qualified medical staff, i.e. 0.3 percentage points higher than in 2008.

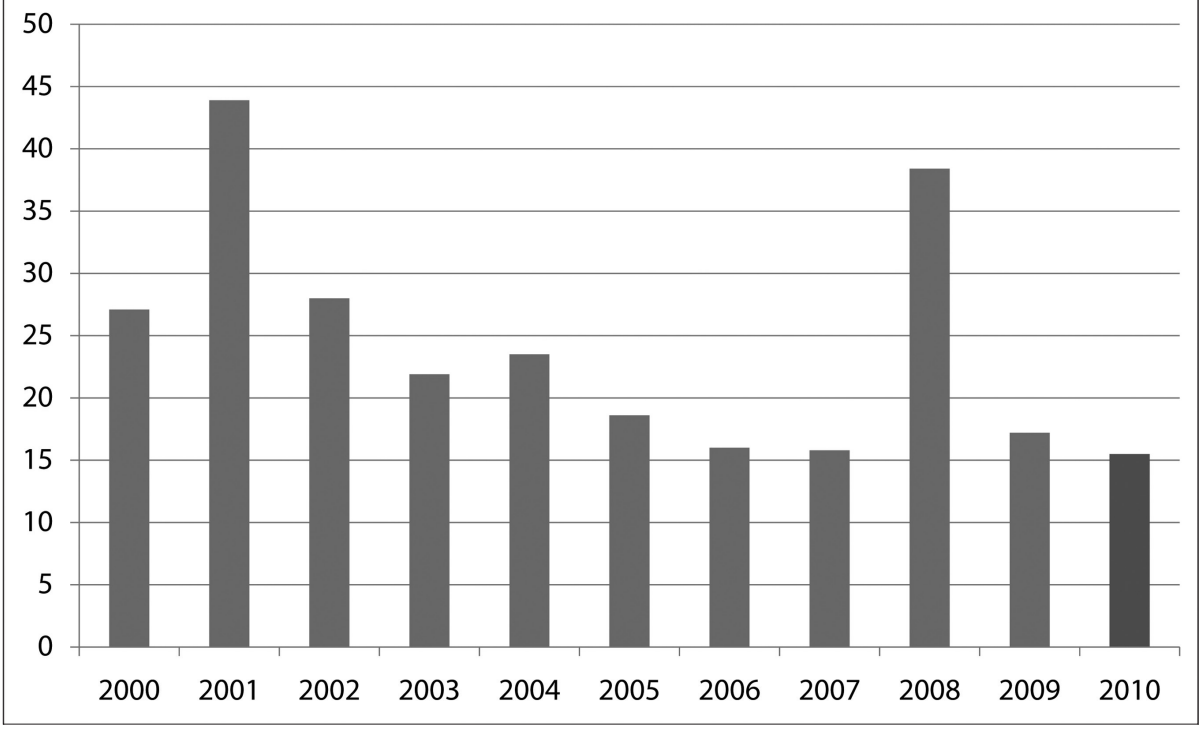
Assessment of the progress towards the MDG

TARGET 1. *Reduce the maternal mortality rate from 28 (per 100,000 live births) in 2002 to 15.5 in 2010 and 13.3 in 2015.*

For the first time in the last five years, maternal mortality rate rose in 2008. Thus, in 2008 the maternal mortality rate rose to 38.4 cases for each 100,000 babies born alive, compared to 15.8 cases for each 100,000 babies born alive in 2007 (see Graph 12). Although this level of maternal mortality arouses concerns, in absolute terms the indicator is not very high. Seven cases of maternal mortality were recorded in 2005 as opposed to six such cases in both 2006 and 2007. In 2008, 15 cases of maternal mortality were recorded, of which 11 were among inhabitants of rural areas and four were from urban areas. Of these 15, eight women were under primary medical surveillance during their pregnancy, while seven were not, due to their migratory life-style.

In the structure of maternal mortality for 2008, hemorrhages were the leading cause

Chart 12. Maternal death rate, cases per 100,000 live births



Note: red indicates the intermediate target value for the indicator;
Source: National Bureau of Statistics of Republic of Moldova.

of death, accounting for 33 percent of the cases. These were followed by late gestosis, septic states, thromboembolic cases, hepatic cirrhosis, each in 13 percent of cases and one case of anesthetic complication (7 percent)[45]. Of the total number of cases of maternal mortality, in approximately 47 percent of the deaths social origins were identified as a major problem, including such factors as a migratory life-style in approximately 13 percent of cases, women working abroad in 27 percent, and patients not seeking medical help in 7 percent.

In 2009, maternal mortality declined, registering 17.2 cases for each 100,000 live births. No data are yet available on the structure of the causes of the maternal deaths, and despite the indicator falling in 2009 it remains a particular concern of the Government, considering the high likelihood of not meeting the 2010 intermediate target.

The rate of maternal mortality in the Republic of Moldova is influenced by a number of socio-medical problems, such as unemployment, female morbidity, abortions, etc. Labor conditions for pregnant women employed in the individual sector are not satisfactorily monitored. Often, women, especially teenage women, are exploited for labor purposes at a period in their lives which is most important for developing and maturing the reproductive function. They carry out work that endangers their health, involving lifting weights, low temperatures and high air humidity, with vibration and high dust concentrations. The use of herbicides and other toxic substances are other the aggravating factors.

One of the causes of high maternal mortality may be – apart from female migration and the lack of modern medical practices in district-level maternity centers - complications resulting from abortions. Although the number of abortions has fallen significantly – from 37,000 in 1997 to 14,000 in 2008 and 13,470 in 2009, largely because of the implementation of certain measures in the areas of family planning, the complications resulting from abortions continue to be a cause of maternal deaths[46]. The low quality of abortion services continues to persist, as well as a high rate of complications resulting from abortions and a high rate of maternal mortality resulting from termination of pregnancy. Although the proportion of complications of abortion among the causes of maternal mortality has fallen from 8.23 in 2001 to 2.6 for each 100,000 babies born alive in 2008, the problem did not completely disappear. It is worth mentioning that the number of abortions reported in the official statistics does not reflect the real number of terminated pregnancies, and this is because a large number of abortions are not registered and also because many women of reproductive age work abroad and become pregnant there, consequently either terminating the pregnancy or giving birth[47].

This relatively high number of abortions serves as yet another indication that there is an unmet need for high quality contraception which is accessible for all population groups. This highlights once again the need to implement modern methods of family planning and to improve health education in high schools. Both a lack of access to information on family planning and an inability to use contraceptives lead to an increase in the number of unwanted pregnancies. It is very important that both women and men possess knowledge relating to traditional and modern contraceptive methods because abortion is used as a method of controlling fertility due to inadequate information and inadequate access to contraceptive means. Regretfully, the studies conducted in the country do not offer data on the level of knowledge

[45] Data of the Ministry of Health of the Republic of Moldova.
[46] In 1997 for every 100 newborns 75.2 abortions were registered. By 2008 this indicator had fallen to the level of 36.2. The share of interrupted pregnancies in the age group 15-19 years is more or less constant over the past 10 years, representing 10 percent of the total number of abortions.
[47] Constantin Matei and others, Green Book of the Population, National Commission for Population and Development, 2009.

among men. At the same time, it is necessary to mention that in the Republic of Moldova, 15 percent of men consider that the woman is solely responsible for dealing with the problem of contraception[48].

As far as the current use of contraception methods among women aged 15-49 years is concerned, the distribution is as follows: intra-uterine devices (IUD) – 17.7 percent (among married women from the same age group – 25 percent); condom – 7 percent (in the group of sexually active unmarried women – 28.5 percent and in the group of sexually active teenagers – 48.2 percent); female sterilization – 3.4 percent (4.7% among married women); the pill – 2.8 percent (6.1% among sexually active unmarried women); interrupted coitus – 13.9 percent; periodic abstinence – 2.5 percent; other methods – 4 percent; do not use contraception methods – 50.2 percent of the total number of women aged 15-49 years[49]. There are no significant differences regarding the usage of contraceptives by married women from urban and rural areas (67-68 percent); women in urban areas use modern methods more frequently (48 percent and 41 percent respectively) and contrastingly, women in rural areas use traditional methods of contraception more frequently (27 percent versus 19 percent in urban areas). Contraception usage increases with higher levels of education among women (72 percent among women with higher education degrees and 65 percent among women with secondary level education degrees). It can also be observed that contraception use increases as the number of children in the family increases (36 percent among married women without children and 74 percent among married women who have 3-4 children).

Anemia is also one of the causes of complications during pregnancy and childbirth. Although the incidence of anemia among pregnant women fell from 48.1 percent in 2000 to 40.9 percent in 2008, the level remained high and aroused concerns, because the likelihood of spontaneous abortion among anemic pregnant women is very high. Indeed, in 2009 the number of anemic pregnant women rose again, reaching 42.4 percent. At the same time, it is worth mentioning that practically all women who are taken under evidence are tested for anemia (100 percent). The mandatory health insurance assistance procedures provide that pregnant women be provided as outpatients with medication containing iron and folic acid which are fully subsidized. In spite of this, the level of incidences of anemia has not dropped significantly, which means that other actions aimed at reducing the incidence of anemia should be taken into consideration, such as enriching flour with iron and folic acid.

The uneven evolution of the maternal mortality rate does not allow us to predict the tendencies and the dynamics of this indicator in the future. Despite the reduction in maternal mortality in 2009, the level attained in the Republic of Moldova in 2008 makes it uncertain that it will reach the target set for 2010. The situation may deteriorate in coming years due to the pandemics which are affecting pregnant women with increasing frequency[50]. Achieving the target set for 2015 depends to a great extent on the continuous financing of this area of health protection so as to reinforce the practice of taking under evidence and promote early detection of pregnant women susceptible to mortality risk.

At the same time, in 2007, upon the revision on the international level of the Millennium Development Goals, the following indicators have been included in the monitoring system: (1) rate of prevalence of contraceptives; (2) teenage birth rate; (3) coverage of pre-natal assistance;

[48] Ibidem.
[49] Demographic and Health Study in the Republic of Moldova, 2005, p.369.
[50] Based on the data of the Ministry of Health for the year 2009, one quarter of the total number of deceased pregnant women were sick with the pandemic flu. In the first three weeks of 2010, four women died due to the pandemic flu.

Box 10. The situation regarding abortions in the Republic of Moldova

Abortion in the Republic of Moldova (as part of the USSR) was legalized in 1955. From the 1960s to the 1990s abortion had the status of an essential method of birth control. The share of interrupted pregnancies among women aged 15-19 years (based on official statistics) has been more or less constant over the last 10 years, representing 10 percent of the total number of abortions among women of reproductive age (data from the Ministry of Health and the National Health Management Center). This phenomenon was tolerated because of a lack of access to modern methods of contraception and a low level of family planning knowledge among the population.

Official statistics do not offer any data regarding the number of cases of complications resulting from unsafe abortions and the number of hospitalizations caused by unsafe abortions (per 1,000 women) and, in fact even today categories of safe and unsafe abortions are not employed. Even the existing legislative and normative acts do not include the categories of safe and unsafe abortion (with the exception of the National Strategy for Reproductive Health).

The phenomenon of unregistered abortions persists in the country. It is thought that the reason for not registering abortions is that these represent a source of income for the providers of pregnancy interruption services (Strategic Evaluation of Aspects of Policy, Quality and Access to Contraception and Abortion Services in the Republic of Moldova, Chisinau, 2006). Another reason is the low level of confidentiality of medical services in Moldova that is extended also to the abortion procedure. In order to avoid potential disclosure women are tended to offer informal payments in order not to have the procedure registered even if it is being done in the hospital according to all the respective medical protocols. Even though the legislation on abortions in the Republic of Moldova is one of the most liberal in the world, for reason of social, economic and educational nature the phenomenon of illegal abortions persists. The proportion of illegal abortions represents 0.1 percent of the total number (data from the Ministry of Health, the National Health Management Center). It is also worth mentioning that no studies have been conducted regarding reproductive health service providers' degree of knowledge and correct understanding of the legal status of abortion.

Teenage women under 18 years cannot receive abortion services confidentially. Currently, the consent of parents or of a close relative is still a mandatory part of the process. This situation sometimes forces them to make unofficial payments, at times fairly substantial ones. On other occasions these women seek illegal abortions. Pregnancy in the case of teenage women represents a serious public health problem and it often occurs because of teenagers' lack of information about the methods of contraception and the availability of contraception free of charge or for a reduced price. Pregnancy in the case of teenage women in most cases is ended by abortion which is often not carried out in safe conditions, thus putting at risk their health and sometimes even their lives. As far as the age at which teenage woman may decide independently on terminating the pregnancy (without parental consent), there are no unanimous opinions. The current legislation establishes this age at 18 years.

Source: Strategic evaluation of aspects referring to policies, quality and access to contraception and abortion services in the Republic of Moldova, Chisinau, 2006, data from the Ministry of Health, National Center for Health Management

(4) unmet demand for family planning.

Taking into account the importance of maternity mortality prevention measures, the analysis of these indicators falls successfully into the targets which the Republic of Moldova has established in the context of this goal. Therefore, including these indicators in the system of monitoring maternal mortality could contribute to the formulation of more coherent and better directed policies for preventing maternal mortality. This adjustment is in line with the recommendations of the UN Committee on the Elimination of Discrimination Against Women which refer to the concentration of increased efforts on the issue of improving reproductive health among women. In particular, the

Committee has requested that the Government increase the levels of availability, acceptance and use of modern contraception methods, so as to eliminate the use of abortion as a method of family planning[51].

TARGET 2. *Maintain the number of births assisted by qualified medical staff during 2010 and 2015 at 99 percent.*

The indicator showing the "number of birth deliveries assisted by qualified medical staff" offers not only information regarding the real number of births assisted by qualified medical staff, but also serves as an alternative qualitative indicator which denotes the population's level of access to health services. In 2008, as in 2007, this indicator was at 99.5 percent, but according to recent data, it reached 99.8 percent in 2009. The fact that such a high rate of births assisted by qualified medical staff has been reached suggests that the targets set for the years 2010 and 2015 will be successfully achieved, should the financial resources necessary for protecting the health of the mother and of the child be consistently secured.

Regarding the infrastructure of medical assistance services, it can be concluded that its availability and accessibility are much lower in rural areas. Moreover, the number of people who do not possess mandatory medical insurance is higher in rural areas (27.3 percent for the rural population and 19.9 percent for the urban population). At the same time, every third person that does not have mandatory medical insurance is part of the poorest fifth of the population.

The impact of policies for improving maternal health

The results achieved by the Republic of Moldova in recent years in the context of reducing maternal mortality are largely the product of the public policies implemented, partly with the support of the country's development partners. It is necessary to mention that currently there are national programs and strategies which address the problem of maternal and neo-natal health, as well as the problem of access to services during pregnancy, childbirth and postpartum periods. The maternity protection measures are included in the Law on Health Care[52], as well as in the Law on the protection of reproductive health and family planning[53], but also in other general legislative acts, mainly dealing with labor and social security issues.

The National Program on "Strengthening perinatal medical assistance in the Republic of Moldova" for 1998-2002, which aimed at reducing perinatal and early neonatal mortality, creating a regionalized system of neonatal medical assistance and implementing the technologies promoted by the World Health Organization at all the levels of perinatal medical assistance, was carried out successfully[54]. The Program on "Promoting high quality perinatal services" (2003-2006) has continued the efforts of the previous program, also focusing on perinatology, general medicine, reproductive health and family planning services[55]. The objectives of the Program were the creation of the necessary sanitary conditions in maternity wards throughout the country, endowing the perinatal centers with the necessary medical equipment, creating a system of regionalization for perinatal medical assistance and dividing childbirths into three different levels and instructing the medical staff, with a focus on individual care, on diminishing polipragmasia, reducing the use of medical

[51] The recommendations of the UN Committee on the Elimination of Discrimination Against Women: Republic of Moldova, CEDAW /C/MDA/CO/3, August 2006.
[52] Law on Healthcare nr.411 din 28.03.1995
[53] Law on reproductive healthcare and family planning no. 185 from 24.05.2001
[54] Approved by the Decision of the Government no. 1171 from December 18,1997 and the order of the Ministry of Health no.58 from 25.02.1998.
[55] Approved by the order of the Ministry of Health and Social Protection no. 185 from 18.06.2003

drugs during pregnancies, and on partnership in pregnancies, etc.

In 2009, development partners provided tangible support to Moldova for improving maternal and children health. To quote a relevant example, in November 2009, Moldova received US$700,000 of medical equipment provided by the Council of Europe Development Bank and UNICEF. The equipment was distributed to the level III Perinatology Centers and to 10 level II Perinatology Centers across Moldova. As part of the World Bank project "Health and Social Protection Services", in 2009, the third stage of a project to distribute 60,000 food parcels to pregnant women, breastfeeding women and children aged under 2 years was completed. Other similar interventions envisaged implementation of the audit of maternal death proximity cases in maternities as well as in emergency medical services. The experience and expertise of Moldova is actively used in other countries for development purposes, specifically in Central Asian countries.

A set of long-term measures aimed at substantially improving reproductive and maternal health in the country was unveiled in the National Strategy regarding reproductive health from 2005-2015[56]. It should be mentioned that one of the general objectives of the Strategy is to reduce maternal and perinatal morbidity and mortality by means of improving the quality of and access to medical services[57]. At the same time, the National Health Policy of the Republic of Moldova 2007-2021 will ensure that all pregnant women, regardless of their ethnic origin, social and marital status or political and religious views, and all newborns will benefit from fair and free access under established terms to high quality health services during pregnancy, childbirth and the postpartum period.

At the same time, although the number of abortions is falling, the UN Human Rights Committee in its session of October 12-30, 2009 expressed its concerns regarding the fact that abortions are still widely used as a means of contraception in the Republic of Moldova. In this context, the Committee notes that the inclusion in mandatory healthcare insurance of Intra-Uterine Devices and of long-acting contraceptives (Depo – Provera) for vulnerable groups is an important measure for reducing the rate of abortions in the country, but it is also one which needs to be continuously supplemented with measures to ensure the population, and especially vulnerable groups, have access to other modern contraceptives as well.

Sterilization is an irreversible process which halts reproduction. Law no. 411 of 28.03.1995 regarding healthcare guarantees access to voluntary surgical sterilization. In accordance with the Law, voluntary surgical sterilization for women and for men can be carried out upon their desire or on the indications of the doctor with the written consent of the person only in public medical-sanitary units by persons holding corresponding medical degrees, in the case and in the manner prescribed by the Ministry of Health. At the same time, the Law of the Republic of Moldova no. 185-XV of May 24, 2001, "regarding reproductive healthcare and family planning" specifies that the surgical method of contraception is applied based on voluntary informed consent and that the mode of applying the surgical contraception method is established in a regulation approved by the Ministry of Health[58]. It should be highlighted that this regulation refers only to female voluntary surgical sterilization, while there is no separate general regulation applying to both women and men regarding voluntary surgical sterilization. In practice, there have been worrying levels of women reporting that they did

[56] Approved by the Decision of the Government no.913 from 26.08.2005.
[57] National Reproduction Healthcare Strategy,
approved by the Decision of the Government no. 913 from 26.08.2005
[58] Order no. 370 of the Ministry of Health from 27.10.05 regarding the female voluntary surgical sterilization (Annex to the order of the Ministry of Healthcare and Social Protection no. 370 from 27.10.2005. INSTRUCTION regarding the usage of the female voluntary surgical sterilization).

not receive adequate information as to side effects and alternatives when undergoing contraceptive sterilization[59].

Based on the Law regarding reproductive healthcare and family planning, it is mandatory that women choosing the method of sterilization are advised by the obstetrician-gynecologist. Based on the government order regarding voluntary feminine surgical sterilization, the surgical sterilization is carried out only with the consent and upon the written request of the woman based on the following indications: the existence of three or more children of her own; she is at least 30 years old and has two living children of her own; she is 40 and a medical prescriptions. Based on the order mentioned above, confidentiality is guaranteed and for carrying out the surgical sterilization and the consent and written request of the woman suffices without the need for consent from the husband.

On the institutional level, the Ministry of Health is responsible for implementing policies regarding reproductive health. In this context, 47 family planning surgeries were created which function as part of family doctor practices throughout the country. Nevertheless, access to family planning services is insufficient on its own because of the low level of information and limited access to free-of-charge contraceptives.

As far as the infrastructure of care for pregnant women is concerned, there are 38 maternity clinics in the Republic of Moldova which offer urgent obstetric care, this number representing 5.8 institutions for every 500,000 citizens. Taking into account the small territory of the Republic of Moldova and the sufficient number of institutions which ensure the population's obstetric services needs, the distance to the closest institution of this kind does not exceed one hour. Nevertheless, it should be noted that women in rural areas have more restricted access to these institutions than women from urban areas, with the former also facing problems such as increased transportation costs at times. This conclusion does not refer to cases of urgent medical-surgical transportation which is offered as a service as part of urgent medical assistance and its infrastructure covers all the localities of the country with a maximum radius of 25 kilometers.

Conclusions and recommendations

The right to adequate health during pregnancy and at the moment of childbirth has been universally recognized in a few international juridical instruments, including in article 25 of the Universal Declaration of Human Rights regarding the right of mothers and their children to "care and special assistance". The International Covenant on Civil and Political Rights guarantees the right to life, which includes the obligation to undertake positive measures in order to avoid mortality, while the International Covenant on Economic, Social and Cultural Rights provides in article 10 for the right of mothers to "special protection ... throughout a reasonable period before and after giving birth to children". The Convention on the Elimination of all forms of Discrimination against Women in article 12 forbids discrimination against women in terms of their access to healthcare services and includes specific obligations for States regarding "ensuring adequate services for women related to pregnancy".

The rate of maternal mortality reflects the efficacy of the healthcare system, as well as women's access to medical assistance of a high quality. In order to sustainably reduce maternal mortality and to achieve the proposed targets, it is necessary for the Repub-

[59] National Scientific and Applied Center for Preventative Medicine, Ministry of Health and Social Protection, "Republic of Moldova: Demographic and Health Survey 2005", Calverton, MD, USA, ORC Macro, September 2006, pp.59-76. Data presented indicates that although 3.4% of all women use sterilization as their mode of contraception (as against 0.2% of men), 12.6% had not been informed that sterilization is permanent, while 66.4% had not been informed about possible side effects of the procedures. Only 21.6 percent had been informed of other methods that could be used.

lic of Moldova to undertake measures at local and national levels for preventing cases of maternal mortality, including by improving medical assistance to the mother and the child, especially in rural areas.

In spite of having registered significant progress, the Government has yet to undertake measures for maintaining the low level of maternal mortality, especially in the light of the change in trend in 2008, when maternal mortality reached an alarmingly high level. Maternal mortality, with its numerous implications and its complicated causality, represents a complex problem that is especially difficult to solve, but which can still be solved by decreasing poverty levels, reaching an adequate level of implementation of the protocols for monitoring and treating pregnant women. For this reason, the Government should aim to ensure that no woman dies while giving birth to a child.

Effective implementation of family planning reduces the number of unwanted pregnancies and unsafe abortions, prevents pregnancy-induced mortality and morbidity, decreases the incidence of sexually transmitted infections - including HIV/AIDS, protects the health of teenagers, and is one of the most realistic and cost-effective ways of improving the health and the well-being of women, men, the younger generation and the community in general. The purpose of family planning is to offer couples the possibility to decide freely and responsibly on the timing and the number of child births, while at the same time offering them the entire spectrum of harmless and effective contraceptive methods.

In this context, the problems that are leading to a rise in maternal mortality must be addressed by the Government by means of implementing consistent measures, among which are:

- Developing a new target for the Republic of Moldova regarding reproductive health;

- Concentrating increased efforts on improving the reproductive health of women, especially by increasing the level of availability, acceptance and use of modern methods of contraception, so as to eliminate the use of abortions as a method of family planning;

- Strengthening the capacity of primary medical assistance to deliver high quality medical services provided for pregnancy at this level of medical assistance, including by introducing a mechanism of monitoring the standards of supervision of pregnant women and by training medical staff in the field of primary medicine on topics related to reproductive health;

- Improving the process of supervision of the development of the pregnancy by ensuring access to specialized medical services endowed with modern equipment and well trained medical staff, especially for women from rural areas and from disadvantaged families;

- Continuous improvement of the system of definitions and indicators for perinatal medical assistance and of the instruments for evaluating perinatal assistance, as well as continuous education/training for the medical staff involved in the collection and the processing of data;

- Continuing the training of perinatal service providers in priority areas, such as evidence-based medicine, essential care in obstetrics and neonatology, prevention of transmission of the HIV infection from the mother to the foetus, overall quality management;

- Creation of mechanisms for the systematic collection of realistic information obtained from independent auditing of all cases of proximity of maternal decease at the level of institutions;

- Developing standards of quality which would correspond to international standards in the area of voluntary sterilization, while respecting the principle of "informed consent". ■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GOAL 6: Combat HIV/AIDS, tuberculosis and other diseases

Introduction

Combating socially-conditioned diseases, like HIV/AIDS and tuberculosis, is a priority for the Government in the context of maintaining good public health, being outlined as such in the commitments assumed in connection with the Millennium Development Goals. The incidence of HIV/AIDS is on the rise despite consistent efforts made by the Government and the support of the country's development partners. The tuberculosis mortality rate, despite falling in 2008 for the first time in recent years, continues to pose a threat to the population of Moldova, especially in the context of the economic crisis, as the disease mainly affects socially vulnerable groups of people.

General tendencies

The first cases of HIV infections in Moldova were recorded in 1987. By 1995, there were 40 people carrying HIV, including 21 foreign citizens, who were expelled from the country under laws existing at that time. The epidemiological situation started worsening from 1996 onwards and in the early stages the epidemic was conditioned by intravenous drug users (IDU), who were spreading the virus through shared syringes. In the period from 1987 to 2008, 4,996 HIV carriers were officially registered in the country, including 3,461 cases on the western side of the Nistru River and 1,535 cases on the eastern side. According to the relevant UNGASS report, in 2009, 704 new HIV cases were reported, as compared with 795 in 2008 and 731 in 2007[60]. Prevalence remains high in the territories located on the eastern side of the Nistru, in the municipalities of Balti and Chisinau, and in the districts of Glodeni, Basarabeasca, Singerei, Falesti, Causeni, Donduseni, Soroca, Stefan-Voda, Orhei and Hincesti.

The spread of tuberculosis in the Republic of Moldova became an epidemic in 1990s, amid a socioeconomic crisis and because of inadequate financing for the health care system, a shortage of anti-tuberculosis medicines from 1997-2000, migration, and increasing incidence of tuberculosis in penitentiaries. From 2000 to 2004, the number of both newly and repeatedly diagnosed TB patients rose by 43 percent, from 2,935 to 5,154, while the number of deaths caused by tuberculosis was 734 in 2000 and 726 in 2004. Although the incidence of tuberculosis fell in 2008 and 2009, the epidemiological situation in Moldova will continue to be a challenge, as epidemiological indicators remain high. Incidence of multi-drug-resistant tuberculosis and extremely-drug-resistant tuberculosis has been very high, and has been the focus of targeted WHO assessment advisory missions in the recent period.

Box 11. Revision of MDG targets on HIV/AIDS and tuberculosis

Although a series of measures were taken to combat HIV/AIDS and tuberculosis, the Republic of Moldova did not meet the intermediate targets, set forth in the MDG, to reduce HIV/AIDS incidence and TB-associated mortality by 2006. Moreover, the spread of these diseases developed at such a pace that the accomplishment of the targets set for 2010 and 2015 has become impossible. This has made it necessary to review the targets and set more achievable values in this area. At the same time, with the revision of the MDG in 2007, the name of this goal was changed to exclude malaria as a disease for which Moldova is to set medium-term and long-term goals. That change was not reflected in the initial MDG Report, as the measures carried out in recent years to prevent and combat malaria have led to the disappearance of local cases of this disease.

[60] UNGASS Report, Republic of Moldova Progress Report, January 2008-December 2009, Chisinau 2010.

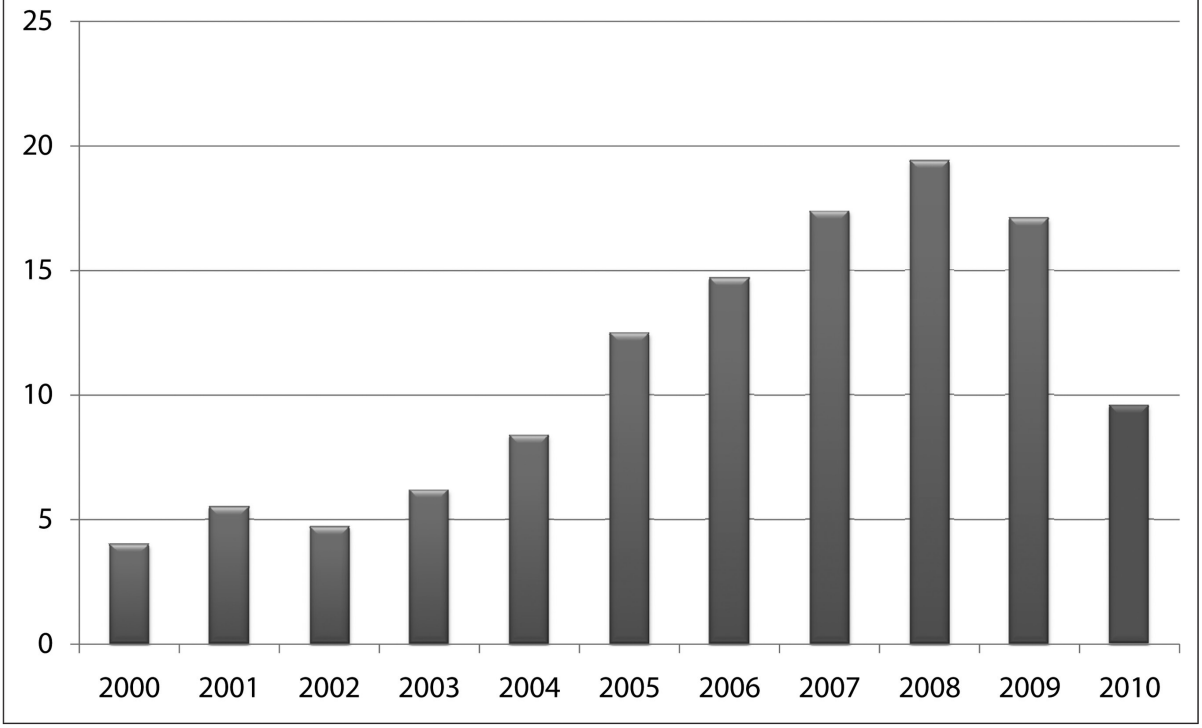
Assessment of progress towards the MDG

TARGET 1. *Stabilize the spread of HIV/AIDS infection by 2015. Reduce HIV/AIDS incidence from 10 cases per 100,000 population in 2006 to 9.6 cases by 2010 and 8 by 2015.*

In 2007, following an analysis of progress made towards the first preliminary set of targets for 2006, the target relating to the reduction of HIV/AIDS incidence per 100,000 population was revised down by more than half. In 2006, HIV/AIDS incidence stood at 14.7 cases, as opposed to the initial intermediary target of 4 cases per 100,000 population (see Chart 13). Starting from 2003, HIV/AIDS incidence has been on an upward trend and the years 2007-2008 that followed the revision of the targets were not an exception. Thus, in 2007, HIV/AIDS incidence climbed to 17.4 cases and then in 2008 to 19.4 cases per 100,000 population (see chart). In 2009 the incidence of HIV/AIDS fell back to the levels of two years previously, reaching 17.12 cases per 100,000 inhabitants. Rather alarming in this respect is the situation in the Transnistrian region of the Republic of Moldova, bearing in mind that, if we disaggregate this indicator to highlight statistics for this region, in 2008 there were 63.86 cases per 100,000 population, as opposed to 12.56 cases per 100,000 population in regions located on the western side of the Nistru. While there has been a slight improvement, the situation in the Transnistrian region remained complicated in 2009, with an incidence indicator of 42.25 cases per 100,000 inhabitants, compared with 12.42 cases per 100,000 inhabitants in right-bank Moldova.

Analysis of HIV infection in the past few years shows a rise in the proportion of people infected through heterosexual intercourse (81.3 percent in 2009 as compared to 75.6 percent in 2008 and 20.3 in 2001), with a concurrent reduction in the number of people infected through drug injection (12.2 percent in 2009 as compared with 17.9 percent in 2008 and 76.7 percent in 2001) (see Table 3). In the context of high levels of migration, this phenomenon could shape the further development of the HIV epidemic in Moldova[61]. Preliminary data included in recent research indicated a higher probabil-

Chart 13. HIV/AIDS incidence cases per 100,000 population



Note: red shows the intermediate target for the indicator;
Source: National Bureau of Statistics of Republic of Moldova.

[61] Report by Oxford Analytica, 2008.

ity of migrants having sexual contacts with occasional or commercial partners and low rates of regular condom use[62]. Official data show that in 2009, about 34% of the epidemic process was related to migrants.

HIV affects predominately young and fertile people and in the last few years a 'feminization' of the epidemic has been observed: while at the start of the epidemic most HIV-positive persons were males – 84 percent, as compared to 16 percent females, in recent years there has been a tendency for the ratio of females to increase. The tide turned in 2004, when, amid a relative rise in the number of infected males, the number of HIV positive females increased sharply, significantly altering the sex ratio registered over the previous years. One cause of the increase in the number of HIV positive women could be the introduction of mandatory testing for pregnant women twice during pregnancy. A comparative analysis of the number of HIV infection cases by gender in the last few years shows a clear upward trend in the number of infected women. It should be mentioned that in the meantime the number of HIV infected men doubled, yet the number of HIV positive women rose fourfold. This can be considered a consequence of the fall in the proportion of injecting drug users among the infected persons and a rise in the number of infections transmitted through heterosexual intercourse.

Female vulnerability is biologically determined, as the share of HIV transmission through penile-vaginal intercourse is ten times bigger from male to female than from female to male, but also determined by the patriarchal norms with respect to gender and social issues. Sexual norms within a family that predominate among the general populace indicate a higher susceptibility of women to HIV, as there is a perception that men have the right to more extended extramarital sexual relationships than women. Gender violence has a high prevalence in the Republic of Moldova, diminishing the power of women to negotiate issues like condom use in high-risk sexual relationships of permanently unfaithful husbands/partners. The power to negotiate condom use and condom availability is limited, especially in the case of women living in rural areas.[63]

With the change in the gender ratio, characterized by a higher share of infected women, HIV infection cases started to be registered among pregnant women and their number is rising. From 2003-2009, the proportion of pregnant women tested for HIV during pregnancy rose from 96 percent to 99.4 percent[64], and HIV prevalence among them continued to rise: 0.1 percent in 2005; 0.21 percent in 2006; 0.23 percent in 2007 and 0.29 percent in 2009[65]. The level of perinatal transmission remains low, constituting 1.15 percent in all the registered cases, yet a recent assessment of the system employed to prevent mother-to-foetus transmission

TABLE 3. HIV transmission routes in Moldova in the period 2001-2009

	2001		2003		2005		2007		2008		2009	
	Abs.	% of total	Abs.	% of total	Abs.	% of total	Abs.	% of total	Abs.	% of total	Abs.	% of total
I.v. drug use	178	76.72	138	54.54	228	42.77	222	30.37	135	17.85	86	12.2
Heterosexual sex	47	20.26	110	43.48	290	54.40	502	68.67	597	75.56	572	81.3
Homosexual sex	0	0	1	0.39	5	0.93	0	0	2	0.25	3	0.4
Perinatal trans.	0	0	4	1.58	10	1.88	7	0.95	18	2.27	8	1.1
Undetermined	7	3.01	0	0	0	0	0	0	38	4.68	35	5.0
TOTAL	**232**	**100**	**253**	**100**	**533**	**100**	**731**	**100**	**790**	**100**	**704**	**100**

Source: Ministry of Health, for 2009 UNGASS report and authors' calculations

[62] Bivol, Scutelniciuc, Vladicescu. Preliminary data, Research "Women's vulnerability to HIV infection in Moldova", CNMS, UNAIDS, 2009.
[63] Ibidem
[64] Data of the National Center for Sanitary Management (unpublished report, 2008)
[65] For 2009 data are from UNGASS report 2010

has identified shortcomings and half-measures that could compromise its efficiency[66].

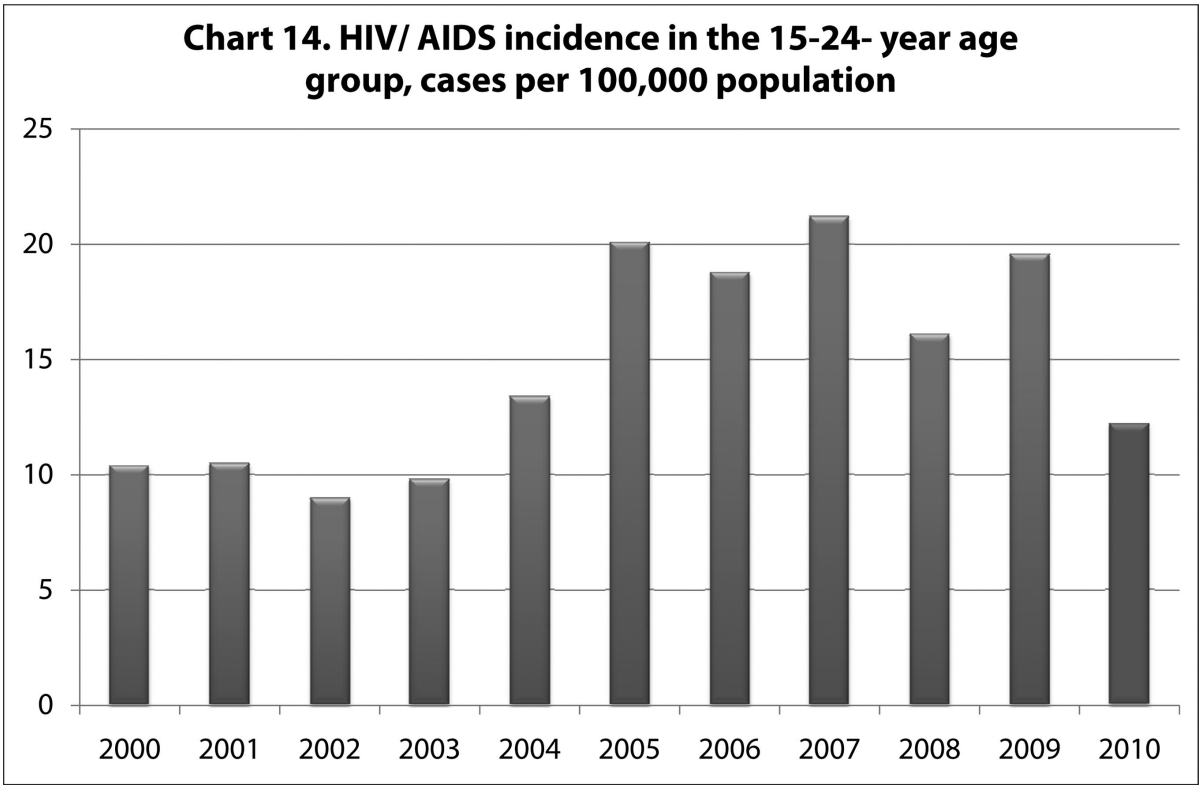
Considering the epidemiological situation and the development tendencies of HIV/AIDS in Moldova, it is very unlikely that in 2010 the intermediate target of 9.6 cases per 100,000 population will be met. Although more probable than in the case of the intermediate target for 2010, the final target for 2015, of 8 cases per 100,000 population, will be also a very difficult target to hit.

TARGET 2. *Reduce HIV/AIDS incidence in the 15-24-year age group from 13.3 cases per 100,000 population in 2006 to 11.2 cases by 2010 and 11 cases by 2015.*

HIV/AIDS mainly affects persons of reproductive age, including the 15-24 age group. As with the previous indicator, the intermediate target for 2006 with respect to HIV incidence in the 15-24 age group was not accomplished either, registering a result almost three times worse than the desired value. That was also a reason for revising targets in 2007, from 4 to 4.2 cases per 100,000 population by 2010 and from 11.2 to 11 cases by 2015 (see Chart 14). However, unlike combined HIV/AIDS incidence, the incidence of this disease in the 15-24 age group fell in 2008. It was 16.1 cases per 100,000 population, as compared to 21.2 cases in 2007 and 18.7 cases in 2006 (see chart). But in 2009 a new spike in the age-specific epidemic for the 15-24 age group was recorded: 19.59 cases per 100,000 inhabitants. As in the case of combined HIV/AIDS incidence, the incidence for this age group was higher on the eastern side of the Nistru (39.5 cases per 100,000 inhabitants).

The aggregated HIV knowledge indicator (knowledge of transmission methods and rejection of erroneous ideas about HIV) among youths demonstrates the danger of being complacent in interpreting the decreased incidence as a downward trend. It is difficult to make assessments about the success of the prevention interventions when only 40.8 percent of the youths questioned answered all the answers constituting the

Chart 14. HIV/ AIDS incidence in the 15-24- year age group, cases per 100,000 population



Note: red shows the intermediate target-value for the indicator;
Source: National Bureau of Statistics of Republic of Moldova.

[66] Dr. Zhanna Parkhomenko, Needs Assessment Research. Moldova's HIV Mother-to-Child Prevention Program. Final report, 2009

knowledge indicator correctly; in the 15-19 age group the knowledge level is lower (38.3 percent) than in the 20-24 age group (45.6 percent), while in rural areas this level is reached only by 34.9 percent compared to 49.3 percent in urban areas[67].

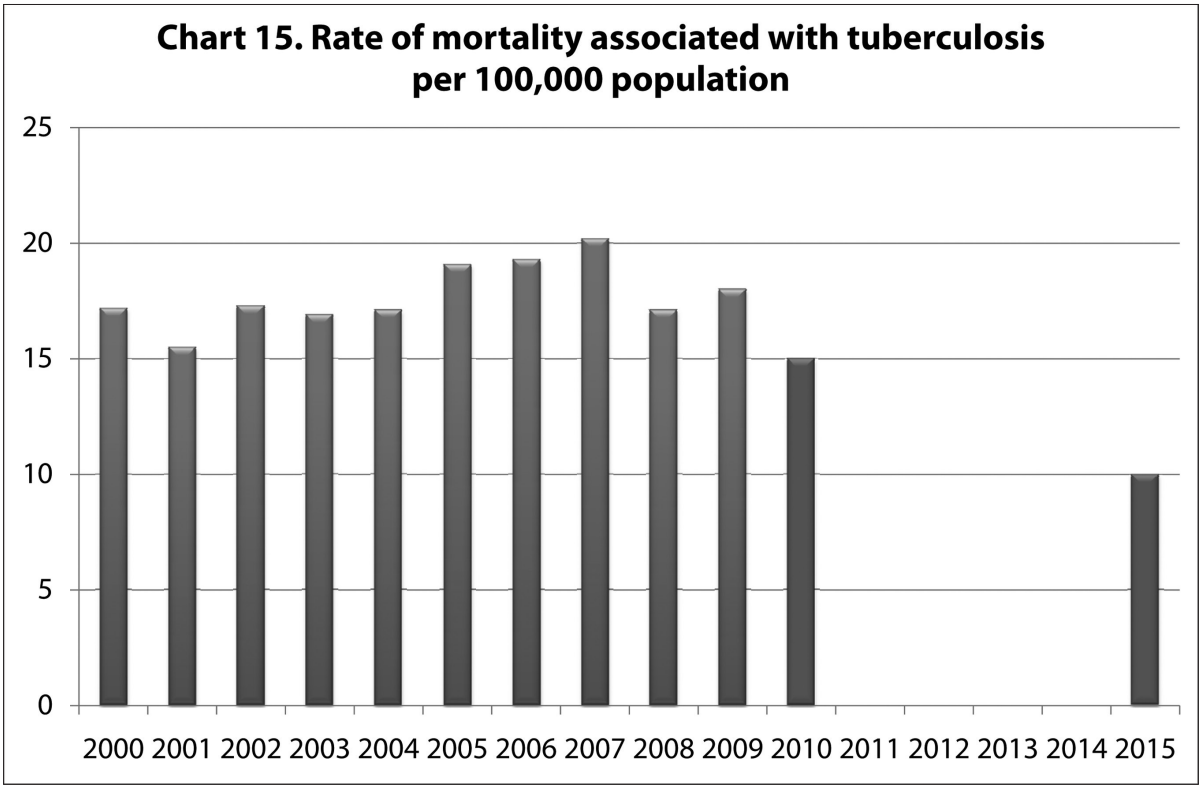
Although in 2008 HIV/AIDS incidence among the 15-24 age group fell, in 2009 it rose again and the accomplishment of the intermediate target for 2010 is presently seen as quite uncertain, inasmuch as it may be that, despite the authorities' efforts to control and prevent the disease, HIV/AIDS incidence among this age category will rise again. It is thus even more difficult to predict the attainability of the final target for 2015.

TARGET 3. *Halt and begin to reverse the spread of tuberculosis by 2015. Reduce the rate of mortality associated with tuberculosis from 15.9 (per 100,000 population) in 2002 down to 15.0 in 2010 and 10.0 in 2015.*

A priority for Moldova's public health system is combating tuberculosis. As with previous targets, the slow diminution of the mortality associated with tuberculosis was a key reason for revising the MDG targets for 2010 and 2015. But unlike the HIV/AIDS incidence, mortality from tuberculosis fell in 2008 for the first time in three years. Thus, in 2008 it was 17.4 cases per 100,000 population, as compared to 20.2 cases in 2007 and 19.3 cases in 2006 (see Chart 15).

But the progress achieved remains quite fragile, as shown by the modest growth in the rate of mortality associated with tuberculosis which in 2009 reached 18 cases per 100,000 population. However, on average, the situation for 2008-2009 can be considered progress compared with the years 2005-2007. This progress was due to actions taken by the authorities to optimize cooperation between the phtisio-pneumology service and the primary medical assistance service, by improving prevention measures, early diagnosis, effective treatment and rehabilitation methods.

Chart 15. Rate of mortality associated with tuberculosis per 100,000 population



Note: red shows intermediate and final target for the indicator;
Source: National Bureau of Statistics of Republic of Moldova.

[67] Youths knowledge, attitudes and practices regarding HIV/AIDS : Assessment Research: Final report / Otilia Scutelniciuc, Igor Condrat, Luminița Guțu. - Chisinau, "Rolsi Media" SRL, 2008 (Tipogr. "MultiArt"). - 80 p.

At the same time, the rates of successful treatment in the past five years have not exceeded 62 percent and remain inadequate compared to the 85 percent target set by the WHO. The main causes of the unsatisfactory success rates are the following: (i) interruption of treatment for out-patients in the continuation phase, (ii) the absolute majority of TB patients are from vulnerable groups, usually showing non-compliance with medical staff and having low levels of hygiene awareness, (iii) therapeutic failure, more frequently conditioned by chemoresistance, (iv) irregular treatment, (v) high number of deaths of patients with late diagnosed severe clinical forms, acute progressive advanced forms, (vi) concurrency with multiple pathologies.

Of particular concern is the rise registered in the last few years in the number of cases of multi-drug resistant tuberculosis, which account for 42.97 percent of the total number of patients, which is 6.17 percentage points more than in 2008. The dynamics of this indicator are determined by the following factors: (i) inadequate treatment of tuberculosis from 1997-2000, when the anti-tuberculosis medication supply met only 11-30 percent of demand; (ii) a high rate (about 10-12 % in recent years) of treatment interruption by patients; (iii) diagnosis improvement following the improvement of the relevant laboratories' activity in tuberculosis bacteriology.

At the same time, in recnt years the number of newly diagnosed cases rose among the emigrants, most of whom, due to frequent changes of residence, do not undergo tuberculosis treatment. Thus, owing to the low adherence to treatment and the high mobility of people, some of whom do not hold mandatory health insurance policies, the incidence of multi-drug resistant tuberculosis is rising, with 1,048 cases being registered in 2008.

In gender terms, there is a considerable discrepancy between the number of male and female tuberculosis patients. Thus, in 2009 more than two thirds of new cases of tuberculosis were registered among males, even though in the long term the share of women is constantly rising (from 28.85 percent in 2000 to 30.33 percent in 2009). Also, the number of tuberculosis patients in rural areas exceeds the number of patients in urban areas; in 2009 almost 61 percent of patients are from rural areas, and more than 70 percent of them are men. Again, there is a long-term trend towards a rising share of rural patients: from an average share of 45.3 percent in the period 1998-2003 to an average of 54.1 percent in 2004-2009.

An alarming situation concerning tuberculosis incidence can be seen in penitentiaries. The incidence of tuberculosis in penitentiaries in 2008 in Moldova stood at 1,400 cases per 100,000 population, which is 11 times the level of total incidence. Since the introduction of the DOTS Strategy in penitentiary establishments in 2001, the incidence of new tuberculosis cases has fallen threefold, or by 69.2 percent, from 497 to 153 cases in 2008.

In conformity with international recommendations, all the detainees undergo mandatory radiological examination upon admission to the Moldovan penitentiary system. As a result, 20 percent of the tuberculosis cases reported in the penitentiary system in 2006 were detected thanks to sentry examination on entry into the penitentiaries. In 2008, the detection rate was seen to rise to 25 percent of the total number of 245 cases.

Another important epidemiological indicator is mortality from tuberculosis. In the penitentiary system, tuberculosis mortality was 85.4 cases per 100,000 prisoners. Thus the total number of deaths from tuberculosis in detention was 4 times greater than the average value for the country, yet compared with previous years it saw a significant drop (in 2001 it fell by half). In 2001, tuberculosis accounted for 54 percent of the total number of deaths among prisoners. In 2006-2007, this rate dropped to 25.5 percent – 27 percent, or half the value registered in 2001. In 2008 there were 718 deaths from tuberculosis registered in Moldova, including 15 cases among prisoners. In 40 percent of these 15 cases, tuberculosis was the cause of death concurrently with terminal AIDS (association of TB among HIV infected prison-

ers). In 2009, the absolute number of deaths increased slightly to 736 cases.

The situation regarding resistant tuberculosis in the penitentiaries located in the Transnistrian region is very difficult to assess. On 8 May 2009 a fact-finding visit was made to the medical department of the penitentiary system in the Transnistrian region. Patients with primary and recurrent TB are examined sporadically. Doctors are not aware of the inclusion and exclusion criteria for patients diagnosed with multi-drug resistant tuberculosis. At the same time, there is no algorithm for screening these patients, both for multi-drug resistant tuberculosis and for reconfirming and monitoring purposes. This situation is mainly due to the lack of transport available to bring sputum samples to the laboratory in Bender, the lack of skilled medical personnel, and other factors.

Considering the mixed progress made in the last decade in reducing the mortality rate associated with tuberculosis, the achievement of the intermediate target for 2010 is uncertain. At the same time, analyzing the less uniform development of this indicator over past years shows there is a great risk of mortality rising again. This eventuality would undermine the attainment of the final target for 2015, as well.

Impact of policies on combating HIV/AIDS and tuberculosis

The success in fighting HIV/AIDS is to a great extent the result of overall social efforts, including lifestyles and the behavioral patterns of each and every individual. To a great extent, the prevention of the spread of HIV infection and the reduction of the impact of HIV/AIDS on the populace are driven by the success of the implemented national program and policies. The actions taken in recent years with respect to HIV/AIDS in the context of optimizing universal access to assistance, treatment and prevention by implementing the National Program for the prevention and control of HIV/AIDS and sexually transmitted infections, covering the period 2006-2010, have contributed to the detection, containment and prevention of these diseases. In this context, starting from 2001, harm reduction programs for IDUs have been implemented in Moldova which include drug substitution therapy and needle exchange. As a result, the share of drug injection as an HIV transmission route has decreased.

The National HIV/AIDS Program comprises nine strategic directions, including prevention activities, activities to strengthen and increase institutional capacities, extend voluntary counseling, treatment and prevention of mother-to-foetus transmission, and other measures. The National HIV/AIDS Program is financed chiefly by international donors, with the Government of Moldova contributing about 20 percent of the total, meaning the sustainability of the interventions and a plan for a gradual takeover of the financing should represent essential concerns for the Government. An analysis of the spending categories in 2007 indicated that 76.7 percent of the total expenditure on HIV/AIDS went to preventative measures, 8.3 percent was dedicated to treatment and care, 14.1 percent to consolidating the management of the program and a mere 1 percent of the financing was used to stimulate human resources.

Additionally, people with HIV/AIDS are provided with antiretroviral treatment free of charge, and the transport costs related to visiting the specialists of the National Dermatology and Venereology Dispensary are reimbursed to the HIV-infected patients (from across the country, including from the eastern districts of Moldova). The travel costs are covered by a grant offered by the Global Fund to Fight AIDS, Tuberculosis and Malaria[68].

Another effort made by the Government in this respect is the introduction of Law no. 23-XVI on the prevention of HIV infection, passed by the Moldovan Parliament on 16 February 2007. This law replaced an older law on AIDS

[68] The Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) is an international financing institution set up to ensure common financing for the prevention of fight against these three diseases by the UN agencies, WHO, the Soros Foundation – Open Society Institute, the Royal Dutch Tuberculosis Association (KNCV), SIDA, USAID and the Government of Japan.

prevention adopted in 1993, introducing a number of important provisions concerning strategic measures to prevent the spread of the human immunodeficiency virus, including education and prevention methods dedicated to the social groups at high risks of exposure. This law constitutes the foundation for voluntary testing and counseling, reiterating the principle of informed, voluntary and freely expressed consent as the exclusive prerequisite for testing. Chapter V clearly stipulates that citizens have a right to care and treatment (antiretroviral treatment, palliative care, prevention of transmission from mother to foetus, etc.). One of the key accomplishments of the Law is the explicit banning of discrimination against HIV-positive persons living in Moldova, and establishing responsibility for the non-observance of the rights of these persons (except for the notorious Article 24, which allows the prolongation of an initial three-month stay in Moldova only for foreign citizens who are HIV-negative, as HIV positive foreigners are required to leave the country after the expiry of the first three months of their stay).

In general, thanks to the presence of a number of external partners and foreign financial assistance, the fight against HIV has intensified. In 2005, the National Coordination Council on TB/HIV was established to bring together governmental partners, representatives of HIV positive people, NGOs, as well as international partners, in order to ensure a participative and multi-sectoral approach to interventions against HIV/AIDS and tuberculosis.[69] At the same time, to improve the population's access to voluntary counseling and testing for HIV, 56 centers have been opened in Moldova, as of late 2009, to provide such services; the services are provided free of charge. Despite this, there is an urgent need for better coordination among different sectors and on different levels of the national action plan and for better harmonization between the different partners in the existing system.

Despite efforts made by the authorities, with the support of civil society and the country's development partners, a series of problems continue to exist with respect to the prevention and treatment of HIV/AIDS.

A common problem is the low level of inclusion of HIV-infected persons into existing social protection mechanisms, as the prevention programs focused on youth, in particular on youths in the 15-24 age group and those with high-risk behaviors, are implemented in a limited manner. Moreover, despite the establishment of the Voluntary Counseling and Testing Service, the number of people who take the tests remains limited. The following have been identified as obstacles to seeking these services: a low degree of confidentiality, flaws related to medical ethics, the persistence of stigma and discrimination, including in the health care system and the social assistance system. Surveys showed that a great proportion of people living with HIV or in families with HIV are from socially-vulnerable categories. Still, their inclusion into the existing system of social services and benefits needs to be improved. A high proportion of people living with HIV (about 39 percent) are unemployed and a great proportion of them do not benefit from health insurance. [70]

Most HIV education and prevention programs are fragmented and are focused on improving knowledge about HIV and AIDS rather than on behavioral changes. There are limited prevention efforts dedicated to children and teenagers at risk due to limited data on the estimated number of these categories of persons and the service providers' lack of capacity to identify, refer and offer services. A very small number of teenagers who inject drugs seek the services of harm reduction programs. A poll conducted with the support of UNICEF among teenagers with high-risk behaviors showed that only 13 percent of the IDUs aged 15-17 years benefited from needle exchange programs compared with 30 percent of UDIs in the 18-24 age group.[71]

[69] Set up by Government Decision no.825 of 3 August 2005.
[70] Scutelniciuc, Bivol, Osoianu, Survey on the situation of children and families infected with HIV and of the persons living with HIV in Moldova, the National Center for Sanitary Management, 2008.
[71] Scutelniciuc, Iliinschi. Surveillance of HIV Associated Risk Behaviors.
Assessment of Risks of Exposed Teenagers, Chisinau, 2008.

Box 12. Situation of HIV infected persons

People carrying HIV are generally from socially vulnerable categories, with a low socioeconomic status, a low employment rate and low incomes. According to a study conducted by the National Center for Sanitary Management on a sample of 576 respondents, one in five respondents changed/lost their job because of HIV. The same survey showed low employment rates among the respondents and a high rate of HIV-affected families living on low incomes, which can hardly cover treatment costs in addition to the relatively high living costs.

The assessment of reproductive health indicated that most pregnancies in HIV-infected women were wanted. Half the women questioned found about their HIV condition during pregnancy and decided to keep the baby. At the same time, almost one half of the respondents did not use contraception. Most of the pregnant women received care before and and during birth and also postnatal counseling on how to care for the baby. A considerable number of fresh HIV-infected mothers – 11.6 percent – decided to breastfeed. Almost half the respondents sense a negative attitude on the part of the medical personnel, in particular concerning confidentiality.

HIV/AIDS-related stigma is high in Moldova and about one half of the respondents felt discrimination directed against them in various situations. That is why it is difficult for most HIV-infected people to reveal their condition, even to family members, and one in seven respondents chose not to tell anyone. Stigmatisation was felt while in medical establishments in particular.

Since they are concerned about their children's social inclusion, the parents prefer not to disclose their HIV status at the kindergarten or the school attended by the children. In some cases, when it was discovered that they are carrying HIV, the parents had to take their children to another kindergarten or school.

Most persons living with HIV have contact with other HIV positive individuals and about half of them appeal to NGOs for communication, information and financial aid. Many respondents expressed a wish to obtain financial assistance, social protection, support for employment and more information about HIV.

Source: Survey on the situation of children and families affected by HIV and of the persons living with HIV in Moldova, National Center for Sanitary Management, 2008

Existing harm reduction programs do not have a "vicious-circle-breaking" effect, which would discourage IDUs from introducing other youths to drug injection. These programs, unfortunately, are not supplemented with other actions to prevent drug use. Teenagers and youths are at risk from using drugs, including injection drugs, meaning they lapse into behaviors which expose them to the risk of contracting HIV.

A lack of available data on the categories of people at risk, including teenagers, creates difficulties in planning and implementing fact-based HIV prevention programs. According to official statistics, there were only nine teenagers with clinically tested addiction to any kind of drug and 152 other drug-using teenagers in the under-18 age category in late 2008.[72] However, according to research on teenage IDUs carried out in Moldova's three largest cities, Chisinau, Balti and Tiraspol, in four months alone 193 IDUs aged from 12 to 18 years were detected. [73]

Mandatory teaching of a course on good life habits in schools could create a protective environment and provide teenagers with knowledge and practical skills to prevent HIV. The harm reduction program should be revised to reflect the needs of younger groups of adolescents at risk and become more gender-sensitive. Today there are no mandatory courses in schools on sexual and reproductive health education[74]. A course themed "Life Habits" was developed in 2005, but was never introduced as a mandatory subject due to strong opposition from the Moldovan Orthodox Church. Yet the implementation of such a course was one of the commitments

[72] National Narcological Dispensary.
Notification on health and development of teenagers in 2008, unpublished

[73] Scutelniciuc, Bivol, Osoianu, Survey on the situation of children and families infected with HIV and of the persons living with HIV in Moldova, the National Center for Sanitary Management, 2008.

[74] At present, optional courses are in place on the following themes: "Civic and Moral Education", "Health Education", "Civic Education", "Me and the Law", "Education for Family Life".

undertaken by Moldova to be able to receive financing from the Global Fund for stopping and preventing tuberculosis, sexually transmitted diseases and HIV/AIDS. Moreover, by adopting the "Education for All" National Action Plan, the Government assumed the obligation to ensure everybody's access to proper education by 2015 and promote good life habits, health education, civic education, family education and vocational training. The HIV/AIDS Law adopted in 2007 explicitly declares the necessity of a course for teaching good life habits as an instrument employed in school to prevent these diseases.

In May-December 2009 the National Campaign Against HIV/AIDS took place. As part of this campaign 26 creative actions were undertaken, including 2 TV talk-shows and 3 documentary films. Information billboards have been installed at cross-border points, and at the airport and railroad station in Chisinau.

The implementation of the DOTS Program, in compliance with the National Program for the Control and Prevention of Tuberculosis, covering the periods 2001-2005/2006-2010, has contributed to the detection of tuberculosis and the development of statistics in the area, which will allow the opportunity to monitor and predict the development of tuberculosis incidence in coming years. But it is access to testing and free treatment, in combination with poverty and marginalization, as well as unhealthy lifestyles, that explain why tuberculosis incidence remains high.

Access to second-line tuberculosis treatment has also been extended. From the launch of DOTS Plus until the end of 2008, 836 patients underwent such treatment. For the treatment in out-patient conditions of non-bacilliferous TB cases, a mechanism is in place to assist sufferers financially with buying medicines, food, and covering transport costs. For the purpose of executing the provisions of article 15 of Law no.153-XVI, of 04 July 2008, on the control and prevention of tuberculosis, Government Decision no.472, of 07 August 2009, was adopted to approve Regulations on the coercive treatment of people with contagious tuberculosis. In November 2009, the UN Committee Against Torture recommended that this Decision and related law be revised, in order to better meet the requirements of the Convention Against Torture. As a result, the Government is now in the process of revising the legal regime surrounding coercive treatment of persons with tuberculosis.[75]

Finally, at the initiative of the Minister of Health, in March 2009 a Working Group was established to examine and, where necessary, revise all laws, regulations and practices to better meet Moldova's human rights obligations in the field of health. First priority areas examined by the group are (1) HIV/AIDS, (2) tuberculosis, (3) sexual and reproductive health care, and (4) mental health care. Concerning the HIV/AIDS law and policy, the National AIDS Center delivered to the Ministry of Health in mid-2010 a list of legal acts which it believes would require amendment or annulment. The Ministry is currently preparing legal and policy changes in all of the four named areas.

Conclusions and recommendations

It is nearly a quarter of a century since the first cases of HIV infection were recorded in Moldova. Observations on the developments of the HIV epidemic process demonstrate that the epidemiological situation with respect to this infection is continuously deteriorating and continues to be a priority issue for the Republic of Moldova. The difficult social and economic situation, unemployment, the rapid spread of drug use and sexually transmitted diseases, extensive migration and the degeneration of family values are continuing to make for an unfavorable forecast for HIV/AIDS.

To optimize the system of measures dedicated to the prevention of the HIV/AIDS epidemic in Moldova and at the same time consolidate the institutions that offer medical assistance in order to improve

[75] United Nations Committee Against Torture, "Concluding observations of the Committee against Torture: REPUBLIC OF MOLDOVA", CAT/C/MDA/CO/2, 19 November 2009, para 24.

access to testing and treatment, it is necessary to optimize the process of information and education of the population so as to improve HIV/AIDS knowledge levels and stimulate a change in attitudes and behaviors. Courses taught in schools, promoting healthy life habits, with appropriate gender sensitivity, could create a protective environment for teenagers, providing them with knowledge as well practical skills to learn how to prevent HIV infection.

The success of the strategy to combat HIV/AIDS infection and reduce the pace of its spread is determined by prevention measures focused on behavioral changes, the promotion of healthy lifestyles, antiretroviral therapy, STIs treatment, treatment of co-infections of HIV/TB and and/or hepatitis, legal and social assistance to ensure human rights are observed, including those of infected persons.

The implementation of multi-sectoral tuberculosis control activities under the National TB Control Programs supervised by the National Coordination Council on TB/HIV, the implementation of the DOTS and DOTS Plus strategies recommended by the WHO, and the continuous training of relevant personnel have contributed to the stabilization of the epidemiometric indicators. However, despite some progress made in the implementation of the Programs, a series of problems remain to be addressed if the epidemiological situation related to tuberculosis is to be improved. In particular, the high rate of chemo-resistant tuberculosis and the inadequate numbers of medical personnel for the implementation of the programs' activities must be addressed.

In this context, the following actions are recommended to prevent and combat socially-conditioned diseases:

- Amend law, regulation and practices in this area to better meet the requirements of international and regional human rights law;
- Improve access of the general population, in particular persons in the 15-24 age group in rural areas, to prevention services, including education for good life habits in schools, voluntary and confidential HIV testing and counseling ;
- Ensure social and medical assistance to migrant workers with TB, regardless of his/her health insurance status;
- Promoting the return of medical personnel to Moldova; providing refreshment courses to ensure their re-entry into the medical profession;
- Ensure the inclusion of migrants into the national health care system by introducing these persons into the national health insurance system, by negotiating the portability of health protection benefits in destination countries and by promoting the benefits of health insurance outside of the country (in destination countries);
- Improve TB control mechanisms in penitentiaries (assessment, improved administrative measures, better personal protection and protection of the surrounding environment);
- Develop education, information and communication capacities in the health care system, in education, the public sector, the social sector and the army, with regard to socially-conditioned diseases; promote communication activities for behavioral changes;
- Introduce education on healthy lifestyles/ good life habits in schools to teach teenagers and youths how to prevent socially-conditioned diseases;
- Optimize the use of information distribution sources to prevent the spread of socially conditioned diseases and diminish stigmatization and discriminatory attitudes;
- Develop strategies to ensure the sustainability of interventions, including by gradually taking over the financing of HIV/AIDS and TB prevention and treatment programs by the state budget. ■

GOAL 7: Ensure a sustainable environment

Introduction

Addressing environmental issues in the context of achieving the Millennium Development Goals is crucial, bearing in mind that the state of the environment in the Republic of Moldova is highly degraded because of the intensive exploitation of natural ecosystems. The ecological imbalance in Moldova is a consequence of a combination of global factors – the degradation of environmental quality globally – as well as national factors – irrational exploitation of natural resources, in particular of renewable resources. Although the areas of state-protected nature reserves and forested land are continuously expanding, progress in increasing the share of the population with access to improved water sources and sewerage is quite slow. Moreover, considering that in the light of the measures to prevent the worsening of the economic crisis, government spending on environment protection and capital investment was cut, environmental sustainability in Moldova will be endangered. Yet the state of the environment is directly related to public health and therefore environment protection becomes crucial.

General tendencies

About two centuries ago, forests covered about 30 percent of what today forms the territory of the Republic of Moldova. As years passed, forested areas shrank, hitting a low in 1945, after which the trend reversed. Currently, forests cover 11 percent of the territory of Moldova .The Republic of Moldova is one of the countries with the lowest percentages of forested areas in Europe, compared to 27 percent in Romania, 30 percent in Bulgaria, 37 percent in Portugal, etc. Forests grow particularly unevenly across Moldova, occupying 7.2 percent of the northern part, 13.5 percent of the central part, and 6.7 percent of the southern part.

State-protected natural preserves make up a small proportion of Moldova's territory. In 1998, the combined area of the state-protected nature reserves was roughly 66,500 hectares, which represented 1.96 percent of the country's territory, one of the smallest percentages in Europe. These figures remained unchanged until late 2006, after which the share of nature reserves rose to 4.65 percent. In 2007 some 94,700 hectares of wetlands of national importance were given the status of state-protected nature reserve[76]. As a result, the total area of state-protected nature reserves reached the level of 4.78 percent of the country's territory[77].

At the same time, the living conditions of a considerable part of Moldova's population are inadequate as access to sanitary infrastructure remains limited. Thus, despite rising from the year 2000 (37.8 percent), just slightly more than half the country's population (55 percent) has access to improved water sources, and this is mainly in urban areas. Similarly, despite an improvement since 2000 (31.8 percent), less than half the population has access to sewage, again, mainly in cities. The biggest leap occurred in 2005, when, after relatively uniform growth in the share of the population with access to sewage, it saw an increase of 11 percentage points compared to 2004. The percentage of the population with access to improved sanitation is even smaller, rising insignificantly in the last eight years – from 41.1 percent in 2000 to 45.9 percent in 2008.

[76] In particular, the lakes located in the Lower Prut, Lower Nistru (the districts of Causeni, Stefan Voda) and Unguri-Holosnita (districts of Ocnita, Donduseni, Soroca).
[77] This figure is based on the information provided by the Ministry of Environment of the Republic of Moldova.

Box 13. Revision of MDG targets on a sustainable environment

Most MDG targets on the environment were revised in 2007, following the first intermediate results reached in 2006. The only target that has been left unchanged is that on afforestation, as the share of forested areas in 2006 was very close to the intermediary target for that year, and therefore the original targets for 2010 and 2015 were considered to remain valid. At the same time, a boost in the share of protected areas to preserve biological diversity occurred in 2006 (4.65 percent), so during one year alone, not only were the MDG preliminary targets for 2006 and 2010 exceeded, but so was the final target for 2015, which was 2.4 percent. In this context, it was decided that until 2015 the percentage of protected areas must be maintained and their degradation must be avoided.
The target concerning extended access to safe water sources has been slightly adjusted to consider the current capacities of the Republic of Moldova to make investments in this area. At the same time, the source of data was modified as the data provided by the National Centre for Preventative Medicine were considered to be more accurate than that from the National Statistics Bureau. Also, the initial target on the access of the population to sanitation was deemed an overestimate and was adjusted accordingly. It is important to mention that in the first MDG progress report, targets were set only for the sanitation indicator, as other indicators related to the access of the population to sewage were not considered. That omission was later rectified and specific targets were set. It was decided to opt for an optimistic scenario, according to which every household with access to improved water would have access to sewage facilities, as well.

Assessment of progress towards the MDG

TARGET 1. *Integrate principles of sustainable development into country policies and program and reduce degradation of natural resources. Increase forested area from 10.3 percent in 2002 to 12.1 percent in 2010 and 13.2 percent in 2015.*

The Government of Moldova has recognized environment protection as one of its priorities in the act of governing, by incorporating ecology-related activities and actions into the country's policies and programs, including: The Activity Program of the Government, the National Development Strategy, the National Action Plan on Human Rights, the National Strategy for the Sustainable Development of Moldova's Agro-industrial Sector covering the period 2008-2015, the National Energy Strategy of Moldova covering the period through 2020, the Terrestrial Transportation Strategy covering the period 2008-2017, the Strategy on Access to Water and Sewage in Moldova, the Strategy on the Sustainable Development of Forestry, the State Program on the Regeneration of Forestland and Afforestation covering the period 2003-2020. However, environmental protection principles remain weakly reflected in the documents related to sectoral policies.

Regarding the target for the share of forested areas, the situation changed little in 2007 and 2008. From 2005 to 2007 the percentage of forested land had been constant, standing at 10.7 percent, while in 2008 that figure increased slightly, to 10.9 percent of the total area of the country. The increase was due to afforestation activity on degraded land covering 7,500 hectares. In 2009, according to the State Inspection for Environment, the area covered with forests increased by 4670 ha, which should have raised the share of forested land up to 11 percent. Bearing in mind the slow pace at which forested areas are growing, we can admit that the intermediate target for 2010 is unlikely to be achieved. Contributing to this less positive result will be the optimization of government spending in response to the economic woes affecting the country and the rising budget deficit. Thus, the decision to suspend the allocation of state budget money for the planting of new forests from 2010 to 2011 (while concurrently ensuring the maintenance of previously planted young forests) will unavoidably affect the attainment of the intermediate target for 2010. At the same time, as funding for new forests is expected to resume only from 2012, increasing the share of

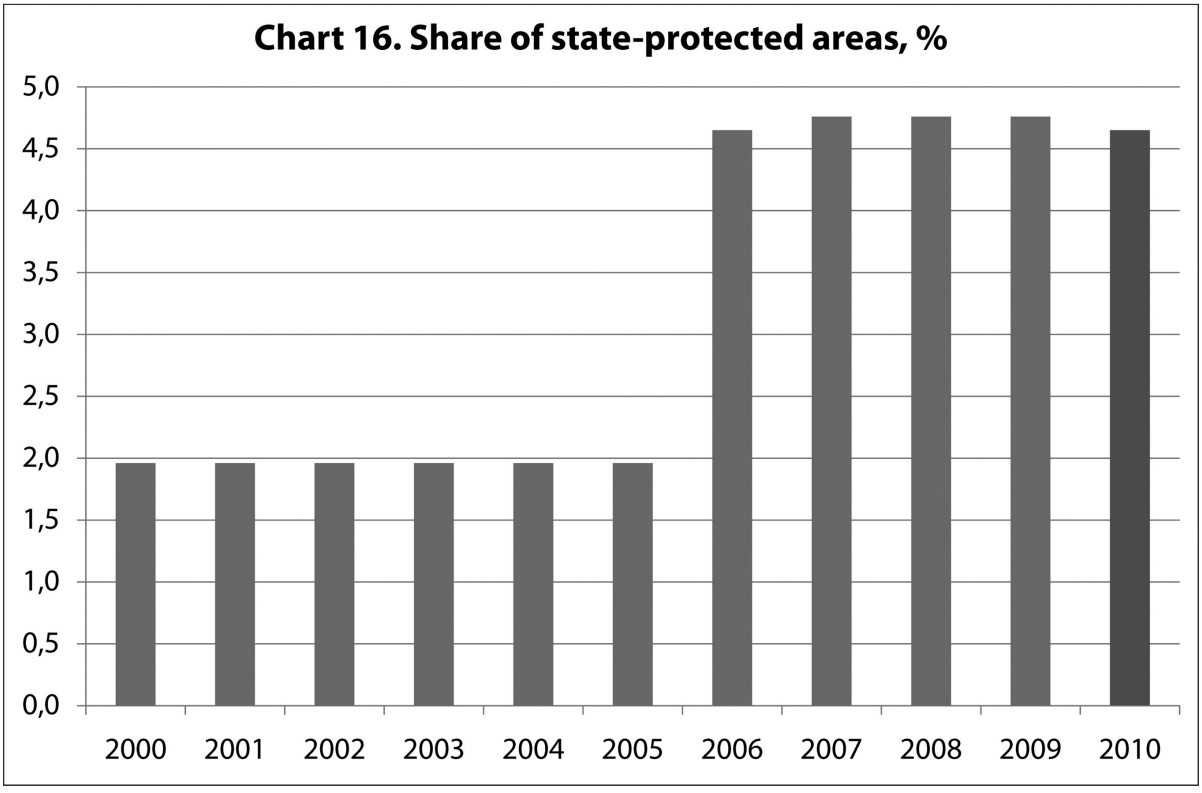
forested land by more than two percentage points in just three years seems to be an impossible mission. Achieving this target could be supported only by attracting external financing. Over the course of the years 2002-2009 the forestry agency Moldsilva planted 33,270 hectares of forest on degraded land, which had been excluded from agricultural use under projects developed jointly with the World Bank. These projects aimed, among other things, to sequester carbon and reduce greenhouse gas emissions (GGE) and improve forestry resources. Selling GGE credits subsequent to these projects offers the opportunity to cover an important part, about 20 percent to 25 percent, of the initial investment in afforestation[78].

TARGET 2. *Increase the share of protected areas to preserve biological diversity from 1.96 percent in 2002 to 4.65 percent in 2010 and 4.65 percent in 2015.*

The evolution of the share of state-protected areas for the preservation of biological diversity has not been uniform since 2000. After 5 years during which the percentage was constant, in 2006 the area of state-protected natural preserves rose by 94,705.5 hectares to reach a share of 4.78 percent of the country's territory (see Chart 16). In 2009 the share of state protected areas did not change, as no new areas were declared protected. But, as a result of actions undertaken in 2006, both the intermediate target for 2010 and the final target for 2015 were attained and exceeded.

The significant progress made towards achieving this target implies a need for a medium-term objective to maintain the area of existing nature reserves that are already under state protection and avoid their deterioriation. Thus, qualitative growth is as important as quantitative growth with regard to natural resources, because assigning an area the status of nature reserve implies a series of subsequent actions, like the allocation of necessary financial and human resources for maintenance and protection. This is especially important since, over the course of the last

Chart 16. Share of state-protected areas, %



Note: red shows intermediary target-value of the indicator;
Source: Ministry of Environment of the Republic of Moldova.

[78] with the figures provided by the Ministry of Environment which are much higher. For instance, according to Ministry's figure, as of beginning 2009 the total share of the forests fund in total land fund was 13.1%.

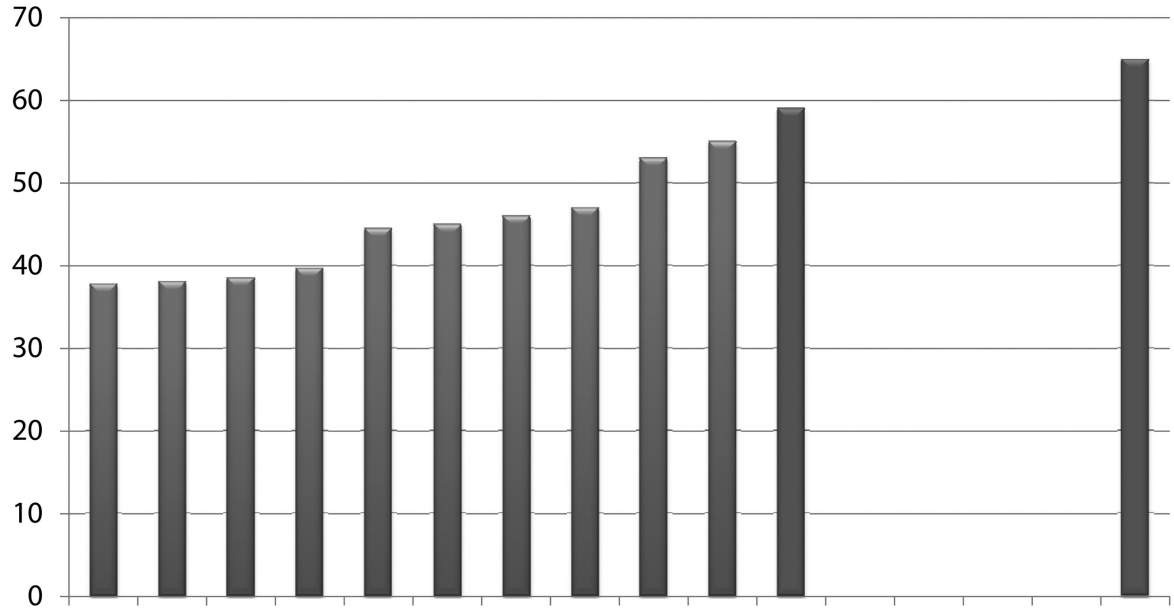
few decades, the quality of the natural resources has worsened. The main causes of the deterioration in biodiversity are the following: i) perturbation of the general geo-ecological balance of landscapes; ii) continuous degradation of natural ecosystems; iii) reduction of specific biodiversity and deterioration of biocenoses; iv) degradation of the gene pools of the uncultivated species of flora and of wild animals; v) destruction of the migration routes of wild animals and dispersion routes of wild plants. Additionally, the climate changes that have taken place have affected multiple local species of plants and animals, which subsequently had a significant impact on the state of the ecosystems and on the conditions offered by the ecosystems to their inhabitants.

TARGET 3. *Increase the share of people with permanent access to safe water sources from 38.5 percent in 2002 up to 59 percent in 2010 and 65 percent in 2015.*

After a relatively even development in the share of people with access to safe water and with an annual growth of roughly one percentage point, in 2008 this indicator saw a significant rise, of six percentage points from the previous year. In 2008 the share of the population with constant access to improved water sources amounted to 53 percent, including 92.2 percent of the urban population and 26.7 percent of the rural population (see Chart 17). According to recent statistical data, in 2009 the population's level of access to water sources improved further, reaching 55 percent. This rise was mainly due to the implementation, with the support of Moldova's development partners, of a number of projects to build or rehabilitate water supply systems in several parts of the country[79].

If this pace of developing and ensuring access to safe water had been maintained to repeat the success of 2008-2009, the intermediate target for 2010 could have been attained. However, bearing in mind the measures aimed at optimizing public spending in 2010, the accomplishment of the 2010 intermediate target seems rather improbable, even considering the financial assistance provided

Chart 17. Share of people with access to improved water sources, %



Note: red shows intermediary and final target-values of the indicator;
Source: Ministry of Environment of the Republic of Moldova.

[79] Activities to extend access to improved water sources are supported by the World Bank, through the Social Investment Fund, the Swedish Agency for International Cooperation Development, the European Commission and the Czech Government.

by the country's development partners (for example, the European Commission is supporting the Republic of Moldova in meeting this objective by providing EUR45m for projects meant to improve access to water and sewage facilities, in conformity with European standards in the field).

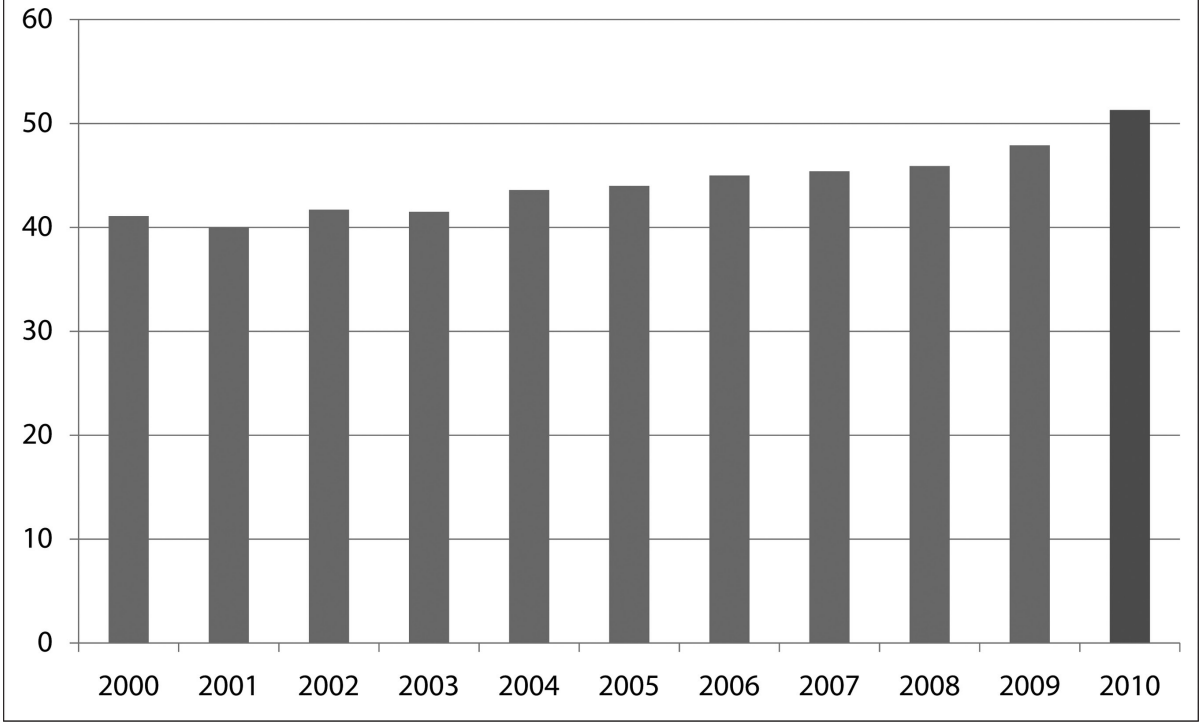
The accomplishment of the final target, however, also depends on the way and the pace at which the Moldovan economy recovers and how the state budget accumulates incomes which could allow for adequate public expenditure on infrastructure rehabilitation in general and on the construction of water supply systems in particular. Attracting foreign assistance for this purpose is also crucial. At the same time, the attainment of the targets will depend, as well, on the way the Government promotes measures to prevent water deficit. According to the 2009-2010 Human Development Report, it is expected that roughly half the country's territory, population and economy will face the risk of water scarcity in the near future.[80] Serious investment will be needed in the equal distribution of the available water; otherwise, human development in many parts of Moldova could be retarded by the gap between demand for water and water availability.

TARGET 4. *Increase the proportion of people with permanent access to improved sewerage from 31.3 percent in 2002 to 50.3 percent in 2010 and 65 percent in 2015.*

An important issue for the population of the country relates to the construction, development and rehabilitation of public sewer systems and water treatment facilities. Unfortunately, because of financial constraints, programs of providing communities with sewerage systems do not received the same amount of financial attention as programs on the water supply, so progress in ensuring the population with improved sewage is very slow.

Over the course of 2007, the repair and reconstruction of sewage systems was carried out in 11 communities only, while water treatment stations were repaired in only seven towns. As a result, the share of the population with constant access to sewerage amounted to 43.9 percent (see Chart

Chart 18. Share of people with access to improved sewage, %



Note: red indicates the intermediate target for the indicator;
Source: Ministry of Environment of the Republic of Moldova.

[80] Sirodoev I.G., Knight C.G., 2008: Vulnerability to Water Scarcity in Moldova: Likely Threats for Future Development

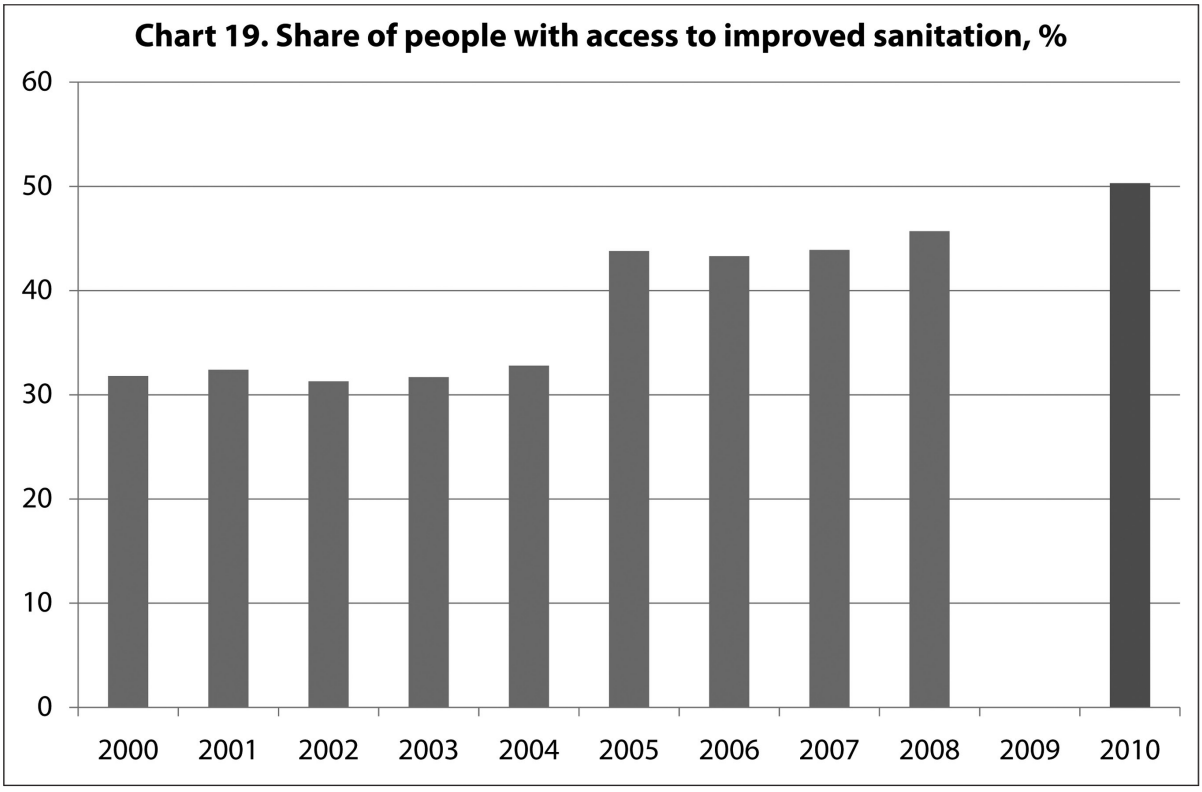
18). In 2008 only 29 kilometers of sewer pipes were repaired, taking the percentage of the population with access to sewerage to 45.7 percent, while in 2009 the indicator was 47.9 percent. The results achieved in the last few years in attaining the MDGs show that the targets for 2010 and 2015 will probably not be fulfilled. At the same time, the European Commission's project on water supply and sewage is likely to contribute to maintaining an upward trajectory for this indicator.

TARGET 5. *Increase the number of population with access to sanitation systems from 41.7 percent in 2002 to 51.3 percent in 2010 and 71.8 percent in 2015.*

Sanitation-related issues in Moldova have not received adequate attention in recent years. An overwhelming majority of rural communities do not have public sanitation facilities at all, except for those located near large towns and cities, as waste collection and disposal services are provided by specialized divisions within municipal enterprises that are responsible for housing management or public amenities.

Therefore, the share of the population with access to sanitation facilities has changed little in years. The share of the population that had access to improved access to sanitation in 2008 was 45.9 percent, an unsubstantial rise from 45.4 percent in the previous year (see Chart 19). The slow advancement of this indicator suggests that the intermediate target for 2010 will not be achieved. At the same time, the final target for 2015 also seems overambitious in the current circumstances.

Chart 19. Share of people with access to improved sanitation, %



Note: red shows intermediate target for the indicator;
Source: Ministry of Environment of the Republic of Moldova.

Impact of environmental policies

Assessing the impact of public policies on the environment is an important activity, which has been neglected in the past. Only since 2008 has regulatory public analysis become a requirement for authorities proposing legislative initiatives, and this applies to a certain extent to environment-related proposals as well[81]. Public polices

[81] According to Law no. 235-XVI of 20 July 2006 on the basic principles of regulating entrepreneurial activity, effective 1 January 2008, every draft of a legal proposal shall come with a regulatory impact analysis.

developed earlier, especially in the area of the economy, did not take into account in adequate fashion the potential impact on the environment, as they were conceived to highlight only the economic benefits they would yield. That is why it is important to promote the application of international practice on the strategic evaluation of public policies in conformity with Directive 2001/42/EC on Strategic Environmental Assessment.

At the same time, the authorities responsible for environmental issues are trying to somewhat compensate for the harm done to the environment in the past by formulating specific public policies. An example is the Strategy on Sustainable Development of Forestry, adopted in 2001, which was used in fixing targets for the national MDGs. The Strategy states that in 2020 the share of the forested land shall reach 15 percent of the country's territory. No less ambitious are the objectives contained in the Program for the provision of water and sewerage to localities in the Republic of Moldova by 2015. Additionally, the Ministry of Environment is developing a set of laws and regulations which are expected to have a significant impact on the preservation of biodiversity.[82] The access to sanitation of communities in Moldova is regulated by the Conception on the Sanitation of Localities (Government Decision no.486 of 2 May 2007) and the Action Plan for the implementation of the Conception.

Forests in the country are predominantly made up of deciduous species (97.8 percent); evergreen species make up only 2.2 percent. Approximately half the total woodland area is occupied by oak stands and 12 percent by other native species. In the last 50 years, the forested area has increased considerably through extensive planting of different varieties of acacia and other native species, which are preferred for their ability to adapt to the conditions of degraded land. Although the total area occupied by oak stands increased by 18 percent, their share in the total forested area fell by 13.6 percent. Yet more than one third of the young forests have been created from artificially introduced species which do not occur naturally in Moldova's ecosystems, while some 90 percent of the durmast oaks and over 60 percent of the oaks stem from second-to-fourth generation shoots. For these reasons, their ability to develop resistance against unfavorable biotic and abiotic factors is very low. The planting of tree species alien to the local climate, the inadequate observance of the technical guidelines on woodland management and the increasing rates of illegal tree-cutting are some of the causes that have led to the degradation of forests. Thus, most forests require urgent action for their ecological reconstruction, and in particular to restore their initial makeup.

Concerning the state-protected nature reserves, the efforts made by the Government in this respect have aimed at restoring biological and landscape diversity to an optimal degree, and at implementing adequate measures for the protection and preservation of natural areas in conformity with international requirements. The measures to protect and preserve biological diversity included in the National Strategy and the Action Plan for preserving biological diversity (Government Decision no.112-XV of 27 April 2001) and in 11 other legal documents regulating the area, including a special law – the Law on the stock of state-protected natural preserves no. 1538 of 25 February 1998, which lists all the areas that are offered protection – have been accomplished, yet their impact is uneven. It remains now to ensure the maintenance and adequate management of these natural areas.

Perhaps the best way of making the most of the available local resources in preserving the natural and cultural heritage is the National Parks and the biosphere reserves. In Moldova the process of creating national parks and biosphere reserves, which are common throughout Europe and are widely spread around the globe, is in its infancy. These categories of protected areas should

[82] Law on Environment Protection, Law on Waste, Law on Water, which is to replace the old Water Code.

be established in Moldova, as well, including by using the existing scientific reserves as a foundation.

Another effective means of preserving biological diversity is the establishment of a national ecological network as well as campaigns to raise public awareness of the importance of the natural heritage. By extending the area of the nature reserves to 10 percent of the country's territory the state can ensure the protection of half of the ecosystems' biota. The ecological imbalance, the current socioeconomic state, the extensive exploitation of natural resources and of the entire habitat of the country require urgent action for identifying, recognizing and developing a national ecological network, which would comprise all the nature reserves, the typical natural geosystems and ecosystems that exist in the various landscape regions of the country. The establishment of natural parks, biosphere reserves and the natural ecological network would

Box 14. Use of polluted water in Moldova

Some 2m people in Moldova, or half the country's population, use polluted water in their daily lives. The scarcity of drinking water in people's households is caused by the disastrous condition of the water pipes and sewer facilities in urban areas and the lack of any water and sewage systems whatsoever in most Moldovan villages. Eight in ten water wells and springs do not meet sanitary standards.

The lack of proper drinking water is often associated with infection outbreaks. There is a direct relationship between the highest incidences of diarrheal diseases and salmonella infections and the hottest months of the year, and the whole population, but especially children, are at a higher risk during these periods. The daily intake of polluted water is particularly dangerous for the health of the elderly, invalids and children. This increases even more the risks caused by the already scarce water resources in some parts of the country, in particular the southern region.

With each day that passes the quality of water in wells gets worse. But tap water does not meet safety standards either. Because of frequent pipe ruptures and supply disruptions the conditions are created for pathogenic bacteria to develop, as a result of which tap water gets contaminated. Data assessment shows that the chemical, sanitary and microbiological indicators that measure water quality have worsened abruptly over the last six years. In 2003, 82 percent of the wells with drinking water did not meet sanitary standards. This percentage rose to 84.8 percent in 2008. If this tendency continues, we can expect that in the next five years the proportion of wells that are unsafe will rise to 86.7 percent. Also, tests conducted by the National Center for Preventive Medicine found that the percentage of unsatisfactory drinking water rose from 30.0 percent to 38.4 percent of the total in 2008. Should this trend continue, the share of water that does not meet microbiological standards is likely to reach 44.1 percent in 2012.

In these circumstances, the morbidity associated with polluted water has increased. Some 80 percent of the diseases associated with a bad environment are caused by excessive water pollution and only 20 percent by other environmental factors. Polluted water is responsible for shortening the life expectancy of every rural resident by four to five years.

The rural population, which makes up about 60 percent of the total, relies much more on non-piped water supplies than the urban population, so the degradation of the water quality mentioned above would have a disproportionate impact on rural residents. No less important is the fact that children, who are particularly vulnerable to intestinal diseases, will be especially affected. This is a very concerning perspective, because there is a risk of a collateral impact on human development, as well as on the education and labor opportunities of these children. The children's poor health could divert the households' resources toward treatment instead of education, which could otherwise lead to better employment opportunities and higher living standards in the future. This impact could be amplified even more by a higher incidence of poverty among rural households compared to urban ones. The optimal solution to this issue could be the implementation of projects to improve water quality and also to raise the awareness of the population of the risks they expose themselves to when disposing of waste in unauthorized places.

Source: The 2009/2010 National Human Development Report, "Climate Change in Moldova: Socio-Economic Impact and Policy Options for Adaptation"

follow the prescriptions of the Convention on Biological Diversity signed in Rio de Janeiro and ratified by Moldova in 1995.

The quality of the drinking water used by nearly half of the country's population is unsatisfactory, affecting their health (see Box 14). Another issue is the availability of groundwater in different parts of the country. Over 4,000 artesian wells and roughly 150,000 wells and springs from the phreatic layer are being exploited today in Moldova. The availability of groundwater sources is uneven across the country as most of them are concentrated in the valleys of the rivers Nistru and Prut and gradually diminish in number and density as the distance from these rivers increases. The regeneration rate of water resources is 11 percent annually, which is insufficient to maintain the cycle of these resources at a stable level. Considering that Moldova is often stricken by drought, the outflow of water resources falls significantly during such periods, affecting water consumption in general. The availability of drinking water is also uneven: the average outflow levels decrease significantly from north to south. The average water consumption in the country is 163 liters per person per day, which is less than in most countries in Central and Southern Europe (255 liters per person) and much behind Western countries (300 liters per person). It should be underlined that in many settlements in southern Moldova this indicator does not exceed 20 liters per person.

The economic recovery and stabilization program aimed at optimizing government spending in order to prevent the crisis from worsening will at the same time affect the attainability of some targets under this goal. For example, the reduced financing for tree planting will unavoidably affect the target with respect to afforestation. At the same time, the redistribution of public expenses from capital investment to the social sector for the support of the vulnerable categories could delay the construction of water pipes, sewage and sanitation facilities and thus slow down progress towards improved water and sanitation. In this context, the support of the development partners will be decisive.

Conclusions and recommendations

The achievability of the MDG targets with regard to environmental sustainability is different for each target. The extension of the protected areas exceeded even the target for 2015, while the share of the forested areas is rising and could achieve the final target set for 2015. At the same time, important indicators measuring both the state of the environment and the health of the population, like access to water, to sewage and sanitation, are seeing slower progress, so the risk that the targets for 2010 and 2015 will not be accomplished is high. The short- and medium-term activities that are to be undertaken by the Government, with the support of civil society and the country's development partners, in order to achieve the established targets should be focused on preserving the positive results achieved and intensifying efforts to achieve the remaining targets. In this context, it is necessary to remove all the barriers on the path towards accomplishing these targets and make sure that the effected changes are not just quantitative but also qualitative.

Regarding the state-protected natural areas, the assessment of the system of these reserves, in terms of how they meet integration, extension and spatial distribution criteria, indicates that this system has serious shortcomings. First of all, the protected areas appear unevenly on the territory of the country[83]. Another shortcoming is the small (albeit increasing) area of the reserves, which is the reason why they cannot provide adequate vitality to the populations of endangered species. In such conditions the endangered species

[83] The central region has a greater share of natural reserves than the northern part of the country and, especially, the south and the east. Also these preserves are spatially isolated and not connected with each other by migration corridors, which leads to the isolation and genetic degradation of the species occurring in these areas.

are deprived of the possibility of restoring their optimal populations and diversifying population attributes like age and gender. Thus, the management of the protected areas remains unsatisfactory.

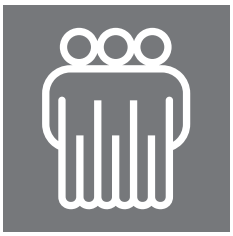
Also typical of the system of state-protected natural areas in Moldova is the fact that most reserves are placed in the forestry sector, and represent 15.3 percent of the total area of the forestry system and about 17 percent of the forests. For this reason, it is necessary to adjust forest management instruments to the requirements of the Law on state-protected natural areas, exclude areas that do not need to be classified as reserves (nut orchards, groves of fruit-bearing trees and bushes, Salicacee species, arable land, etc.), define (in some cases) the purpose of the preservation and subsequently develop a suitable management plan.

Regarding the access of the population to sanitation infrastructure, bearing in mind that state budget allocations are insufficient, in order to accomplish the MDG targets the relevant central and local authorities need first of all to take concrete measures to attract foreign financing for the construction of new water supply and sewer systems and thus ensure the population with proper and stable services and ensure that most people have constant access to improved water sources.

With respect to water access in urban areas, it is crucial to maintain existing water supply systems. First of all, it is necessary to make sure that they are exploited rationally in a manner that would allow them to become financially self-sufficient and at the same time offer reasonable rates and quality services for the population. This would allow for undisputed access to tap water.

At the same time, over the next few years, inadequate financing may leave many rural communities at a stage in which decentralized sources will remain the sole source of water, as priority for the construction of centralized systems will be given to settlements where the health of the population is already at a greater risk because of the scarcity of potable water or its bad quality. Considering the problems that could compromise the accomplishment of the MDG targets on environment, the following key actions are recommended:

- Make an inventory and document the potential of the existing system of state-protected natural areas;
- Promote Strategic Environmental Assessment and Environmental Impact Assessment as an integral part of the policymaking process;
- Introduce new policies based on an integrated landscape approach to protect biodiversity in the context of climate changes;
- Establish National Parks, a National Ecologic Network and biosphere reserves;
- Develop strategies to increase the resistance and elasticity of ecosystems;
- Create new centers to preserve biodiversity, which would monitor and take immediate action to protect biodiversity in its natural state;
- Maintain young forests adequately;
- Carry out ecological reconstructions of existing forests, in particular restore their initial composition;
- Attract foreign financing to extend the access of the population to improved sources of water and sewage;
- Adjust existing water supply systems to the current requirements of the national economy with a view to reducing water losses caused by failures of piping or irrigation systems;
- Adopt and implement the Law on Sanitation to introduce sanitation services to localities across the country and establish rates for these services. ■



GOAL 8: Create a global partnership for development

Introduction

For a transition country like the Republic of Moldova, creating partnerships for development is essential to achieving high living standards for the entire population and to integrating the country into European and international structures. This means, first of all, constant cooperation on the part of all the nations concerned in attaining the first seven MDGs, and at the same time, requires action in other important areas that have not been covered by other goals, like external trade, the financial system, the transport and telecommunications infrastructure, meeting of external debt commitments, and others. These rather diverse areas have developed unevenly. Despite the widespread perception that Moldova is an agricultural economy, the telecommunications sector is rapidly expanding, and so is the financial sector, thus building the foundation for a sustainable economic modernization. At the same time, the transportation sector remains underdeveloped, while foreign trade is less diversified in terms of export destinations and the range of exported goods.

General tendencies

Moldova's foreign trade is constantly expanding. However, considering the particularities of the country's economy, which is largely based on consumption, imports satisfying the bulk of domestic consumption have risen in recent years at a greater rate than exports. Thus, from 1998-2008 the trade deficit grew more than tenfold. Foreign direct investment has also been rising constantly, yet at a slower pace than the amounts of remittances and imports. Foreign direct investment nearly tripled in the reported period, from 4.4 percent of GDP in 1998 to 11.7 percent in 2008, only to collapse in 2009.

The financial sector, which is made up of the banking and non-banking sectors, has developed unevenly over the last few years. Moldova's financial system is dominated by the banking sector, which is a typical feature of developing economies. With some foreign banks joining the domestic banking market in 2006-2007, competition has increased. The banking sector had seen rising activity indicators since 2002, but was affected in 2009 by the worsening of the economic crisis in Moldova. The non-banking sector is progressing at a slower pace and registers low growth rates.

The issue of foreign debt appeared in the Republic of Moldova in the mid-1990s and became more severe in the wake of the regional financial crisis in 1998. At the incipient stage of transition, in 1991, the Republic of Moldova had no external debt, yet by 2000 its total external debt had climbed to 133 percent of GDP, while external government debt stood at 60.4 percent of GDP. Over the last few years, the Government of Moldova has made sustainable efforts to settle foreign debt, reducing it to

Box 15. Revision of MDG targets on partnerships of development

The first MDG report compiled in 2004 established two distinct national targets for this goal: (i) develop and implement youth strategies and (ii) build an information society. While both aspects are important for the development of the Republic of Moldova in the long run, the international commitments under this Goal address a vaster array of issues, which are of great significance for Moldova as well. In 2007, specific targets were introduced for a number of important areas which had not been considered by the initial targets. Thus the national MDG on global partnerships for development has been adjusted to reflect the commitments assumed internationally and has been supplemented with general and specific targets in the area of foreign trade and investment, the financial sector, foreign debt, land-lock issues and drug policies.

67.8 percent and 12.9 per cent respectively in 2008. However, the economic crisis in Moldova required negotiations with the country's development partners on new loans, which will again add to foreign debt. Calculations based on recent statistical data published by National Bank of Moldova and Ministry of Finance show that in 2009 total foreign debt rose to 80.9 percent of GDP, while external governmental debt reached 17.7 percent of the GDP.

A particular role in creating partnerships for development is played by youth[84]. The social changes that came in the 1990s have afforded a multitude of opportunities to young people, whose age and creativity naturally enable them to make better use of a genuine democracy and an economy based on free initiative, as well as of the European orientation of our country. Yet the delayed transition to a genuine market economy does not allow them to fully benefit from these opportunities.

Dealing with the issue of the landlocked geographic position is also important in the context of the increasingly widespread globalization process. Even though Moldova is situated at the crossroads of Eastern and Western Europe, the condition of the road infrastructure does not allow it to fully capitalize on the advantages of its geographical location and delays the transformation of the country into a regional hub. The Republic of Moldova intends to solve the problems associated with being a landlocked country by modernizing the transportation and customs infrastructures. In this context, it is necessary to further develop road and air transportation, improve highways and international railroad routes, and enhance the processing capacity of the customs system. In this regard, the completion of the Giurgiulesti port (located on the Danube) could offer Moldova a significant development boost.

A decent standard of living for the population and access to quality goods and services at reasonable prices are key to ensuring sustainable development in society. The population's access to medicines at acceptable prices is one important element of the population's health and security. The extent to which medicines are authorized and are physically available, both of which differ between urban and rural areas, also play a great role in providing the population with medicines.

Information and communication technologies (ICTs), which represent the sixth component of this national MDG, have seen considerable progress in Moldova in recent years. In just eight years ICT penetration has surged to make the ICT sector account for nearly 10 percent of GDP. This rate is considerably higher than in other countries in the region and is much higher than the European Union's average level. Moldova has come to rank fourth among the CIS member states in terms of the ICT development index, after Russia, Ukraine and Belarus. [85]

Assessment of progress towards the MDG

TARGET 1. *Further develop a transparent, predictable and non-discriminatory trade and financial system based on rules through promoting exports and attracting investments.*

Under this target, the Government has undertaken a commitment to demonstrate annual growth rates of 10 to 15 percent for exports of goods and services and diversify the range of exports and export destinations, as well as to make the best use of preferential trade facilities. The Government has also committed itself to ensuring a favorable legal and institutional framework for the development of the financial sector, including allowing foreign financial institutions access to the domestic market, which will stimulate competition and create a broader range of services and products that would be more accessible

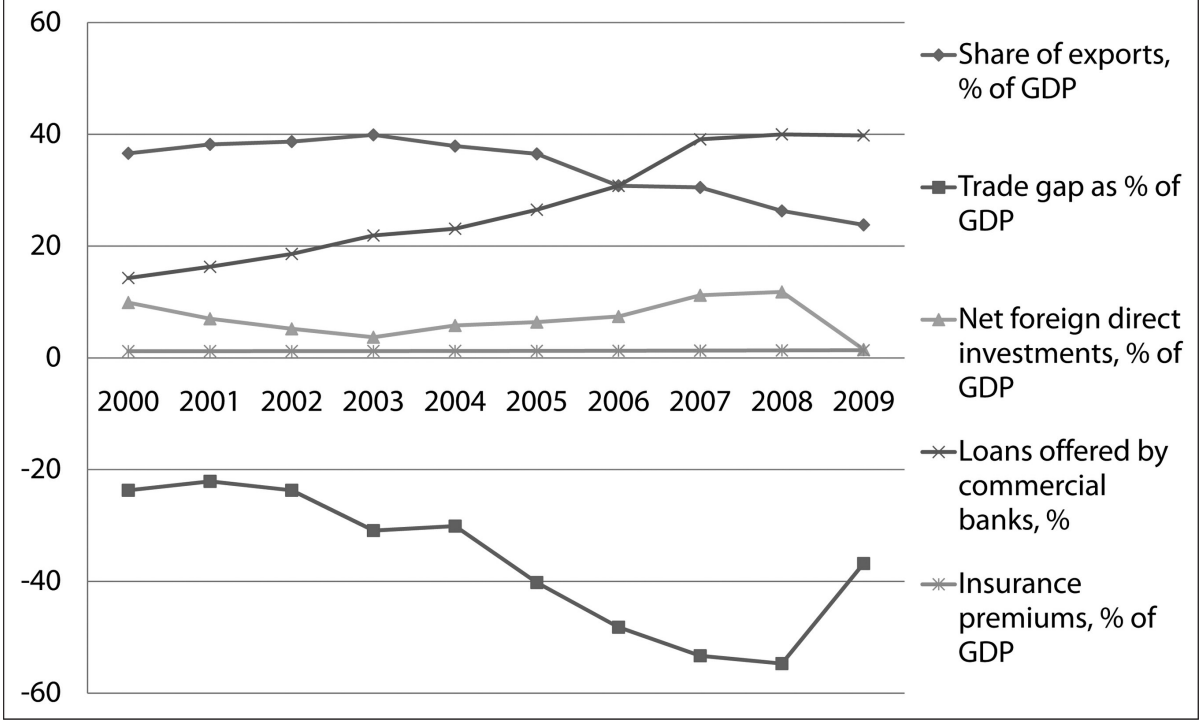
[84] Youth is defined as the population group aged between 15 and 24 years and accounts for 10 percent of Moldova's total population.

[85] According to the International Telecommunication Union's "Measuring the Information Society" Report, which measures the ICT development indexes of 183 countries, Moldova is ranked 68th, placing in the category of the countries with medium levels of the Opportunity Index (ICT-OI) (in 2007, Moldova ranked 83th). Noteworthy is the ICT-OI average annual growth rate for Moldova, where it is ranked 28th (35th in 2007).

to both individuals and legal persons.

To facilitate foreign trade and, in particular, diversify export destinations and the range of exported products, in 2000 the Government started acquiring membership in various European and international institutions, the most important of them being the World Trade Organization (WTO) and the Central European Free Trade Agreement (CEFTA). Additionally, in March 2008 the Republic of Moldova obtained Autonomous Trade Preferences (ATPs) from the European Union, which helped to extend the range of the exported goods and services at more advantageous terms than provided by the previous Generalized System of Preferences and its follow-up, the GSP Plus. The new dimension of trade relations between Moldova and the European Union required the introduction of a new mechanism for the distribution of quotas for the products subject to tariffs coming from Moldova[86]. However, the quotas offered by the ATPs are not fully used. At the same time, the share of commercial exchange carried out under free trade agreements decreased from 53.6 percent of the total in 2006 to only 36.8 percent in 2008. This is partly the result of Moldovan exports penetrating new markets not covered by free trade agreements.

Chart 20. Basic economic indicators



Source: National Bureau of Statistics, National Bank of Moldova and authors' calculations

While several years ago the principal market for the export of Moldovan goods was the CIS countries, a healthy tendency towards a redirection of exports towards the European Union has been observed recently. For example, while in 2000 the share of exports to the EU (27) and the CIS constituted 35.1 percent and 58.6 percent respectively, in 2008 the ratio shifted to 51.5 to 39.2 percent in favors of the EU countries percent. The current geographic distribution of the Moldovan trade is quite balanced and similar to what trade gravity theory predicts for the country[87]. However,

[86] The Government Decision no.262 of 7 March 2008 "on the administration of tariff quotas on exports of goods to the European Union". The categories of goods subject to tariff quotas, according to EU Regulations, are meat, dairy products, fowl eggs, wheat, barley, corn, white sugar, and grape wine that does not exceed 15 % alcohol-content by volume. By obtaining the European Union's Autonomous Trade Preferences, the Republic of Moldova has become the only CIS country to attain such a level of economic cooperation with the European Union.

[87] Expert-Grup, Impact of the EU trade regimes of Moldova' exports, 2008.

these opportunities, as well as other facilities offered under the free trade agreements signed with the CSI countries, as with the EU, are not fully used by Moldovan companies. Moreover, the global financial crisis, concurrently with the contraction in aggregate demand, has led to a contraction in Moldova's foreign trade. Thus, while in 2006 and 2007 the share of exports in GDP was 30.9 percent and 30.7 percent, respectively, in 2008 and 2009 exports accounted for only 26.3 percent and 23.8 percent of GDP accordingly. The trade deficit also widened, from 48.2 percent of GDP in 2006 to 54.6 percent in 2008, with a severe contraction back to 36.8 percent in 2009, as a result of falling domestic demand (see Chart 20). The 18.4 percent contraction in exports in 2009 indicates that the attainability of this target has been undermined by the global financial crisis. But with the recovery of the global economy, Moldova's foreign trade is expected to increase, as well, as shown by the exports recovery in first half of 2010. However, the current export recovery will probably be accompanied by stronger growth in imports, leading to a new trade misbalance.

The banking system has been growing in the last few years. Despite the economic crisis, the banks' combined assets in 2009 grew by 2.2 percent year-on-year and by 24.7 percent from 2007. Moldova's banking market consists of 15 commercial banks (one bank went bankrupt in 2009), including four subsidiaries of foreign banks and financial groups. Even though the banking system has been constantly developing, Moldovan banks' services are not accessible enough for a great part of Moldova's population. Though justified by the high inflation rate registered in2007-2008, the high interest rates on loans as a percentage made these loans unaffordable for a large proportion of SMEs (on average, 20.96 percent on loans in national currency and 12.02 percent on loans in US dollars in 2008). Moreover, except for several special lending facilities opened by the EBRD in a couple of commercial banks, the banking system of the Republic of Moldova is offering long-term loans in very few cases[88]. The global recession has caused the banking sector to become more reluctant to offer loans and protect them by keeping high interest rates in 2009 (20.3 percent on loans in national currency and 10.0 percent on loans in foreign currency), despite disinflation and repeated cuts to key rates and reserve requirements made by the National Bank. One of the most worrying trends was the growing non-performing loan rate, which rose from less than 5.5 percent of total credit portfolios in January 2009 to 17.8 percent in February 2010 with a slow reversal trend afterwards. As of mid-2010 the commercial banks started to cautiously increase the volume of loans, while trying to restructure or internalize the non-performing loans.

At the same time, it should be mentioned that the capital market is underdeveloped and has not become a genuine instrument for attracting investment into the economy of the country. The insurance market is not sufficiently developed either. There are 33 insurance companies working at present in the country, which is quite an impressive number for a state like Moldova, yet measured by international standards these companies are rather small, considering their low capitalization values. Insurance premiums grew insignificantly as a proportion of GDP from 1.27 percent in 2006 to 1.33 percent in 2008 and 1.36 in 2009. These figures place Moldova's insurance market at the bottom of the list among the South-East European countries. In 2009 new legislative changes have been adopted that will enforce significant structural changes on the market, with many companies set to merge in order to respect the new regulatory standards.

[88] In 2008 the EBRD approved a multi-client, multi-product framework facility for Moldova that provided partner banks with a full range of financial products including mortgage financing, SME credit-lines, consumer finance, energy efficiency credit-lines, leasing finance, guarantee facilities, syndicated loans, subordinated debt and equity investments.

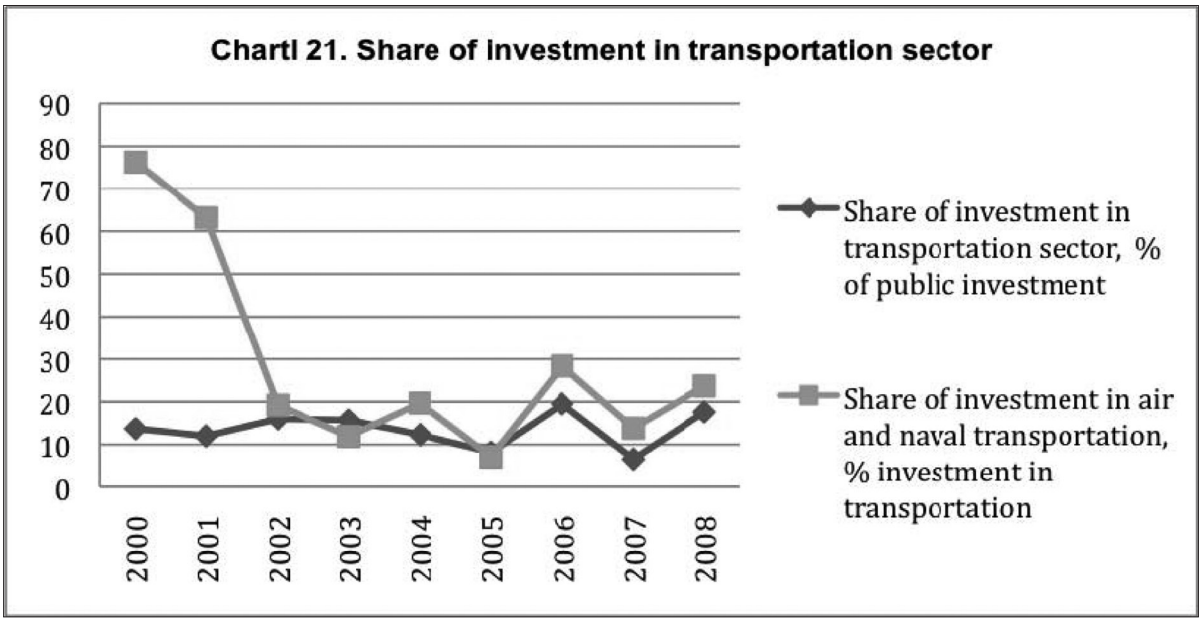
TARGET 2. *Deal with issues associated with Moldova's landlocked status by upgrading transportation and customs infrastructure.*

The tasks undertaken by the Government in achieving this target are the following: (i) upgrade the traffic capacity of international roads to 10,000 road vehicles per day; (ii) increase the share of investment in the transportation sector to 20 percent of total public investment; (iii) increase the share of investment in the development of the air and naval transportation to 35 percent of total investment in transport; (iii) upgrade the processing capacity of each customs checkpoint to an average of 1,000 road vehicles per day.

The problems related to the country's landlocked status were partially solved with the opening of the Giurgiulesti port in 2009. However if Moldova wants to increase foreign trade substantially this may not be enough. Despite gaining access to a very small portion of the Danube shore, the Republic of Moldova still remains a landlocked country with few opportunities for international trade expansion, but with a large number of behind-the-border barriers to trade.

The share of investment in the transportation sector in total public investment rose from 13.7 percent in 2000 to 17.6 percent in 2008 (see Chart 21). At the same time, the percentage of investment in the development of air and naval transportation dropped from 76.3 percent of total investment in transportation in 2000 to 23.7 percent in 2008. This level of public investment is not enough to attain the targets under the MDG and does not create an opportunity to improve road infrastructure and enhance road traffic, especially after the drastic reduction in public investment in 2009.

At the same time, the Government will have the support of the country's development partners in its efforts to build and rehabilitate roads, in particular the assistance of the Millennium Challenge Corporation, which offered Moldova a non-reimbursable credit of US$262 million, half of which will be allocated to road rehabilitation. Additionally, in 2008 the EBRD offered a loan of EUR25.5 million in support of the air transportation sector, specifically for the modernization of Chisinau International Airport; a project aimed at improving runways and connection paths, enlarge the passenger terminal, install special equipment, etc. The European Investment Bank contributed to the project with a loan of EUR20 million. The offered assistance could help Moldova make better use of its geographical location and could accelerate the attainment of the relevant MDG.



TARGET 3. *Monitor external debt issue*

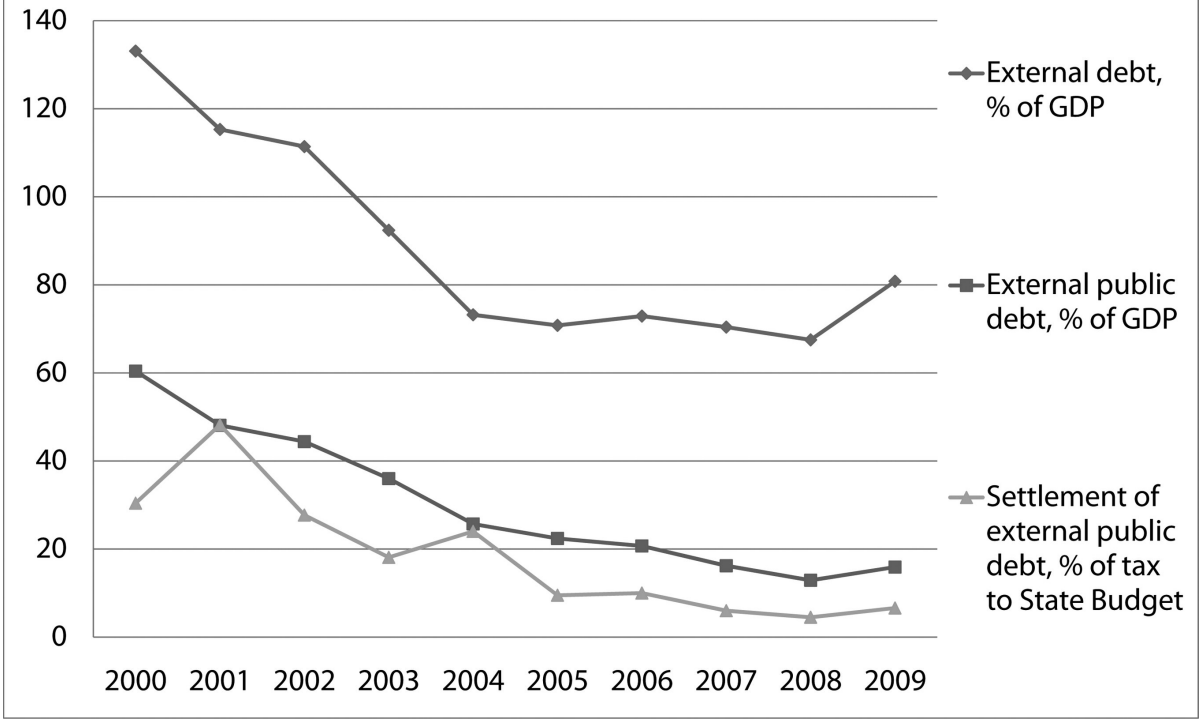
Considering that Moldova, as a transition country, needs increased assistance from creditors and donors to implement pressing reforms, policy governing foreign debt has been oriented to attract external public loans under the best possible terms for investment and budget support purposes. The issue of the foreign debt is constantly monitored by the authorities.

Moldova's external debt outlook improved constantly in the last decade, with a low risk of debt distress. The share of external debt dropped from 72.9 percent of GDP in 2006 to 70.4 percent in 2007 and 67.5 percent in 2008 (see Chart 22). At the same time, external public loans represented 12.9 percent of GDP in 2008, falling from 16.2 percent in 2007 and 20.7 percent in 2006. In 2008 the share of foreign debt settlement was 4.1 percent of total basic budget income, down 1.1 percentage points from 2007.

The contribution of international organizations to Moldova's foreign debt has been constantly falling. It constituted 28.4 percent of the total accumulated loans in late 2008, compared with 32.1 percent in 2007 and 38.1 percent in 2006. A breakdown of external public loans statistics by source shows that the biggest contributor is the World Bank/International Development (IDA), with 56 percent, followed by the International Fund for Agricultural Development (IFAD), with 30 percent, the Council of Europe Development Bank (CEB), with 10 percent, and the European Investment Bank (EIB), with 4 percent. The largest amounts of external funds were channeled into agriculture – 51 percent, followed by the health care system – 11.6 percent, and social services – 5.6 percent.

Financial crisis is reflected in Moldova's growing foreign debt. In 2009, external indebtedness rose again, with the Government having few domestic options to channel necessary resources towards financing the budgetary deficit in the context of an economic recession. Total foreign debt rose from US$4106.08 million at end-2008 to US$ 4368.83 million at end-2009 (80.8 percent of GDP), mainly due to rising public foreign debt. Despite this growth, the external debt, including its governmental component, remained below critical levels. By maturity structure, long-term commit-

Chart 22. Indicators of external debt and its settlement



Source: National Bank of Moldova, Ministry of Finance of Republic of Moldova

ments dominate external governmental debt (65.1 percent of the total). In 2009, the last payments servicing the Eurobond and the bilateral loan from the Italian government were made. The structure of external public loans by source in 2009 changed compared to the situation in 2008: IDA remained the main contributor with 52 percent of total loan volume, but the European Investment Bank came second with 25.8 percent and IFAD came third with 12.5 percent. In fourth place was the Council of Europe Development Bank with 12.5 percent[89].

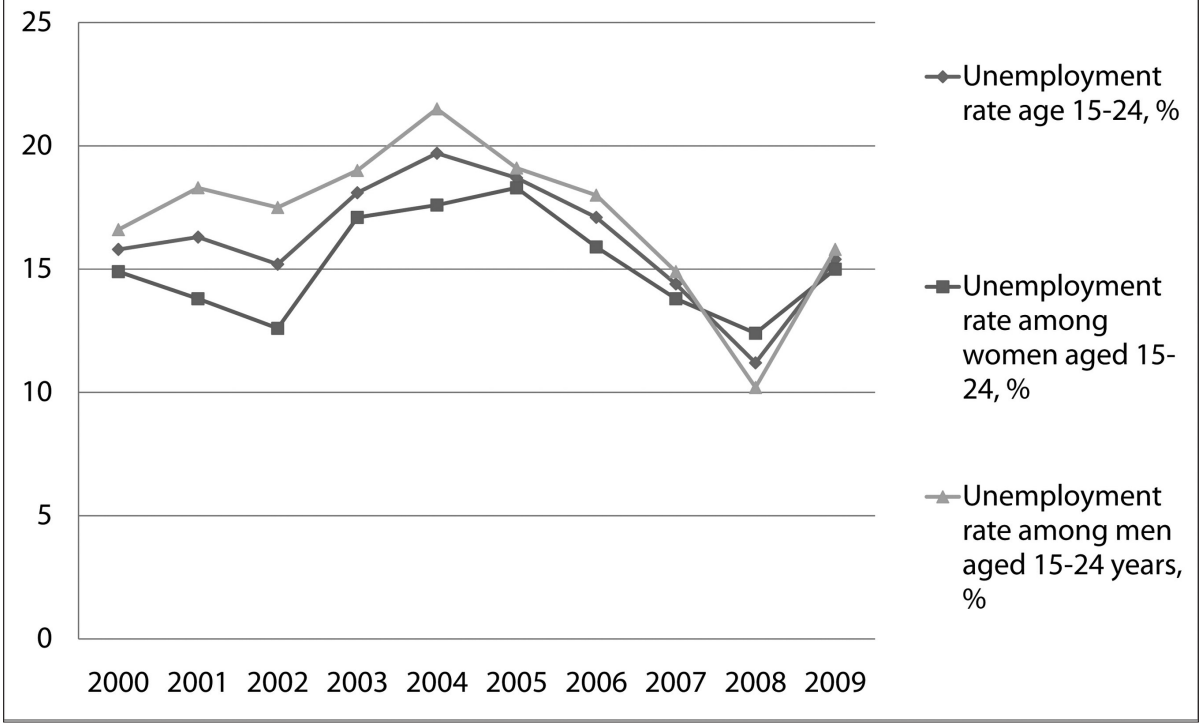
As of March 2010 the pressure of foreign debt lessened to some extent, both thanks to a reduction in its absolute volume (US$4398.83 million) and to the economic recovery.

TARGET 4. *Develop and implement youth strategies. Reduce unemployment among youths to 15 percent in 2010 and 10 percent in 2015.*

Over the past few years the authorities have paid increasing attention to youth by integrating public policies on youth into strategies, conceptions, programs and action plans in such areas as employment, education, health care, etc. The reform of the education system and the consolidation of the material capacities of education establishments, in particular universities, has opened up new opportunities for youth, with the number of students enrolled in higher education continuously rising. Additionally, the Government has made efforts to attract young people into vocational education in order to train the personnel needed for the economy. This explains why in 2008 5,000 fewer students were enrolled in higher education than in the previous year, while in 2009 this number decreased by a further 8000. At the same time, the number of students enrolled in secondary vocational education rose in 2008 by roughly 800 from the previous year, while in 2009 it declined by 240 students. These developments raise questions regarding the effectiveness and appropriateness of the Governmental approach.

Economic opportunities are not available in equal measure to young people from different parts of the country. Young people in

Chart 23. Unemployment rate, %



Source: National Bureau of Statistics of Republic of Moldova

[89] Ministry of Economy, Annual Report on State Debt, State Guarantees and State Re-Crediting for 2009, Chisinau, 2010.

villages and small towns are more affected by the socioeconomic troubles faced by the Republic of Moldova, but not as badly as young people with disabilities. The lack of professional opportunities makes scores of youths leave the country. As a consequence, the number of girls and young women who fall prey to trafficking in people has reached high levels, as has the number of boys and young men engaged in criminal activities or of men trafficked into labor exploitation. Statistics from two years ago show that almost half the victims of trafficking are younger than 18, while a great proportion of other victims were aged between 18 and 24 years. However, according to recent IOM statistics, there is a tendency for the age of victims of trafficking to increase, with most of them presently being between 22 and 29 years old.

Despite a historical fall in unemployment rates among young people, they still face a host of difficulties in finding a job, and this was true even in less economically troubled times than 2010. In 2008, the unemployment rate among the young was 11.2 percent, compared with 15.8 percent in 2000 (see Chart 23). Also, since 2002 there has been a progressive fall in the number of employed youths and a simultaneous increase in the number of economically inactive youths. While in 2002 the proportion of inactive persons among the youth population was 68.4 percent, this share rose by 79.2 percent in 2008 and to 80.1 percent in 2008.

It should be stressed that a cause of the decreasing employment rates and increasing inactivity rates among youth is migration; the rate of youth participation in the labor market and in the higher stages of education is falling. It should be mentioned, however, that youth represent an important proportion of the population that emigrates[90]. In gender terms, young men are observed to be more affected by unemployment than young women as a percent. This situation was reversed only once in the past decade; in 2008, when the share of unemployed young women (12.4 percent) was greater than the unemployment rate among young men (10.2 percent). In 2009, the situation reverted to the 'norm', when the unemployment rate among young men was 15.8 percent, while among young women it was 15 percent. The rate of activity among the young male population is traditionally higher than among the young female population, ranging from 23.7 percent to 19.1 percent in 2009.

The constant reduction in the unemployment rate among young people appeared to hold out the prospect of achieving the intermediate target of 15 percent for 2010 by as early as 2008. However, as a result of the economic crisis that hit Moldova at the end of 2008, the number of unemployed rose, especially since employment opportunities have become scarcer not just internally but also abroad. The general unemployment rate went from 4.0 percent in 2008 to 6.4 percent next year. At the same time, the unemployment rate for the youth grew from 11.2 percent to 15.4 percent. In the context of the economic recessions affecting many countries hosting Moldovan migrants, young migrant women were less affected than men, due to their engagement in household activities; unlike men, who are mostly employed in construction, a sector which has contracted significantly because of the crisis. At the same time, once the conditions in the countries preferred by the Moldovan migrant workers improve, the exodus of the young people could continue, further contributing to lower unemployment rates. In these conditions, the final target for 2015 could be accomplished.

TARGET 5. *Ensure access to basic medication*

For the purpose of implementing the State Medication Policy and achieving the MDG target on basic medicines for the population, the Moldovan authorities, with the support of the World Health Organization, have launched a systematic process of monitoring the pharmaceutical market not just from a drug classification

[90] 38% of migrants are of age 20 – 29. The average age of emigrants is 35 years. See IOM," Labour Migration and Remittances in Moldova: Is the Boom Overn.a.", Chisinau 2009.

and pricing perspective, but also to check the physical availability and affordability of the drugs.

In 2008, as a result of an analysis of medication prices it was found that 13.9 percent of the drugs in the medication classification list had a price under 10 lei, 47.9 percent cost between 10 lei and 50 lei, and 38.2 percent cost more than 50 lei. However, the long-term development of drug prices was not a favorable one. After an average 12.8 percent rise in the price of drugs in 2007, they stabilized somewhat in 2008 (rising by 4.3 percent in price), but in 2009 became 19.5 percent more expensive than in 2008[91]. Drugs prices are currently more than three times higher than in 2000.

Some positive tendencies are observable with regard to physical access to basic medication. Thus, in 2008 medicines were accessible to 76.2 percent of the population, up 0.8 percent from 2007, while in rural areas the accessibility of medicines rose from 68.2 percent to 69.8 percent.

At the same time, with the introduction of the mandatory health insurance system in 2004, some prescription medicines are partly or fully covered by the insurance policy. The list of fully covered prescription drugs includes basic medicines used to treat children under five years of age and pregnant women. The Government intends to extend the age group of children that benefit from covered medicines to 14 years.

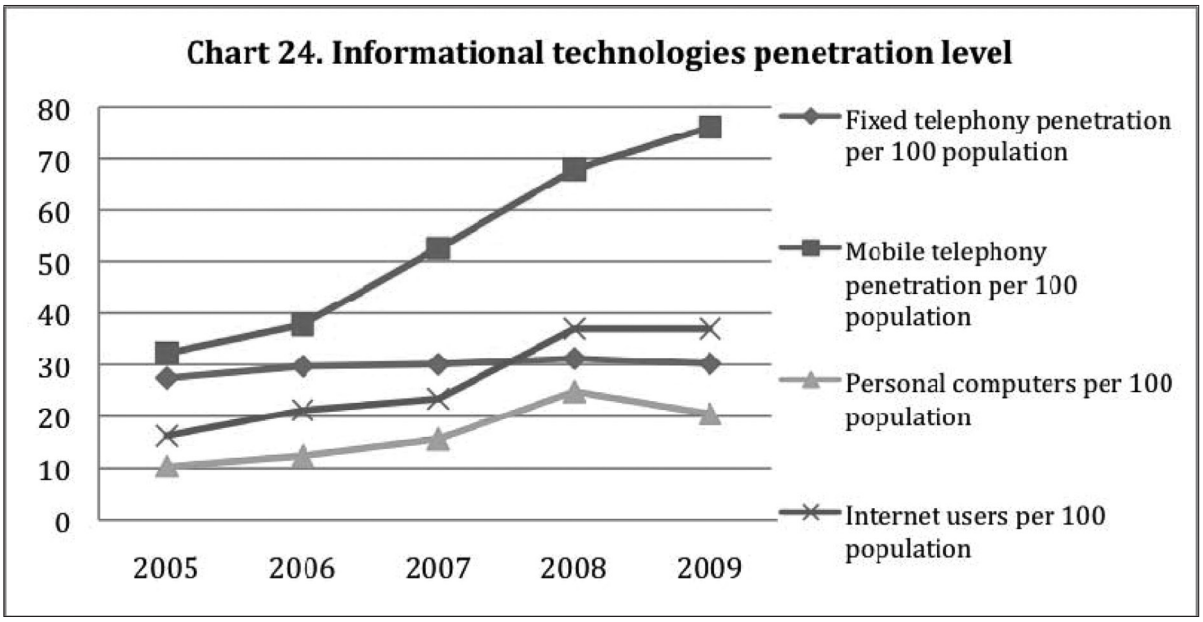
In this way, some basic drugs are accessible to the 79 percent of the population that holds a health insurance policy. The situation is more complicated with regard to the categories of persons who neither hold an insurance policy nor have enough resources to procure indispensable medication. In 2009, the richest 10 percent of households spent almost 11 times as much on medical services as the poorest 10 percent. Despite the crisis-induced cuts in government spending, the list of covered prescription drugs in 2009 was extended with some new drugs (psychotropic, anti-convulsing and anti-diabetic drugs). The Government will further monitor and control the situation on the pharmaceutical market in order to make basic medication permanently accessible to vulnerable groups of the population.

TARGET 6. *Build an information society. Double the number of fixed and mobile telephone subscribers from 2006 to 2015 and increase the number of personal computers and internet subscribers at a minimum annual rate of 15 percent.*

The information society had an impressive expansion in the Republic of Moldova in recent years. Mobile telephone network continues to be one of the most dynamic sectors of the electronic communication market, developing at a rapid pace and growing by more than 20 times between 2000 and 2009. The number of mobile phone users in 2009 exceeded 2.71 million, which represents 78.1 percent of the population. This also means that the final target for 2015 has been virtually achieved. At the same time, growth in the penetration rate of fixed telephone lines is very slow.

The positive tendencies in the mobile telephone sector are a natural consequence of the competition on this market, a competition which materializes in a wide variety of offers providing increased traffic at reduced rates to subscribers. The slower growth rates in fixed telephones are explained by the lack of real competition in this segment of the market as well as by the fact that it is approaching its saturation point. At the end of 2009 the total number of fixed telephone subscribers was 1.13 million, or 32 percent of the population. After all, the fixed telephone market in Moldova is following a general downward trend

[91] These data are from the National Bureau of Statistics and do not coincide with Ministry of Health data. For instance, according to the MH, in 2008 drug prices saw an average monthly drop of 0.2 percent from 2007 and of 1.57 percent from 2006, which is not consistent with the 19.5 percent growth rate stated by the NBS.



Source: Ministry of Information Technologies and Communication

which is influenced, for the most part, by the substitution of landline services with mobile technology and strong competition from IP communications. This complicates the attainment of the target concerning the doubling of the number of subscribers by 2015. At the same time, the number of internet subscribers is rising continuously. Thus, the share of Internet subscribers rose from 1.2 users per 100 population in 2000 to 37 users per 100 population in 2009 (see Chart 24). In 2008, for the first time since the existence of the internet in Moldova, the share of broadband internet subscribers surged as the number of dial-up Internet subscribers slightly decreased. This tendency has become more evident with the launch of 3G services by the mobile telephony operators. At the same time, the number of Internet users is much larger than the number of subscribers, which is due to the use of the internet at work and at home. Still, the penetration of Internet services remains low compared with the average levels in EU countries.

The number of personal computers is also rising. While in 2000 there were 1.3 personal computers per 100 population, by 2009 this share had increased to 20.5 personal computers. According to surveys conducted in 2009, 33 percent of households possessed personal computers. The share of households with access to the internet stood at 27 percent, while 11 percent had broadband access. The number of internet users grows in parallel with the number of personal computers, and while the growth rates differ slightly, both indicators rose in 2009 by nearly 1.5 times from 2007. If these growth rates are maintained, the target of an annual growth rate of 15 percent in the number of personal computers and internet users will be accomplished.

Impact of policies on partnerships for development

The existing legal framework in the Republic of Moldova and the fiscal policy promoted by the Government are beneficial for attracting investment[92]. An important measure concerning investment attraction was the adoption of the Law on Public-Private Partnerships[93], developed to stimulate the involvement of private capital in infrastructure projects. With the same purpose, in 2009 the Government started to streamline the legal framework for the creation of industrial parks. To stimulate the development of river transportation, in particular at the International Freeport Giurgiulesti, a cargo

[92] Law no.81-XV of 18 March 2004 on investment in entrepreneurial activity. This law establishes equal conditions for national and foreign investors.
[93] Law no.179-XVI of 10 July 2008 on Public-Private Partnership.

terminal was opened in 2009, which opens the possibility of creating a logistics and trade center on the port's territory.

At the same time, there is a host of barriers of an administrative nature impeding foreign trade, which the Government is obliged to remove with the implementation of the Program for Economic Recovery and Stabilization. In this respect, the Government started reviewing the legal framework to remove excessive administrative barriers to investment and barriers to export, ease certification procedures and reduce the number and cost of the documents needed to engage in export activities.

Concerning the stimulation of employment among youth, public policies conducted over the last few years have been focused on promoting employment opportunities, modernizing mediation and information services, creating conditions and services for the professional reintegration of the unemployed, adjusting the education system to the requirements of the labor market and improving the social dialogue system. At the same time, efforts made by the Government to stimulate employers to offer jobs to underprivileged categories of the population, in particular young people, have failed. In 2008 only 12 graduates out of 100 were employed, as compared to 15 graduates in 2007. While no data are yet available for 2009, the general worsening of the situation on the labor market suggests that number of employed graduates declined further. And nor was a facility offering preferential loans to employers in exchange for jobs for young people a success; in 2007 only one company took out such a loan and employed 10 young people, while in 2008 not a single company used the facility and consequently no youths were employed under this scheme.

To encourage an entrepreneurial spirit among rural youth, the Government adopted the National Program for Youth Economic Empowerment (NPYEE) for 2008-2010. Under this Program, the Government, with the support of the country's development partners, offers training and practical support for earning the initial capital to start a private business, by offering commercial loans from external sources, with a 40 percent grant component, to qualifying persons aged between 18 and 30 years. The Program has so far funded 324 of the young beneficiaries' sub-projects, making for a total sum of 92.26 million lei, including 36.90 million lei offered as grant funding; in 2009, 145 sub-loans were offered in a total amount of 40.21 million lei, including 16.08 million lei offered as grant funding.

Additionally, a follow-up to the youth economic empowerment project is being implemented with the support of the country's development partners (UNICEF, the World Bank), aimed at helping establish at least 61 micro-enterprises in rural areas. Funding is provided to agriculture-related activities, like agricultural production, storing, packaging, or any other economic activity in rural areas, including commerce, tourism, craftsmanship, etc. The project has so far funded 32 sub-projects valued at about 3 million lei.

Improving the access of the young people to social housing is another public policy pursued by the Government, with the support of the country's development partners. One example is a project supported by the Council of Europe Development Bank to construct dwellings for vulnerable categories, including young families, in several localities of the country[94]. At the same time, in order to support young professionals and encourage employment in rural areas, young specialists with higher education that accept to be assigned within three months from graduation to public institutions in villages, may benefit from free housing offered by the state[95]. These facilities may also be enjoyed by teachers, doctors, pharmacists, social assistants and culture specialists who choose to work in a village. However applications for housing from only 156 young

[94] Under the project, a total of 249 apartments are to be built in the districts of Glodeni and Criuleni and in the municipality of Chisinau.

[95] Government Decision no.1259 of 12 November 2008 on the provision with free dwellings of the young specialists assigned to and employed in public (budget-funded) institutions in villages (communes).

specialists, mostly teachers, have been approved so far.

While being concerned about the extent of emigration, in particular young people, in the last few years, the Government in 2008 carried out a set of stimulatory measures of economic nature aimed at enhancing the attractiveness of the domestic labor market. In this context, the Government adopted the 2008-2009 Action Plan to encourage Moldovan migrant workers to return to the country[96]. The Plan provides for actions to inform Moldovan citizens working abroad, especially young ones, about the opportunities for socioeconomic reintegration available in the Republic of Moldova. Additionally, a Program to coordinate reintegration assistance for voluntary returnees is being implemented with the support of the International Organization for Migration. Its main goal is to ensure logistical procedures for the return of Moldovan citizens and create reintegration opportunities for them once they are back home. The Program provides assistance for voluntary returnees from Austria, Belgium, the United Kingdom, Ireland, Switzerland, Slovakia and the Czech Republic. So far return and reintegration assistance has been provided to some 460 people. Despite these efforts, as long as opportunities abroad in terms of employment and remuneration are superior to those offered in the origin country, the attractiveness of emigration will prevail.

In this context, it is worthwhile mentioning that during 2009, the Moldovan Government made important efforts at strengthening the ability, technical means and instrumental base of relevant authorities, institutions and civil society in identifying, interviewing, referring and in providing protection and a full package of assistance to victims of trafficking, as well as in raising awareness of issues related to irregular migration and trafficking. These measures included, inter alia: 1) ensuring the functioning of the National Referral System for protection and assistance to the victims and potential victims of trafficking in persons (NRS)[97]; 2) NRS thematic and geographic extension (including victims of domestic violence)[98]; 3) institutionalization of the Rehabilitation Center for Victims of Trafficking in Human Beings (at present - Chisinau Assistance and Protection Center)[99]; 4) further development of Transnational level of NRS based on Repatriation Regulation approved in August 2008 through negotiation of agreements in the field of protection and assistance for victims and potential victims of trafficking, with the key countries of destination listed in the following order of priority: Russia, Italy, Ukraine, Cyprus, UAE; 5) Moldova gaining representation within the Group of Experts on action against trafficking in human beings (GRETA), created under the CoE Convention on Action against Trafficking in Human Beings (2005, ratified by Moldova in 2008) as a monitoring body. Notwithstanding the efforts of the Government and UNCT, the investigation and trial of cases of trafficking in persons is still deficient as is the compensation of victims for the damage suffered as result of trafficking because of lack of a special fund for this purpose.

With regard to the Government's policy on information and telecommunication technologies, virtually all the strategic programs of national importance contain actions in this area[100]. Moldova is currently at the stage of massively adopting laws on ITCs[101], yet additional effort is needed to establish principles

[96] Government Decision no.1133 of 9 October 2008 on the adoption of the Action Plan on the stimulation of return of migrant workers from abroad.

[97] From 2006 to 2009 – 611 cases were assisted under this NRS

[98] By the end of the last year this activity has been undertaken in 16 rayons, 2 municipalities and one town, while during 2009 there were unfolded trainings for the multidisciplinary teams from such rayons as Anenii-Noi, Vulcanesti, Rezina, Soldanesti, Singerei, Riscani, Ocnita including community level, as well as from Grigoriopol, Slobozia and Dnestrovsk.

[99] By the Government Decision no. 847 11.07.2008. Up until now the operation of the Center has been ensured by the International Organization for Migration (IOM) with the financial support of different internalm donors.

[100] The National Development Strategy, the Government Program, the National Strategy for Building an Information Society (E-Moldova) and its Action Plan, etc.

[101] Law on Electronic Communication no.241-XVI of 15 November 2007 sets out the principle of fair competition in the ICT sector.

for implementing these regulations and introducing guidelines. Considering the market and structural trends in the recent years, the general outlook for the development of the ITC sector in Moldova is quite bright. Additional efforts will be necessary to stimulate a regionally more balanced development and penetration of ICT solutions and services.

The country's development partners make a fundamental contribution to the advancement of information and communication technologies in Moldova. One relevant example is an agreement between the Moldovan Government and the World Bank on an allocation of US$17m to fund the Health Services and Social Assistance Project, as a result of which the situation in e-medicine has improved considerably. An important step in improving access to information technologies for the general public is to be taken with the help of a pilot project aimed at creating broadband internet facilities in rural areas.

However, there is still a host of issues to be settled if an information society is to develop smoothly in Moldova. More emphasis should be put on the development of the ICT industry and promoting its competitiveness, along with improved access to broadband internet and the development of public electronic services. Ensuring fair competition in the ICT sector is also key to advancing this area. An essential condition in this respect is to de facto liberalize the telecommunications market and create equal conditions for all operators. Also, the advancement of electronic commerce and business could facilitate the integration of the Republic of Moldova into the global information society. To accomplish this, companies in Moldova need to be assisted and trained to use ICT and encouraged to cooperate in this field with foreign partners. This will help create a favorable business climate for companies engaged in the ICT sector.

The Program for Economic Stabilization and Recovery attempted to solve these problems and accomplish the desired results by liberalizing access to electronic communications infrastructure, ensuring equal interconnection rights and equal access to the local loop, de-monopolizing the communications market, including by reforming the national operator Moldtelecom, de-monopolizing the process of digital transactions by applying the Law on Electronic Documents and Digital Signatures, etc.

Conclusions and recommendations

Although Moldova's trade system is considered to be liberalized, its advantages are not fully realized. Even though more than a half the total volume of exports goes to the EU and South-Eastern European countries, the range of exported goods is not diverse and is mostly made up of agricultural products, alcoholic beverages and textiles. While increasing, the growth rate of exports is still lower than that of imports, widening the trade deficit.

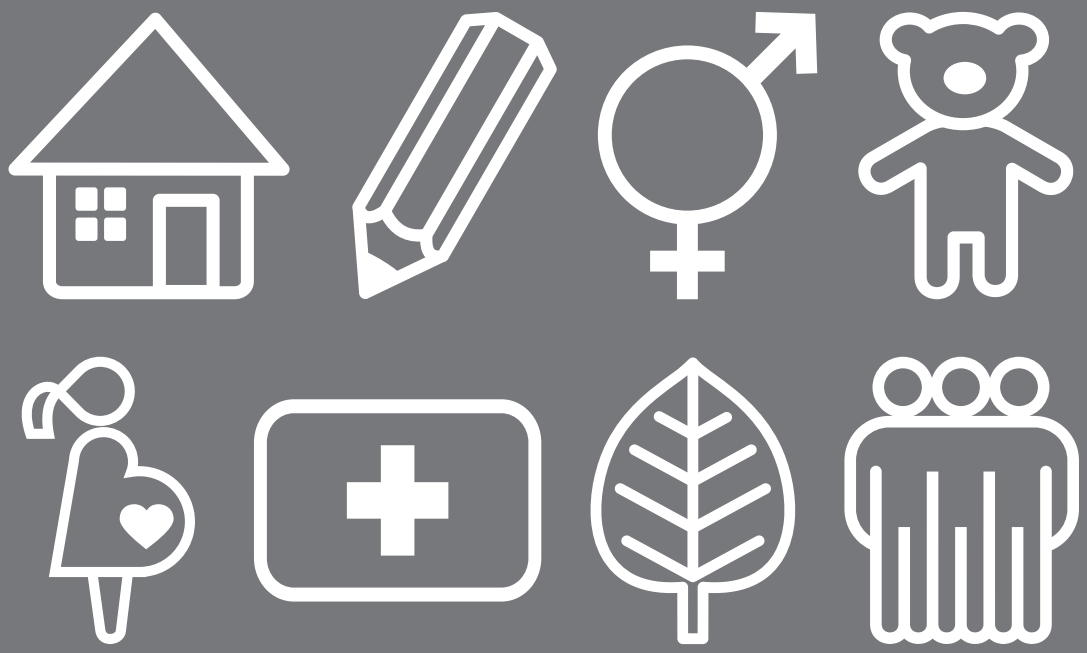
The difficulties of the transition period have affected a great number of young people, who are faced with a host of problems, like unemployment, illegal migration, human trafficking, juvenile delinquency, the marginalization of certain groups of youths, and others. The high unemployment rate is not the only thing that reveals the vulnerability of young people to the difficulties of transition, but so, too, are such regrettable phenomena as the spread of drug use and sexually transmitted diseases and the cult of violence.

The development of the information society is driven by the spread of 'digital' information through ICT products. That is why particular attention is being paid to society's electronic preparedness, the degree of access and the use of the information and communication technology in the daily lives of the citizens, economic entities, etc. Unlike other areas of Moldova's economy, the ICT sector is successfully developing, and represents a domain where close cooperation between the authorities and the private sector has proved effective. By 2009 the number of computers

connected to the Internet had increased greatly in education establishments as well as in central and local public institutions. With external assistance, efforts are being made to create further internet facilities in most settlements, to be located in schools, libraries and mayor's offices. The ICT market is expected to expand further and attract more and more investors. Still there are local administrations which do not have access to the internet, an e-mail address on the .md domain, or an electronic database, so it is important to pay more attention to supporting public administration in villages.

To achieve MDG 8, further action is needed on the six issues addressed. Some of the actions are contained in the Program for Economic Recovery and Stabilization and other public policy documents. Broadly, the following actions need to be taken to consolidate capacities for creating a sustainable partnership for development:

- Re-launch privatizations of public property in liberalized areas, based on open, announced and transparent bid requests;
- Upgrade customs and fiscal administration (to prevent undervaluation at customs, transfer of profits, etc.);
- Strictly supervise the observance of the established mark-up for goods deemed of social importance;
- Expand opportunities to inform and advise the population on the demand and supply of the labor market, including the migrant workers who have returned home after losing their jobs abroad, as well as providing comprehensive reintegration support;
- Implement policies to adjust educational supply to market demand, including by promoting continuous education;
- Support young families by further implementing the National Program on "Housing for All", which should be extended to include returnees as well;
- Create the conditions for the development of telecommunications, mobile telephony, high-speed broadband internet in rural areas in particular;
- Establish a mechanism for financing the connection of schools to broadband internet. ■



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ANNEX A. Attainability of MDG targets for 2010 and 2015

Assessed target	Attainability by 2010	Attainability by 2015
GOAL 1: Reduce extreme poverty and hunger		
Target 1. Reduce the proportion of people whose consumption is under $4.3 a day/person (in PPP terms) from 34.5 percent in 2006 to 29 percent in 2010 and 23 per cent in 2015.	Likely	Likely
Target 2. Reduce the proportion of people under the absolute poverty line from 30.2 percent in 2006 to 25 percent in 2010 and 20 percent in 2015	Unlikely	Likely
Target 3. Reduce the proportion of people under the extreme poverty line from 4.5 percent in 2006 down to 4 percent in 2010 and 3.5 percent in 2015.	Likely	Likely
GOAL 2. Ensure access to gymnasium education		
Target 1. Ensure opportunities for all children to attend general secondary education. Increase the gross enrolment rate for general secondary education from 94.1 percent in 2002 up to 95 percent in 2010 and 98 percent in 2015.	Unlikely	Unlikely
Target 2. Maintain the literacy rate for the 15-24 year-old population at 99.5 percent.	Likely	Likely
Target 3. Increase the enrolment rate for pre-school programs for 3-6 year-old children from 41.3 percent in 2002 up to 75 percent in 2010 and 78 percent in 2015, and for 6-7 year-old children from 66.5 per cent in 2002 up to 95 percent in 2010 and 98 percent in 2015, as well as reduce by less than 5 percent the discrepancies between rural and urban areas and between disadvantaged and middle-income groups.	Unlikely	Unlikely
GOAL 3. Promote gender equality and empower women		
Target 1. Increase women's representation in decision-making positions. Increase representation of women at the decision making level (from 26.5 percent in local councils in 2007 to 40 percent in 2015, from 13.2 percent in rayon councils in 2007 to 25 percent in 2015, from 18 percent women mayors in 2007 to 25 per cent in 2015 and from 22 percent women MPs in 2005 to 30 percent in 2015)	Unlikely	Likely
Target 2. Reduce gender inequality in employment: reduce disparity between women's and men's salaries by at least 10 per cent by 2015 (the average monthly salary of women represented 68.1 per cent of the average salary of men in 2006).	Unlikely	Likely
GOAL 4. Reduce child mortality		
Target 1. Reduce infant mortality from 18.5 (per 1,000 live births) in 2006 down to 16.3 in 2010 and 13.3 in 2015.	Likely	Likely
Target 2. Reduce the under-5 mortality rate from 20.7 (per 1,000 live births) in 2006 down to 18.6 in 2010 and 15.3 in 2015.	Likely	Likely
Target 3. Maintain the share of measles vaccination of children under 2 years at no lower than 96 percent in 2010 and 2015.	Unlikely	Likely
GOAL 5. Improve maternal health		
Target 1. Reduce the maternal mortality rate from 16 (per 1,000 live births) in 2006 to 15.5 in 2010 and 13.3 in 2015.	Unlikely	Likely
Target 2. Maintain the number of births assisted by qualified medical staff during 2010 and 2015 at 99 percent.	Likely	Likely
GOAL 6. Combat HIV/AIDS, tuberculosis and other diseases		
Target 1. Stabilize the spread of HIV/AIDS infection by 2015. Reduce HIV/AIDS incidence from 10 cases per 100,000 population in 2006 to 9.6 cases by 2010 and 8 cases by 2015.	Unlikely	Unlikely
Target 2. Reduce HIV/AIDS incidence in the 15-24-year age group from 13.3 cases per 100,000 population in 2006 to 11.2 cases by 2010 and 11 cases by 2015.	Unlikely	Likely
Target 3. Halt and begin to reverse the spread of tuberculosis by 2015. Reduce the rate of mortality associated with tuberculosis from 15.9 (per 100,000 population) in 2002 down to 15.0 in 2010 and 10.0 in 2015.	Likely	Likely

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Assessed target	Attainability by 2010	Attainability by 2015
GOAL 7. Ensure a sustainable environment		
Target 1. Integrate principles of sustainable development into country policies and programs and reduce degradation of natural resources. Increase forested area from 10.3 percent in 2002 to 12.1 percent in 2010 and 13.2 percent in 2015.	Unlikely	Likely
Target 2. Increase the share of protected areas to preserve biological diversity from 1.96 percent in 2002 to 4.65 percent in 2010 and 4.65 percent in 2015.	Likely	Likely
Target 3. Increase the share of people with permanent access to safe water sources from 38.5 percent in 2002 up to 59 percent in 2010 and 65 percent in 2015.	Unlikely	Unlikely
Target 4. Halve the number of people without access to improved sewage and sanitation systems. Increase the share of people with permanent access to sewage systems from 31.3 percent in 2002 to 50.3 percent in 2010 and 65 percent in 2015.	Unlikely	Unlikely
Target 5. Increase the number of population with access to sanitation systems from 41.7 percent in 2002 to 51.3 percent in 2010 and 71.8 percent in 2015.	Unlikely	Unlikely
GOAL 8. Create a global partnership for development		
Target 1. Further develop a transparent, predictable and non-discriminatory trade and financial system based on rules through promoting exports and attracting investments.	Likely	Likely
Target 2. Deal with issues associated with Moldova's landlocked status by upgrading transportation and customs infrastructure.	Unlikely	Likely
Target 3. Monitor external debt issue	Likely	Likely
Target 4. Develop and implement youth strategies. Reduce unemployment among youths to 15 percent in 2010 and 10 percent in 2015	Likely	Likely
Target 5. Ensure access to basic medication	Likely	Likely
Target 6. Build an information society. Double the number of fixed and mobile telephone subscribers from 2006 to 2015 and increase the number of personal computers and Internet subscribers at a minimum annual rate of 15 percent.	Likely	Likely

ANNEX B. MDG monitoring indicators (DevInfo)

Goals / Targets	Indicator Name	Source	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009
1	2	3	4	5	6	7	8	9	10	11	12	13
REVISED GOAL 1. REDUCE EXTREME POVERTY AND HUNGER												
	RI1. Share of population living below the threshold of $4.3 at PPP (consumer spending per person), percent	**MEc**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**n.a.**	**34.46**	**29.80**	**30.40**	**29.50**
	RI1.1 Share of population living below the threshold of $2.15 at PPP (spending per adult equivalent), percent	**MEc**	**45.00**	**32.30**	**21.00**	**11.50**	**11.40**	**14.40**	**13.20**	**n.a.**	**n.a.**	**n.a.**
	RI1.2. Share of population living on incomes under $2.15 per person per day at PPP, percent	**MEc**	**64.50**	**52.40**	**39.80**	**28.90**	**27.80**	**27.60**	**13.18**	**n.a.**	**n.a.**	**n.a.**
	RI2. Share of population living below national absolute poverty line (absolute poverty rate), percent	**NBS**	**67.80**	**54.60**	**40.40**	**29.00**	**26.50**	**29.10**	**30.20**	**25.80**	**26.40**	**26.30**
	RI3. Poverty gap index, percent	**NBS**	**27.00**	**19.30**	**12.40**	**7.30**	**6.80**	**8.00**	**7.90**	**5.90**	**6.40**	**5.90**
	RI4. Share of poorest quintile in national consumption, percent	**NBS, MEc**	**6.80**	**6.50**	**6.80**	**7.50**	**7.20**	**6.70**	**8.20**	**8.10**	**8.30**	**7.90**
	RI1. Incidence of malnutrition in children under 5 years, percent	**MH**	**20.90**	**19.80**	**18.60**	**19.00**	**17.10**	**16.70**	**14.30**	**12.80**	**11.00**	**n.a.**
	RI2. Share of population living below the level of minimum calorific intake (2,282 kcal/per day) (extreme poverty rate), percent	**NBS**	**52.20**	**38.00**	**26.20**	**15.00**	**14.70**	**16.10**	**4.50**	**2.80**	**3.20**	**2.10**
GOAL 2. ENSURE ACCESS TO GENERAL COMPULSORY EDUCATION (GRADES I-IX)												
RT1. Ensure opportunities for all children to attend general secondary education	**RI1.** Gross enrolment rate into compulsory education system, percent	NBS	93.8	94.4	95.1	95.1	94.6	94.4	92.0	91.6	90.9	90.7
	RI2. Rate of school dropout, percent	MEd	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
	RI3. Share of children who successfully complete compulsory education, percent	MEd	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
	RI4. Gross enrollment rate in pre-school education, children aged 3-6 years, percent	NBS	44.1	47.6	57	61.1	66.1	70.7	70.1	72.6	74.4	75.5
	RI5. Gross enrollment rate in pre-school education, children aged 6-7 years, percent	NBS	36.8	37.6	37.1	35.5	39.0	41.1	40.8	40.5	41.8	42.7
	RI6. Share of children enrolled in first grade after completing pre-school education, percent	MEd			66.5	78.8	69.1	75.6	81.7	n.a.	n.a.	n.a.
RT2. Maintain literacy rate for the 15-24 year-old population	**RI1.** Literacy rate, percent	NBS, MEd					99.87[1])	99.5	99.6	99.6	99.6	99.6

REVISED GOAL 3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN												
RT1. Increase women's representation in decision-making positions	**RI1.** Share of MP seats held by women, percent	NBS	7.9	12.9	15.8	17.5	22.0	22.0	21.8	21.8	21.8	24.7
	RI2. Share of seats in local councils held by women, percent	CEC								26.5	28.7	28.7
	RI2. Share of seats in district councils held by women, percent	CEC								13.2	16.9	16.9
	RI3. Share of mayoral seats held by women, percent	CEC								18	17.4	17.4
RT2. Reduce gender inequality in employment	**RI1.** Share of female employees by type of economic activity, percent	NBS										
	Agriculture, hunting industry, fish breeding		49.6	50.2	50.4	49.7	51.5	51.7	47.5	46.0	45.5	43.4
	Industry		43.1	43.3	44.7	46.1	45.5	45.8	44.3	44.4	45.8	44.5
	Constructions		15.2	14.5	14.7	13.5	11.4	12.0	9.5	9.4	11.5	11.9
	Wholesale and retail trade; Hospitality industry		58.0	58.4	58.6	59.3	60.7	59.6	57.6	59.2	58.3	56.9
	Transportation & communications		24.8	24.1	25.3	22.2	22.5	26.2	27.9	28.7	25.0	25.7
	Public administration; Education; Health Care; Social Assistance		67.2	66.3	66.9	67.7	67.7	68.3	67.7	70.3	69.7	69.2
	Other activities		52.6	53.6	55.1	55.3	56.0	53.1	51.2	53.9	55.2	56.2
	RI2. Share of women's average salary compared to men's average salary, percent	NBS	…	…	…	71.9	71.3	72.6	68.1	72.6	75.7	76.4
REVISED GOAL 4. REDUCE CHILD MORTALITY												
	RI1. Under 5 mortality rate, cases per 1000 children born alive	MH. NBS	23.2	20.4	18.2	17.8	15.3	15.6	14	14.04	14.4	14.3
	RI2. Infant mortality rate, cases per 1000 children born alive	MH. NBS	18.3	16.3	14.7	14.4	12.2	12.4	11.8	11.3	12.2	12.1
	RI3. Share of children aged under 2 years vaccinated against measles*, percent	MH. NBS	89.1	94.1	94.3	95.7	96.3	96.9	96.9	94.7	94.4	n.a.
REVISED GOAL 5. IMPROVE MATERNAL HEALTH												
	RI1. Maternal mortality rate, cases per 100,000 births	NBS. MH	27.1	43.9	28	21.9	23.5	18.6	16	15.8	38.4	17.2
	RI2. Rate of assisted births, percent	MH	99.3	99.2	99.1	99.4	99.4	99.5	99.6	99.5	99.5	99.8
REVISED GOAL 6. COMBAT HIV/AIDS, TUBERCULOSIS AND OTHER DISEASES												
RT1. Stabilize the spread of HIV/AIDS infection by 2015	**RI1**. HIV/AIDS incidence rate*, cases per 100,000 population	MH. NBS	4	5.5	4.7	6.2	8.4	12.5	14.7	17.4	19.4	17.1
	RI2. HIV/AIDS incidence rate among 15-24 age group*, cases per 100,000 population	NBS. MH	10.38	10.46	9.02	9.76	13.42	20.06	18.77	21.21	16.08	19.59

RT1. Halted and begin to reduce tuberculosis by 2015.	**RI1**. Rate of mortality associated with tuberculosis*, 100,000 population	MH	17.2	15.5	17.3	16.9	17.1	19.1	19.3	20.2	17.4	18.0
REVISED GOAL 7. ENSURE A SUSTAINABLE ENVIRONMENT												
RT1. Integrate principles of sustainable development into country policies and programs and reduce degradation of natural resources	**RI1**. Share of forested areas, percent	MOLDSILVA	10.5	10.5	10.3	10.5	10.6	10.7	10.7	10.7	10.9	10.9.
	RI2. Share of protected areas to preserve biological diversity, percent	MEnv	-	-	1.96	1.96	1.96	1.96	4.65	4.76	4.76	4.76
	RI3. GDP per one kg of domestically consumed conventional fuel, MDL, current Prices	NBS. MEnv	6.05	7.69	8.35	9.77	10.45	11.56	13.8	17.29	20.09	n.a.
	RI4. CO2 emissions from stationary and mobile source, tonnes per capita	MEnv, NBS	2.3	2.5	2.6	2.7	2.9	2.9	3	3	…	n.a.
	RI5. CFC emissions, tonnes per capita	MEnv	0.0000038	0.0000060	0.0000082	0.0000052	0.0000055	0.0000040	0.0000033	0.0000026	0.0000000	n.a.
	RI1. Share of people with access to improved water sources, percent	NBS	37.8	38.1	38.5	39.7	44.5	45.0	46.0	47.0	53.0	55.0
RT2. Halve the number of people without access to improved sewage services.	**RI1**. Share of people with access to improved sanitation, percent	MCRD	41.1	40.0	41.7	41.5	43.6	44.0	45.0	45.4	45.9	n.a.
	RI2. Share of people with access to improved sewage, percent	NBS	31.8	32.4	31.3	31.7	32.8	43.8	43.3	43.9	45.7	47.9
REVISED GOAL 8. CREATE A GLOBAL PARTNERSHIP FOR DEVELOPMENT												
RT1. Further develop a transparent, predictable and non-discriminatory trade and financial system based on rules through promoting exports and attracting investments.	**RI1**. Share of exports , percent of GDP	NBSME	36.6	38.2	38.7	39.9	37.9	36.5	30.8	30.5	26.3	23.8
	RI3. Share of international commercial transactions carried out under free trade agreements, percent	MEc, NBS							53.6	37.6	36.8	n.a.
	RI4. Trade balance, percent of GDP	NBS	-23.7	-22.1	-23.7	-30.9	-30.1	-40.2	-48.2	-53.3	-54.6	-36.8
	RI4. Loans offered by commercial banks, percent of GDP	NBM	14.3	16.3	18.6	21.9	23.1	26.5	30.8	39.1	39.9	39.8
	RI4. Insurance premiums, percent of GDP	NCFM	1.2	1.2	1.2	1.23	1.25	1.25	1.27	1.3	1.33	1.36
	RI5. Turnover of foreign-owned and mixed companies, percent	ME			25.8	25.4	25.1	26.5	28.2	27.9	27.7	n.a.
	RI6. Net FDI , percent of GDP	NBM	9.9	7	5.2	3.7	5.8	6.4	7.4	11.2	11.4	1.5
	RI8. Share of Official Direct Assistance, percent		n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

RT2. Deal with issues associated with Moldova's landlocked status by upgrading transportation and customs infrastructure.	**RI1**. Traffic capacity of national roads, 10,000 vehicles per day	MTRI	2.1	2.3	2.6	3.2	3	3.8	4.4	4.6	4.8	n.a.
	RI2. Share of investment in transportation sector, percent of public investment	NBS, MEc	13.7	12.0	16.0	15.7	12.3	8.2	19.5	6.6	17.6	n.a.
	RI3. Share of investment in air and naval transportation, percent investment in transportation	NBS, MEc	76.3	63.1	19.2	11.9	19.7	7.1	28.4	13.8	23.7	n.a.
	RI4. Processing capacity of customs checkpoints, 1000 vehicles per day	Customs service	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
RT3. Monitoring public external debt	**RI1**. External public debt, percent of GDP	MF	60.4	48.1	44.4	36	25.7	22.4	20.7	16.2	12.9	15.9
	RI1. External debt, percent of GDP		133.1	115.3	111.4	92.4	73.2	70.8	72.9	70.4	67.5	80.8
	RI2. Settlement of external public debt, percent of tax revenues to State Budget	MF	30.4	48.2	27.7	18.1	24	9.5	10	6	4.5	6.6
RT4. Develop and implement youth strategies.	**RI1**. Unemployment rate in 15-24age group, percent	NBS, NALE	15.8	16.3	15.2	18.1	19.7	18.7	17.1	14.4	11.2	15.4
RT5. Ensure access to basic medication	**RI1**. Number of localities with primary medical establishments but without drugstores	MH, NBS										
RT6. Build an information society	**RI1**. Fixed telephony penetration per 100 population	NBS	16.6	18.1	19.9	21.9	24.0	26.3	28.4	30.3	31.3	31.9
	RI2. Mobile telephony penetration per 100 population	NRAECIT	3.1	6.6	10	13.9	23.2	32.3	37.8	52.6	67.9	78.1
	RI2. Personal computers per 100 population		1.3	1.5	1.8	2.6	3.4	10.3	12.4	15.6	n.a.	20.5
	RI3. Internet users per 100 population	NRAECIT	1.2	2	3.3	8	12	16.2	21.2	23.4	n.a.	37

1) Literacy rate: Data for 2004 taken from 2004 National Census (NS). From 2005, data is taken from Labor Force Survey (LFS). Difference between NS and LFS:
NS – includes all persons who can read, irrespective of formal education;
LFS – includes only persons who completed at least primary education;

* including data from Eastern side of the Nistru River
n.a. – data not available.

THE MILLENNIUM DEVELOPMENT GOALS IN MOLDOVA

In 2000, at the Millennium Summit in New York, Moldova committed itself, together with other countries, to achieve by 2015 eight Millennium Development Goals which range from reducing poverty and hunger to creating a global partnership for development.

In 2010, five years ahead of the target year, the Moldovan Government is assessing the country's progress toward achieving the Goals. To this end, the second National Millennium Development Goals Report was prepared. The Report provides an in-depth analysis of the successes, lessons learned, challenges and evidence-based policy solutions for both achieving and sustaining the progress needed to meet the commitments.