GOVERNMENT OF THE REPUBLIC OF SURINAME

MDG PROGRESS REPORT 2009

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SURINAME MDG PROGRESS REPORT 2009

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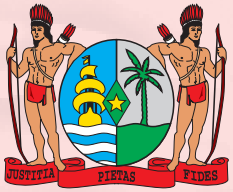
List of Abbreviations

ABS	General Bureau of Statistics
AIDS	Acquired Immune Deficiency Syndrome
AMC	Anti – Malaria Campaign
API	Annual Parasite Incidence
ART	Antiretroviral Drugs Treatment
ASP	Agricultural Sector Plan
ATM	Ministry of Labour, Technological Development and Environment
BFP	Basic Food Package
BIZA	Ministry of Home Affairs
BOG	Bureau of Public Health
BUZA	Ministry of Foreign Affairs
CARICOM	Caribbean Community
CBB	Central Civil Registration Office
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women
CSNR	Central Suriname Nature Reserve
DOTS	Directly Observed Treatment Short Course
DPT	Diphtheria, Peruses and Tetanus
EPA	Economic Partnership Agreement
EPI	Expanded Program Immunization
EU	European Union
GDP	Gross Domestic Product
GOS	Government of Suriname
GPI	Gender Parity Index
HI	Ministry of Trade and Industry
HIV	Human Immunodeficiency Virus
ICT	Information, Communication and Technology
IMR	Infant Mortality Rate
ITN	Insecticide Treated Net
JP	Ministry of Justice and Police
LDC	Least Developed Countries
LISP	Low Income Shelter Project
LVV	Ministry of Agriculture, Animal Husbandry and Fisheries
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MINOV	Ministry of Education and Community Development
MMR	Maternal Mortality Ratio
MMR	Mumps, Measles & Rubella (immunization)
MOP	Multi – Annual Development Plan
MPH	Multi Annual Program of Housing
MR	Mortality Rate
MZ	Medical Mission
NA	Not available
NAP	National AIDS Programme
NBG	National Bureau for Gender Policy
NHIS	National Health Information System
ODA	Official Development Assistance
OPV	Oral Polio Vaccination
PAHO	Pan American Health Organization
PLOS	Ministry of Planning and Development Cooperation
RGD	Regional Health Division
SAO	Foundation for Labour Mobilisation and Development
SD	Standard Deviation
SOZAVO	Ministry of Social Affairs and Housing
SRD	Surinamese Dollars
SSN	Social Safety Net
SZF	State Health Insurance Fund
TCT	Ministry of Transport, Communication & Tourism
UNDP	United Nations Development Programme
UNICEF	United Nations Children's Fund
VG	Ministry of Health



Preface and Acknowledgements

The Government of Suriname agrees with Samuel Johnson's quote: **"A decent provision for the poor is the true test of civilization".** It also adheres to the principle of international solidarity which dictates that all nations should support one another.Only after the adoption of the Millennium Declaration, signed in September 2000, did the world register a concerted effort towards responding to the main international development challenges, comprised of, but not limited to Good Governance, Poverty Eradication and Sustainable Human Development.

By drafting this second MDG Report, Suriname is meeting prior commitments with regard to regular reporting on the achievement of the MDGs. We as a nation have tried to fulfill our obligations on the MDGs by linking the goals to the country's Multi – Annual Development Plan. A This report reflects the progress made in moving forward and achieving better living conditions for Suriname's community.

Incorporating the MDGs within national policy documents does not only contribute to reporting on goals defined by the United Nations but also constitutes a good self- monitoring tool for Suriname's development. We acknowledge that there is a wider range of development issues in our country than the MDGs but by doing this exercise together with our neighboring countries and the United Nations, we are strengthening our capacity in reporting and policy making on these development issues.

The General Bureau of Statistics of Suriname (ABS) coordinated the data collection while several national institutions and individuals provided valuable contributions in the processing and analysis of data, as well as the compilation of the present report. I would therefore like to express my sincere appreciation to the MDG technical cluster, consisting of representatives from the various ministries and institutions. Notwithstanding all these valuable contributions, the total process, from data collection up to the dissemination of the report, was a major undertaking.

The MDG Steering Committee in Suriname consisting of representatives from the ministries of Foreign Affairs (BuZa) and Planning and Development Cooperation (PLOS), the General Bureau of Statistics (ABS), the Private Sector, the Non Governmental Organizations (NGOs) and the United Nations Development Programme (UNDP) were all involved in the drafting of this report.

We are aware that these activities need continuity and that even more work is needed in the area of producing better statistics. In June 2009, the Government of Suriname together with the General Bureau of Statistics started a National Strategy for the Development of Statistics (2010 – 2014). We are convinced that if we proceed with these efforts, Suriname will be able to improve its reporting capacity in the coming years, particularly in the area of poverty reduction in Suriname and on the contribution towards the attainment of the Millennium Development Goals.

The information in this Progress Report provides a mix of results. In most areas Suriname has made a degree of improvement, while in other areas some "set backs" have been noted. In general, it can be concluded

that Suriname is on the right track towards achieving the majority of MDGs, but we are mindful that the degree of realization will require collaborative efforts at the national, regional and international levels.

Between the baseline report of 2005 and the present, remarkable improvements were achieved in some specific areas:

- Education progress; education programs for dropouts and teenage mothers;
- Developing of an Aid Information System;
- UN agencies working together through a "delivering as one policy" (the C-CPAP 2008 – 2011, signed on 3rd of April 2008);
- Improvements in the reorganization of the social sector to establish an accurate social system to monitor the social sector more efficiently and effectively;
- Health improvements: Malaria success story, HIV/AIDS aid, program for the most vulnerable groups such as teenage mothers, pregnant women and infants; and
- Environmental development: basic sanitation and access to safe drinking water.

In addition to the achievements realized, Suriname still faces a number of challenges in the area of school enrollment in the hinterland; application of modern technology in the education and health sector; the creation of sustainable employment opportunities for the youth between 15 – 24 years of age; better access of pregnant women to health care, birth control and essential medicine; and ensuring that the community (including the interior) has a sustainable living environment.

A major challenge which we still face is arriving at consensus on a national definition and a proper mechanism on how to measure poverty. Suriname has a relatively large informal sector for which no (comprehensive) data series are available, which makes it difficult to evaluate the level of poverty.
Until now we have been working with the poverty definition of ABS but we need to officially define poverty for Suriname.

This MDG progress report illuminates the path towards the achievement of the goals as set out in the Multi – Annual Development Plan (MOP) and thereby provides a clear overview of the current status of the level of achievement of the Millennium Development Goals. We are convinced that this report positively contributes towards the achievements of the objectives as defined by the United Nations.

On behalf of the Government of Suriname,

The Minister of Planning and Development Cooperation,
Dr. R. O. van Ravenswaay

1. Introduction: The Millennium Development Goals, Targets and Indicators

Since 1990, various international summits have been convened at which an extensive agenda for human development was adopted, including selected defined goals, a time span for achieving these goals, and measurable targets and indicators to achieve the agreed development goals.

The Millennium Development Goals (MDGs) which emerged from the Millennium Declaration was approved by 189 nations and signed by 147 heads of state and governments during the United Nations Millennium Summit in September 2000. The MDGs synthesize in a single package the most important commitments made separately at a series of international conferences and summits to respond to the world's main development challenges namely: Peace, democracy, good governance, poverty eradication and sustainable human development.

The MDGs consist of 8 ambitious goals, 18 targets and 48 indicators to be achieved mainly by 2015. This MDG country report describes the current situation (including some data gaps) with potential strategies for action designed to meet the goals and commitments of the Millennium Declaration.

Table 1
Millennium Development Goals, Targets and Indicators

	Goals and Targets From the Millennium Declaration		Indicators For Monitoring Progress
Goal 1	Eradicate Extreme Poverty and Hunger		
Target 1A	Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1	Proportion of population below $1 (PPP) per day
		1.2	Poverty gap ratio
		1.3	Share of poorest quintile in national consumption
Target 1B	Achieve full and productive employment and decent work for all, including women and young people	1.4	Growth rate of GDP per person employed
		1.5	Employment-to-population ratio
		1.6	Proportion of employed people living below $1 per day
		1.7	Proportion of own-account and contributing family workers in total employment

	Goals and Targets From the Millennium Declaration		Indicators For Monitoring Progress
Target 1C	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8	Prevalence of underweight children under-five years of age
		1.9	Proportion of population below minimum level of dietary energy consumption
Goal 2	Achieve Universal Primary Education		
Target 2A	Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1	Net enrolment ratio in primary education
		2.2	Proportion of pupils starting grade 1 who reach last grade of primary
		2.3	Literacy rate of 15-24 year-olds, women and men
Goal 3	Promote Gender Equality and Empower Women		
Target 3A	Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1	Ratio of girls to boys in primary, secondary and tertiary education
		3.2	Share of women in wage employment in the non-agricultural sector
		3.3	Proportion of seats held by women in national parliament
Goal 4	Reduce Child Mortality		
Target 4A	Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	4.1	Under-five mortality rate
		4.2	Infant mortality rate
		4.3	Proportion of 1 year-old children immunized against measles
Goal 5	Improve Maternal Health		
Target 5A	Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1	Maternal mortality ratio
		5.2	Proportion of births attended by skilled health personnel
Target 5B	Achieve, by 2015, universal access to reproductive health	5.3	Contraceptive prevalence rate
		5.4	Adolescent birth rate

	Goals and Targets From the Millennium Declaration		Indicators For Monitoring Progress
		5.5	Antenatal care coverage
		5.6	Unmet need for family planning
Goal 6	Combat HIV/AIDS, Malaria and other Diseases		
Target 6A	Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1	HIV prevalence among population aged 15-24 years
		6.2	Condom use at last high-risk sex
		6.3	Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
		6.4	Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Target 6B	Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5	Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6C	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6	Incidence and death rates associated with malaria
		6.7	Proportion of children under 5 sleeping under insecticide-treated bed nets
		6.8	Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs
		6.9	Incidence, prevalence and death rates associated with tuberculosis
		6.10	Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7	Ensure Environmental Sustainability		
Target 7A	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources;	7.1	Proportion of land area covered by forest
		7.2	Carbon dioxide (CO2) emissions, total, per capita and per $1 GDP (PPP)

	Goals and Targets From the Millennium Declaration		Indicators For Monitoring Progress
		7.3	Consumption of ozone-depleting substances
		7.4	Proportion of fish stocks within safe biological limits
		7.5	Proportion of total water resources used
Target 7B	Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.6	Proportion of terrestrial and marine areas protected
		7.7	Proportion of species threatened with extinction
Target 7C	Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8	Proportion of population using an improved drinking water source
		7.9	Proportion of population using an improved sanitation facility
Target 7D	By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10	Proportion of urban population living in slums
Goal 8	Develop a Global Partnership for Development		
Target 8A	Develop further an open, rule-based, predictable, non-discriminatory trading and financial system; includes a commitment to good governance, development and poverty reduction - both nationally and internationally;	8.1	Net ODA, total and to the least developed countries, as a percentage of OECD/DAC donors' gross national income
		8.2	Proportion of total bilateral, sector- allocable ODA of OECD/DAC, donors to basic social services(basic education, primary health care, nutrition, safe water and sanitation)
Target 8B	Address the special needs of the least developed countries; includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction;	8.3	Proportion of bilateral official development assistance of OECD/DAC donors that is untied
		8.4	ODA received in landlocked countries as a proportion of their gross national incomes
		8.5	ODA received in small island developing States as proportion of their gross national incomes
		8.6	Proportion of total developed country imports (by value and

	Goals and Targets From the Millennium Declaration		Indicators For Monitoring Progress
Target 8C	Address the special needs of landlocked countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly);		excluding arms) from developing countries and from the least developed countries, admitted free of duty
		8.7	Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries
		8.8	Agricultural support estimate for OECD countries as a percentage of their gross domestic product
Target 8D	Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	8.9	Proportion of ODA provided to help build trade capacity
		8.10	Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)
		8.11	Debt relief committed under HIPC and MDRI Initiatives
		8.12	Debt service as a percentage of exports of goods and services
Target 8E	In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13	Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8F	In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14	Telephone lines per 100 population
		8.15	Cellular subscribers per 100 population
		8.16	Internet users per 100 population
Target 8G	In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	8.17	Unemployment rate of young people aged 15-24 years, each sex and total

2. Millennium Development Goals in Suriname: Structure and Mode of operation

The Republic of Suriname is committed to achieving the Millennium Development Goals (MDGs) at the national level. Monitoring of national development goals and the MDG reporting process require Suriname to report annually on its performance towards reaching the intended targets.

The objective of this report is to monitor progress and provide projections on what the current situation is, regarding all relevant goals and how and when they might be achieved on a sustainable basis. That is why, at the end of the analysis of every goal, an overall summary is given targeting the question if the targets will be met by 2015. Presented in annex 1, is a MDG progress matrix which outlines an overview of the goals in the year 2000 (Baseline report 2005) and 2008.

The 2006 – 2011 Multi – Annual Development Plan for Suriname (MOP) provides a road map to monitor the progress made towards these MDGs on a continuing basis.
The Multi – Annual Development Plan for Suriname identifies the following policy areas:

1. Democratic governance
2. Macro-economic stability
3. Restructuring in the public sector
4. Sustainable poverty alleviation
5. Basic social benefits
6. Restructuring the social policy, in particular social safety net, education and health
7. Creating a climate that would attract private investors
8. Infrastructure
9. Sustainable development and protection of the environment

The MDG process itself is monitored by the MDG committee consisting of various agencies which are subdivided into three clusters (see annex 2). Participation in the clusters is based on the MDG goals and indicators for which these agencies are directly related. The General Bureau of Statistics (ABS) plays a coordinating role and reports to the MDG steering committee chaired by the Ministry of Planning and Development Cooperation (PLOS).

The report provides an overview of data with regard to the Millennium Development Goals as of 1990 up to this date. It is worth mentioning that to the extent available, the time span of the targets is geared to the Multi – Annual Development Plan 2006 – 2011.

3. Economic and Social profile of Suriname

Economic profile

Mining, agriculture and manufacturing are still the most important sectors in the Suriname economy. Since 2005 the mining sector experienced significant growth because of increased prices on the world market. Gold, Bauxite/Alumina and oil extraction continue to account for some 80% of total foreign exchange earnings while agriculture, forestry and fisheries accounted for 5.5% of the GDP in 2008.

The government is the largest employer, accounting for some 40% of formal employment (source: ABS, National Accounts Section). The Multi – Annual Development Plan of 2006 – 2011 states that the government will dedicate itself to the fostering economic growth and stabilization, poverty alleviation, the promotion of private production, a tight budgetary policy, trade liberalization and reforms within the government. This policy perspective is in harmony with the objectives of the MDGs.

The informal sector in Suriname is relatively large. The term informal refers to economic activities that take place beyond the official economy or the conduct of economic activities by companies and individuals that do not comply with the (legally) established requirements.
Based on estimates produced by the ABS, the contribution of the informal sector to real GDP (at market prices) was of the order of 17.5% in 2008. For real GDP at basic prices the contribution of the informal sector is even higher, namely 20.4% in 2008.
The growth in real GDP has been variable over the past three to five years, but on average annual real GDP growth was circa 4.6% over the period 2004 – 2008. Total Real GDP (market prices, informal and formal economy) moved from SRD 5,247,000 to SRD 6,291,000. On a per capita basis the average annual growth over the same period was 3.4%.

Many governments in developing countries are confronted with the problem of enterprises operating illegally. Suriname is no exception. Not only because of the negative effects caused for governments such as loss of tax revenues, but also for the entrepreneurs themselves. They for instance cannot obtain insurance or any collateral while operating in the informal sector. One of the main reasons for these illegally operating entrepreneurs is fear of having to spend most of their small profits on paying income tax. Other factors which contribute to this behaviour are: lack of proper information about the law, procedures and infrastructure for registering; lack of facilities to obtain a loan from the bank because of lack of collateral; lack of education and training on how to set up and manage an enterprise. Furthermore, the fact that the largest part of the entrepreneurs are in need of more business education, causes difficulties in understanding the technical, legal language used on the application forms and is therefore yet another obstacle to compliance with the law. Therefore, the Government of Suriname (GOS) applies an active program to educate and train people who are operating in the informal sector to become more aware of the opportunities in the formal sector. The Ministry of Trade and Industry (HI) and PLOS also have an educational program (Suriname Business Forum) to stimulate entrepreneurs to register and set up their business.

Social Profile

The social profile of Suriname will be developed over the next chapters of this report. Basically environmental characteristics and settlement patterns have split the society into urban coastal, rural coastal and rural interior, with uneven provisioning for the latter group, mainly because of their remoteness. The Government has been seeking ways of reducing the effects of isolation but recognizes that the challenge is great.

With regard to the health indicators, some of these show that Suriname has a desirable health profile. The infant mortality rate fell from 20 per thousand in 2005 to 18.7 per thousand in 2008 and the life expectancy was stable over the period 2007 is 67.7 for males and 71.9 years for females on average.

Table 2
Key MDG Indicators

Indicator	Value	Year	Value	Year
Area (sq. km)	163,820	2003	163,820	2009
Population Mid-Year	482,769	2003	517,052	2008
Average population growth	1.3 %	2003	1.2 %	2008
Total Fertility Rate	2.4	2003	2.4	2007
Life expectancy at birth (in years) males	66.9	2003	67.7	2007
Life expectancy at birth (in years) females	71.9	2003	71.9	2007
Real GDP (x 1000 SRD, market prices)*	4,838	2003	6,291	2008
Literacy in %(adults)	93 %	2003	93 %	2008
Infant mortality rate (per 1000 life births)	19.9	2003	18.7	2008

*Formal and informal economy

4. Government of Suriname Policy Commitments

The 2006 – 2011 Multi – Annual Development Plan incorporates the following:

- Participation and monitoring;
- The establishment of a production-friendly environment;
- Benefits for human capital;
- Public/private partnerships as a basis for good governance, financial, economic and social development;
- Industrial development utilizing natural resources in a strategic manner;
- Access for women and youth to credits, education training and production facilities;
- The participation of women in the mainstream of development;
- The strengthening of institutions to further Government's planning objectives;
- The control of crime; and
- Effective action for ensuring security of the interior with reference to the policy on land use and protection of the border against illegal aliens.

The above constitute broad statements of intent that are in line with the Millennium Development Goals adopted by Suriname and one hundred and eighty-eight other countries. The target groups identified in the Multi – Annual Development Plan coincide with those of the MDGs and include:

- The youth, especially the unemployed;
- Underprivileged women;
- Female entrepreneurs or aspirants to entrepreneurship;
- Persons who are unable to independently earn sufficient income to provide for themselves, especially senior citizens and persons with a disability;
- Workers with incomes below the official poverty level; and
- Inhabitants of and migrants from the interior and other underdeveloped areas.

The programmes to achieve the objectives stated above will be financed through the national budget and financial support from the International Community. In order to maximize the effectiveness of the programs, a measure of Public Sector Reform will be implemented. Reforms of the Education System will be undertaken along with related initiatives in Health, Poverty Reduction, Crime prevention and Decision Making and in any other sphere of activity where behaviours are in need of change.

There is an obvious convergence between the policies of the Government of Suriname and the MDGs.

5. Millennium Development Goals

Goal 1: Eradicate Extreme Poverty and Hunger

Targets:

1A ***Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day***

1B ***Achieve full and productive employment and decent work for all, including women and young people***

1C ***Halve, between 1990 and 2015, the proportion of people who suffer from hunger***

The indicators for monitoring progress in this context are:

- Proportion of population below $1 (1985 PPP) per day (1.1);
- Poverty gap ratio [incidence x depth of poverty] (1.2);
- Share of poorest quintile in national consumption (1.3);
- Employment-to-population ratio (1.5);
- Prevalence of underweight children under 5 years of age (1.8);
- Proportion of population below minimum level of dietary energy consumption (1.9).

Performance Summary

Target 1A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

To measure poverty, Suriname does not use the $1 (1985 PPP) per day poverty line. Instead Suriname preferably takes a broader approach by looking at poverty from a human development perspective using the Human Poverty Index (HPI-1).

The Human Poverty Index

The Human Poverty Index (HPI-1) was introduced by the United Nations Development Programme (UNDP) in the Human Development Report 1997 whereby poverty must be addressed in all its dimensions, not income alone[1]. This is also formulated in the Multi Annual Development Plan of Suriname 2006 -2011[2].

The Human Poverty Index (HPI-1)[3] takes into account the deprivations in the three basic dimensions of human development captured in the Human Development Index (HDI) which are:

1. Longevity (Probability at birth of not surviving to age 40, (times 100) - P1)
2. Knowledge (Percentage of adults who are illiterate - P2)
3. Decent standard of living (percentage of people without sustainable access to an improved water source – p3a; Percentage of Children under weight for age- p3b - P3 = ½ x (p3a+ p3b))

Table 1.1
Human Poverty Indicators

HPI-1 component	2000	2008	Source
P1	9.07	7.56	GBS-2010
P2	13.80	8.10	MICS-2006
P3	20.35	9.10	MICS-2006
HPI-1 Human Poverty Index[4]	15.8	8.3	

1 United Nations Human Development report 1997, page 5
2 Multi Annual Development Plan of Suriname 2006 – 2011, page 146
3 Version as presented in Human Development Report 2005, page 342
4 Unweighted average of P1, P2 and P3

As shown in the table above, the probability at birth of not surviving to age 40 has decreased from 9.07% to 7.56% in the period 2000 – 2008. It can also be noted that the percentage of adults who are illiterate has declined from 13.80% to 8.10%. As for the percentage of people who are deprived from a decent standard living, this has been reduced from 20.35% to 9.10%. This overall improvement is reflected in the downward movement of the HPI in the period of evaluation from 15.8% to 8.3%.

One of the main challenges of poverty eradication is the transfer of economic growth into human development and poverty reduction. While maintaining and increasing economic growth, Suriname is determined to keep strong focus on the increase of decent and productive employment, reducing economic and social inequalities to reach its main goal as a country. Suriname is convinced that poverty eradication demands an integrated approach and should be a joint effort between government, civil society and the private sector.

There is an urgent need for a discussion on the national definition of poverty and calculation of poverty lines for Suriname. Suriname / ABS has only used income (or consumption) poverty as the poverty measurement tool in the past. Thereby official figures regarding poverty in parts of Suriname mostly reflect on income (or consumption) poverty.

'Current data on income (or consumption) poverty in Suriname is only available for the districts of Paramaribo and Wanica but the difference for the 2000 and 2008 results is not statistically significant (see Annex 3 on Income Poverty)'

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

Creating employment opportunities in Suriname is still a major challenge, especially for the youth. The Ministry of Labour, Technological Development and Environment (ATM) has stressed that creating employment opportunities for all is imperative for achieving goal 1. Policies have been developed (see the achievements p.22) to assist in poverty eradication.

In the period 1996 – 2005 there was a slight increase in the annual number of the economic active population. In the districts Paramaribo and Wanica, the largest districts of Suriname in terms of population living, the economic active population increased with an annual average

Table 1.2
Employment-to-population ratio for Paramaribo and Wanica

Target	Indicator 1.5	2005	2006	2007	2008
1B	Employment-to-population ratio	35	35	36	36

2 Gini coefficient is a number between zero and one that is a measure of inequality. The Gini coefficient is the ratio of the area under the Lorenz curve to the area under the diagonal in a graph of the Lorenz curve. The meaning of the Gini coefficient: When equality is high the Gini coefficient is near zero. When inequality is high the Gini coefficient is near one.

of 4%. Census 2004 shows that 56% (173,130 persons) of the total labour force is part of the economic active population. During the last census there were 156,705 employed persons (see table 1.3). The disparity between the two sexes is, men 65% (is 101,919) and women 34.9% (is 54,768). The youth between 15 – 24 years made 14.5% of the employed population while 85.5% consists of persons between the age group of 25 – 65 years old (see table 1.4).

Table 1.3
Labour force & the economic active population by district

District	Labour force	Economic active population		
		Employed persons	Unemployed	Total
Paramaribo	156,352	84,127	7,867	91,994
Wanica	56,391	28,048	2,395	30,443
Nickerie	23,907	11,373	1,173	12,546
Coronie	1,732	791	297	1,088
Saramacca	10,201	4,764	436	5,200
Commewijne	16,112	8,701	665	9,366
Marowijne	8,706	3,962	509	4,471
Para	10,948	4,908	789	5,697
Brokopondo	7,983	4,225	789	5,014
Sipaliwini	16,818	5,806	1,505	7,311
Total	**309,150**	**156,705**	**16,425**	**173,130**

Source: Census 2004

Table 1.4
Employed population by age group and sex

Age group	Men		Women		Total	
	Number	%	Number	%	Number	%
15 – 19	4,656	4,6	1,578	2,9	6,234	4.0
20 – 24	11,785	11,6	4,725	8,6	16,514	10.5
25 – 29	13,632	13,4	7,040	12,9	20,685	13.2
30 – 34	16,282	16	8,965	16,4	25,247	16,1
35 – 39	16,151	15,8	9,027	16,5	25,178	16,1
40 – 44	14,853	14,6	8,485	15,5	23,338	14,9
45 – 49	10,529	10,3	6,528	11,9	17,057	10,9
50 – 54	7,872	7,7	4,853	8,9	2,726	8,1
55 – 59	4,765	4,7	3,026	5,5	7,791	5,0
60 – 64	1,394	1,4	541	1,0	1,935	1,2
Total	**101,919**	**100**	**54,768**	**100**	**156,705**	**100**

Note: The latest available census data is of 2004. There is no comparable census data available since the penultimate census dates back to 1980. The next census will be in 2011. Comprehensive data from the Continuous Household Survey is only available for the urban districts of Paramaribo and Wanica.

Source: Census 2004

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

With regard to this target, Suriname is on track as compared to some other developing countries; Suriname is rich in agricultural and other natural resources. Compared to other developing countries in the world there is no shortage of food or starvation from hunger. It is clear that if monitored properly this target can easily be met.

Child malnutrition as reflected in body weight is also used as an (albeit noisy) indicator for poverty. Significant progress has been made in the reduction of child malnutrition since 2000 due to improved health policies, see table 1.5 and p.23.

Table 1.5
Prevalence of Underweight Children under five years of age

Target	Indicator 1.8	2000	2006
1C	% of < 5 years with moderate malnutrition (weight for age:-2 SD)	13.3	9.9
	% of < 5 years with severe malnutrition (weight for age:-3 SD)	2.1	0.8
	% of < 5 years with moderate malnutrition (height for age:-2 SD)	9.9	7.7
	% of < 5 years with severe malnutrition (height for age:-3 SD)	2.7	1.4
	% of < 5 years with moderate malnutrition (weight for height: -2 SD)	6.5	4.9
	% of < 5 years with severe malnutrition (weight for height: -3 SD)	1.5	0.4

Note: Standard Deviation indicates how much variation there is (in the data) from the average (mean)
Source: MICS 2000, 2006

Government Policies

Suriname is faced with a number of challenges to improve the situation with respect to poverty as it affects the country and society. An integrated package of measures should lead to equal social and economic distribution including social protection, access to health and education, participation and decision making, sustained economic growth, re-distribution of income and transformation (i.e. diversification and structural change) of the economy. This urges the advocacy on the establishment of the minimum wage system through the Ministry of ATM.

Achievements regarding poverty reduction and hunger

A few measures are taken to minimize the existence of poverty.

- The Ministry of Social Affairs (Sozavo) has developed policies as defined in the MOP for reducing poverty. One of the most important policies of this ministry is developing a well structured social safety net programme where (socially deprived) all who are in need of social protection can benefit.
  In recent years a few studies have been conducted. Based on these studies a Social Safety Net (SSN) reform strategy has been proposed to implement the SSN. The key elements of the SSN are

(1) improving the existing targeting system and (2) unifying and conditioning the cash transfers. The Ministry of Sozavo provides an array of social programmes including cash transfer and in-kind transfer programmes. The majority of these programmes provided is more supportive and are mitigative or remedial rather than developmental and preventive. In this regard implementing the SSN will enable the Ministry to strengthen the poor and the vulnerable ones to be self-sufficient and ultimately graduate from the social programmes.

To promote self-sufficiency among the beneficiaries the Ministry intends to implement a new programme similar to the "Chile Puente" model to provide a framework within and among others, conditional cash transfers. Counseling and promoting productive employment are the key elements for successful exit from the social programmes provided by the Ministry. This model will re-orient the existing exit strategy, which in practice offers 'life membership' to most beneficiaries of social programmes.

- The Ministry of ATM is also responsible for defining policies for reducing the existence of poverty. ATM has developed strategies to reduce poverty by investing in the labour sector. Creating employment is one of challenges for achieving goal 1. That explains the adoption of the following policies for development: alleviation of un-employment, establishment of the minimum-wage system and the eradication of child labour. In order to alleviate unemployment, a number of activities were presented. These include the stimulation of micro, small and medium sized businesses and offering of vocational education for dropouts and job seekers; the assistance of jobseekers in finding a suitable job (labour exchange).
- The Ministry of HI is also working on improvements of conditions for micro, small and medium sized businesses.
- The Intention to Design a National Strategy for the Development of Statistics (NSDS) was launched in June 2009 and a one-day Advocacy Workshop was conducted in October 2009.
- A facility of Euro 6 million for micro-financing in Suriname was established to stimulate micro-entrepreneurship at the lowest subsistence level, and to create a mechanism for employment and economic self-sustainability of this target group.
- To improve the access to education of the community, especially higher educated people of Suriname, recently a Study Finance Fund was initiated to create financial possibilities for students.

Achievements within Child nutrition

The responsible Ministry of VG has ongoing programmes that ensure that the provision of child nutrition. The provisions are as follow:

- Through the Under- Five Clinics (consultatie bureau voor kinderen) in the primary health care (RGD and Medical Mission), the Ministry of VG monitors, supervises and guides the nutritional status, immunization, growth and development of all children;
- There is also a school health program at the elementary and primary schools implemented by RGD and Medical Mission for monitoring nutritional status, immunization, growth and child development and general child health;
- Recently, VG – the nutrition department of BOG – developed guidelines for food and beverages provided at elementary schools;

- A new child health record that includes (among others) the new growth standards (Growth chart) for Suriname; and
- In 2008 the National AIDS Programme (NAP) also executed a training for trainers in breastfeeding, infant and young child feeding counseling for health care workers, working in under-five clinics and hospital maternity wards.

Challenges within Poverty Reduction

Emphasis should be placed on:

- Improved and efficient coordination of planning activities at the sectoral level as well as the fostering of a favorable investment climate based on transparency and good governance so as to contribute to the reduction of poverty to less un-acceptable proportions;
- The halt of the decline in inter alia, the rice sector and the poultry sector, and the reversal of declining production trends in order to protect and enhance the livelihoods of the farming communities; the results of the agricultural census will help to establish the development potential of the agricultural sector so that the necessary investments can ensue;
- The importance of the task of various NGOs operating in Suriname with regard to Grass Roots Action Planning in. among other things, the Maroon and the Indigenous communities in the hinterland. Their activities should be supported over the next two years in the first place by Government and the International community;
- Pushing back to eradicate poverty. This should not be merely a policy but steps should be taken to ensure that adequate food and food production remain accessible to the underprivileged;
- Transformation from a welfare to a work System for effective targeting; Empowerment of underprivileged families in extreme poverty through an integrated approach to social protection, which will enable increased access to opportunities that promote or strengthen income-generating capacity, and productive and decent employment;
- The revision of the Suriname outdated labour law and the alignment of the updated legislation in line with the International Labour Organisation (ILO) standards and the model law used by the CARICOM[3]; and
- Making sure that complete access to the labour market is made possible. To ensure and enhance the economic participation of vulnerable groups, special policy programs need to be developed[4].

Challenges within Child nutrition

- One of the major challenges is the implementation of the nutrition guidelines nationwide;
- The Ministry of VG will continue with the implementation of under five clinics and the school programs;
- Minimize income inequity;
- Improvement of the infrastructure of the primary health care system;

3 Source: National Employment report, 2008; ATM.
4 Source: National Employment report, 2008; ATM.

- Improvement of access to quality water and sanitation and enhanced food security;
- Inadequate attention to building capacity (human and financial resources) for strengthening promotion of child health and nutrition and for supervision of child health clinics; and
- Inadequate attention to the need for policies, standards, guidelines regarding child nutrition.

Next steps

- Improved governance structures that ensure communication among government ministries and agencies should be put in place as a matter of urgency. A centralized agency (where each ministry has a MDG focal point) through the Ministry of PLOS should be established to ensure the implementation of government policy in a seamless manner across all ministries and agencies. Additionally, the present MDG Steering Committee should continue to operate, tracking the goals and ensuring the supply of measurable indicators of success;
- Implementation of the National Strategy for the Development of Statistics (NSDS);
- The implementation of the nutrition guidelines by the Ministry of VG; and
- The implementation of the new Growth Chart for Suriname.

Will the targets be met?

Target 1A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day: Probably

Suriname is heading in a direction consistent with the achievement of the MDGs for this target. We need to acknowledge that in despite of the absence of a national definition, policies are being conducted in order to eradicate poverty.

Target 1B: Achieve full and productive employment and decent work for all, including women and young people: No

Suriname is on the right track. Data collection mechanisms need to be improved and further disaggregated.

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

This target will be met by 2015.

Goal 2: Achieve universal primary education

Targets:

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

The indicators for monitoring progress in this context are:

- Net enrolment ratio in primary education (2.1);
- Proportion of pupils starting grade 1 who reach last grade of primary school (2.2);
- Literacy rate of 15-24 year-old, women and men (2.3).

Performance Summary

Indicator 2.1: Net enrollment ratio in primary education

The Present Situation in Education

Primary and Secondary School Participation: Out of all the children who are of primary school entry age (age 6) in Suriname, 92 % are attending the first grade of primary school. Although compulsory education is legally established at 7 to 12 years, the enrollment of the age group 4 to 12 is relatively high and in line with the region. There are no significant differences by gender in primary school enrollment at national level. However, when the figure is disaggregated by rural or interior districts almost 1 out of 3 children aged 6 are not in school (MICS 2006, Jaarboek Onderwijs indicatoren 2007 – 2008).

Gender disparities are a major problem in education. Especially at the junior secondary level the participation of boys is less than that of the girls. The dropout occurrence among boys in education starts in the last grade of the primary education. For the Secondary and higher education streams, male participation in education is significantly lower than female participation.

Table 2.1
Education indicators

	Indicators	1990	2000	2001	2002	2003	2004	2005	2006	2007	2008
2.1	Net enrolment ratio in primary education (%)	81	94	94	94	92	93	91	93	95	92
2.1a	Net enrolment ratio in primary education (%) by sex: Male		95	95	95	91	92	91	92	95	91
2.1b	Net enrolment ratio in primary education (%) by sex: Female		93	93	93	93	92	90	92	95	93
2.2	Proportion of pupils starting grade 1 who reach last grade of primary school (is grade 6)		42	42	42	42	43	43	43	45	46
2.3	Literacy rate of 15-24 years old women and men		93	93	93	93	93	93	93	93	93

Source: Ministry of Education and Community Development (Minov)

Despite the relatively high accessibility (in urban areas) of primary education in Suriname, the ultimate result is unsatisfactory. Education in the hinterland, where enrollment is lower, faces serious problems: the accessibility of education in the interior is generally hampered by a lack of transport facilities, adequate school buildings, educational tools and material, qualified teachers and teachers' accommodation.

Indicator 2.2: Proportion of pupils starting grade 1 who reach last grade of primary school

According to graph 1 the proportion of pupils starting grade 1 who reach grade 6 has increased since 1990. Overall there is an increase of 13% in 2005 compared to 2000. Overall, the repeater percentage has been decreasing the last two to three years, but still is considered very high.

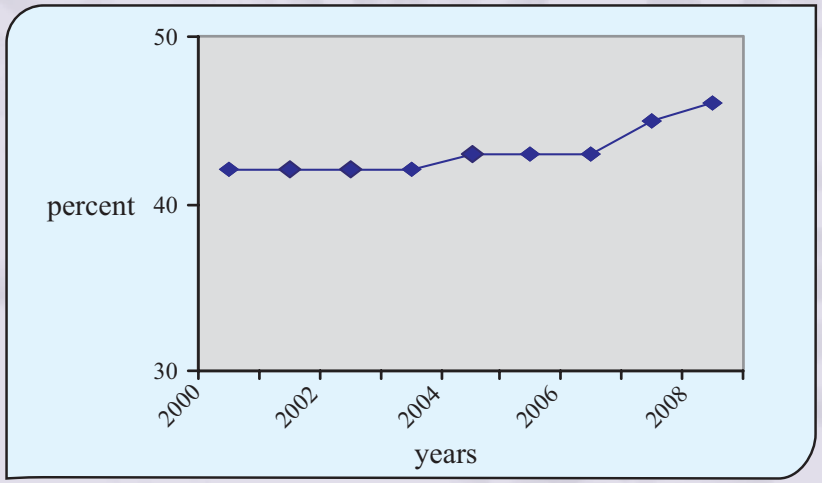
Internal efficiency

Indicator 2.2: proportion of pupils starting grade 1 who reach last grade of primary school

The repeaters and drop out percentages are rather high. The high percentages of repeaters and dropouts give an indication of the enormous dissipation and the low level of the internal efficiency. The dropout rate of pupils means that this does not result in graduates with deployable skills. There are no data to match the skills needed on the workplace with the school's final product. Repeating a grade increases the chance of repeating anew and of dropping out because, as the pupils get older, their chances for entry into the labour force increase.

According to graph 2.1 the proportion of pupils starting grade 1 who reach the last grade has increased since 1990. Overall there is an increase

Graph 2.1
Proportion of pupils starting grade 1 who reach grade 6



Source: Ministry of Education and Community Development (Minov)

of 13% in 2005 compared to 2000. Overall, the repeater percentages have been decreasing since 2005, but are still considered very high compared with the region (see: Jaarboek onderwijsindicatoren 2007-2008, www.emis.sr.org).

During the internal strife (1986 – 1992) many schools in the interior were destroyed or badly damaged. Education was therefore discontinued and disrupted in many villages. This was a major setback in education. The interior is still struggling with a lack of school buildings (especially kindergarten) and qualified teachers willing and motivated to work in remote areas. Recruiting teachers for the interior presents a problem, as

the interior is not very popular with teachers because of the poor housing facilities, safety issues and cultural differences. The performance of the teachers who work in the interior is affected by the poor working conditions, the shortage of materials and the lack of possibilities to continue one's studies.

Indicator 2.3: Adult Literacy

The percentage of women aged 15-24 years that are literate is 91.9, with considerable geographic disparities. According to the MICS 2006 report, the (female)[5] adult literacy figures for the Urban Coastal, Rural Coastal and Rural Interior were 96.2%, 94.2% and 45.0% respectively. Although the overall national figure for literacy is high, the major challenge is getting the rural and interior districts on track. Literacy programs are mostly being offered in Paramaribo. It is a major challenge for the people living in the interior to enroll in these programs. The ministry has started to take actions to decentralize the literacy programs in order to make them more accessible for everyone.

Government Policies

The policy of the government is aimed at providing 100% access by all children to Basic education and to guarantee equity regarding the quality of education. In order to work towards achieving this very challenging goal, total commitment of all partners in education such as the several denominations or religious entities, NGO's, UNICEF and other (social) sectors is crucial. Plans, policies and actions have been carried out or have been formulated for the near future to tackle the issues of gender inequity (gender disparities), dropouts and access to primary education (efficiency) and the quality of education.

Achievements

- School buildings have been renovated and new buildings built especially in the interior to increase the access in pre-primary and primary education;
- A school feeding program (in collaboration with Brazil) has recently been put in place and other measures are being taken (introducing child-friendly schools) to keep children in schools;
- Training interventions for teachers and headmasters, new curricula and other programs have dropped the percentage of repeaters in the past two to three years;
- A national research on "out-of-school" youth (school mapping) is being carried out to gain a better insight into the problems leading to dropouts and repeaters in primary education. This research will enable the ministry to formulate better policies to tackle these problems in especially the remote areas in Suriname; and
- Regarding ECD, the Ministry of Education and Community Development (Minov) is working on rules & regulations and policy. A major awareness campaign is being carried out whereas an interdepartmental group is in the final stage of setting up standards, norms, rules and regulations for daycare centers and other ECD facilities.

5 Only a women's questionnaire was administered, so we can only supply female adult literacy information.

Challenges: Measures towards achieving the Millennium Development Goals

- Employing the right numbers of professionally educated teachers at all levels within education;
- Ensuring adequate infrastructure, learning materials, educational tools and other supplies needed, at the various schools;
- Increasing the budget for primary education to guarantee or improve the quality of primary education;
- Taking measures to be able to trace the number of repeaters, dropouts, to create an effective system to be able to take care of these children and to bring them back into the educational process;
- The use of modern technology within the educational system and functional elimination of illiteracy to reach the most vulnerable groups and to reduce illiteracy among women.
- Some specific measures with respect to pre-primary education: The pre-primary school should become an integrated part of the primary school system. The curriculum should therefore be adapted to the changing demands of time and to global developments. There will be continuous in-service training and upgrading. The compulsory education act will be extended to 4 – 14 year olds and there will be sanctions for non-compliance.
- Legal determination of the compulsory education for 4 – 14 year old;
- Adjustment of curriculum to changing global technological, economic, social and political developments. Adjustments in curriculum with respect to the cultural diversities and local languages;
- The education programs should not only give attention to cognitive development, but also to social, emotional, creative and physical development of the child;
- Introduction of other more effective methods, which take into account the individual needs, the interests and the capacities of the child, can contribute to increasing internal efficiency;
- Incorporate ECD aspects in the curriculum of the teacher training colleges and at the level of the advance teacher training institute; and
- Gaps in data collection and processing, and no proper pupil tracking systems in schools for the monitoring of pupils performance, hamper the monitoring process of indicator 2.2 by Minov. Within recent years, many actions have been implemented to set up and maintain an Education Management Information System at the Research and Planning Department of Minov for the monitoring, evaluation and planning of education (www.emis.sr.org).

Next steps

Reform of the education system is now being addressed by the implementation of the Basic Education Improvement Project, which is being funded by the IDB.

Most of the above-mentioned issues are being addressed in the various components of this project. Also with donor organization such as UNICEF and VVOB, programmes have been put in place to strengthen the pre-and in-service training institutions for teachers, reforms in primary education directed towards child-friendliness and child-centered approaches.

Will the target be met?

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

- Indicator 2.1: Net enrolment ratio in primary education
  Yes, 100% enrollment is likely to be reached in 2015.
- Indicator 2.2: Proportion of pupils starting grade 1 who reach last grade of primary school
  We are on track but it will be a major challenge to reach equity in gender and quality in education.
- Indicator 2.3: Literacy rate of 15 – 24 year – old, women and men
  Policy has to be put in place to have more decentralized programs for literacy. A more aggressive and assertive approach to illiteracy is crucial to reach this goal by 2015.


Programme Opérationnel de Coopération

Goal 3: Promote Gender Equality and Empower Women

Targets:

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

The indicators for monitoring progress in this context are:

- Ratio of girls to boys in primary, secondary and tertiary education (3.1A);
- Ratio of literate women to men, 15-24 years old (3.1B);
- Share of women in wage employment in the non-agricultural sector (3.2);
- Proportion of seats held by women in national parliament (3.3).

Performance Summary

Indicator 3.1: Ratio of girls to boys in primary, secondary and tertiary education

Table 3.1 shows that the ratio of girls to boys for primary school is 1, indicating no significant difference in the attendance of girls and boys in primary school. Contrary to the situation in primary education, as far as secondary and tertiary education is concerned, the boys lag behind the girls. This is in line with the experience in the wider Caribbean where boys' participation in secondary (and tertiary) education is a source of concern.

Table 3.1
Gender indicators

	Indicators	1990	1995	2000	2001	2002	2003	2004	2005	2006	2007	2008
3.1a	Ratio of girls to boys in primary education	NA	NA	1	1	1	1	1	1	1	1	1
3.1a	Secondary education	NA	NA	2	2	2	2	2	2	2	2	2
3.1a	Tertiary education	NA	NA	2	2	2	2	2	2	2	2	2
3.1b	Ratio of literate women to men 15-24 years old*	NA	NA	1	1	1	1	1	1	1	1	1
3.2	Share of women in wage employment in the non – agricultural sector (%)	NA	NA	NA	NA	NA	NA	36.3	NA	NA	NA	NA
3.3	% of seats held by women in national parliament	8	6	16	20	20	20	20	25	25	25	25

***The percentage of literate males is slightly higher than the percentage of literate females**
Source: Ministry of Education and the Ministry of Home Affairs

Indicator 3.2: Share of women in wage employment in the non – agricultural sector

Data on this indicator is not available as all household surveys (and even the Population Census) notoriously suffer from item non-response on the questions regarding wages and income. However, the following table presents an overview of employment by sex as obtained from the 2004 population Census and Household Budget Survey (all sectors and non-agricultural sector) and for the Urban Coastal Districts of Paramaribo and Wanica 2005 – 2008 (all sectors).

Table 3.2
Employment in Suriname (2004) and Paramaribo & Wanica (PW, 2005-2008)

Sources		Males	Females	Total	Fem-share
Census 2004*	All	101,919	54,768	156,687	35.0
Census 2004	Non-Agricult	91,795	52,302	144,097	
HHS-PW-2005	All	71,760	42,469	114,229	37.2
HHS-PW-2006	All	70,721	43,781	114,502	
HHS-PW-2007	All	73,646	45,075	118,721	38.0
HHS-PW-2008	All	75,282	47,211	122,493	
HHS-PW-2005	Non-Agricult	67,535	41,212	108,747	37.9
HHS-PW-2006	Non-Agricult	65,586	42,596	108,182	
HHS-PW-2007	Non-Agricult	70,199	44,413	114,612	38.8
HHS-PW-2008	Non-Agricult	70,608	45,368	116,976	

Note: Standard Deviation indicates how much variation there is (in the data) from the average (mean)
Source: MICS 2000, 2006

The data show that in the period under review the share of employed women in the districts of Paramaribo and Wanica (Urban Coastal area) is between 35% and 40%, for all economic activities, as well as when we limit ourselves to non-agricultural activities.

Table 3.3
Members of Parliament according to term and Sex

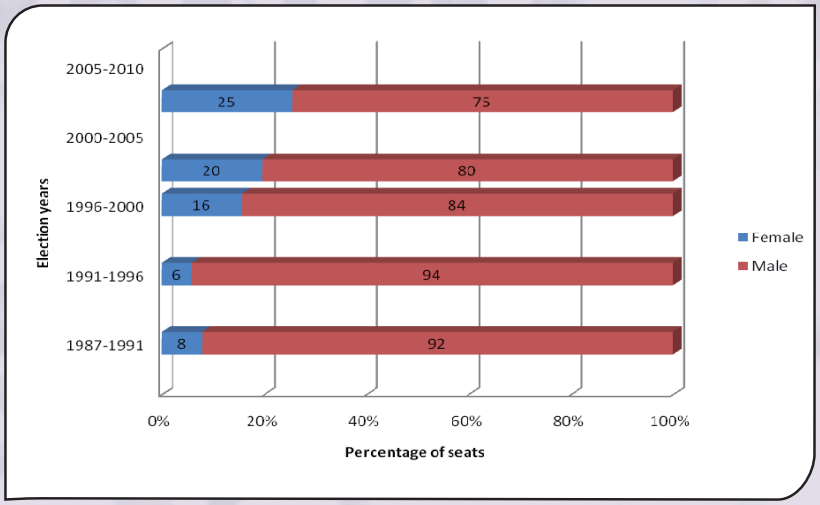
Period	Designation of Legislative Body	M	F	Total	% F
1987-1991	The National Assembly	47	4	51	8
1991-1996	The National Assembly	48	3	51	6
1996-2000	The National Assembly	43	8	51	16
2000-2005	The National Assembly	41	10	51	20
2005-2010	The National Assembly	38	13	51	25

Source: National Assembly

Indicator 3.3: Women and decision – making

Participation of women in decision-making and executive positions can help ensure the eventual elimination of inequalities faced by women. Elections are held every five years and since 1996 when the first female Speaker of parliament was elected there has been a steady improvement as regards the number of women in, among other things, parliamentary positions. See also the corresponding statistics below, identifying the disparity between the two sexes and the improvements.

Graph 3.1
Proportion of seats in Parliament by gender



Source: National Assembly

Table 3.4
Members of cabinet (Ministers and Under Ministers), according to term and Sex

Period	Designation of Legislative Body	M	F	Total	% F
1987-1991	The Council of Ministers	16	1	17	6
1991-1996	The Council of Ministers	18	-	18	0
1996-2000	The Council of Ministers	18	2	20	10
2000-2005	The Council of Ministers	17	3	20	15
2005-2010	The Council of Ministers	14	3	17	18

Source: National Assembly

In the administrative period 2000 – 2005, three positions were held by women in the Council of Ministers, namely 2 female ministers and 1 female under minister. In the current administrative period 2005 – 2010, there are three female ministers appointed.

Table 3.5
Results of the elections regarding women representation

	1987	1991	1996	2000	2005
Government (ministers)	6%	0%	10%	15%	18%
Parliament	7.8%	5.9%	15.7%	19.6%	25%

Source: Ministry of Home Affairs

Although the disparities between the two sexes can be identified, an analysis of figures above shows that there is a steady progress in the degree of representation of women in politics. In the Cabinet of Ministers, the growth is from 6% in 1987 to 18% in 2005. In the Parliament (National Assembly) the growth is from 7.8% in 1987 to 25% in 2005. At the moment Suriname is preparing for the national elections of May 2010.

Suriname's constitution does not include the offices of Governor or Senator, but provides for District Commissioners (DC) in every district. The District Commissioner is the chairperson of the District's government. Regarding the representation of women in the district councils, one observes a growth from 13% in 1991 to 24.5% in 2005, while the proportion of women in the local councils increased from 17% in 1991 to 30.6% in 2005.

Government policies

Suriname is fully aware of its international commitment to gender equality. As a result, this concept is included in all its policy documents, in particular in its MOP 2006 – 2011. One of the principles of Suriname's human rights-based development strategy indicates that a cross-cutting gender perspective should be mainstreamed in all plans and programs. In Suriname the Ministry of Home Affairs and in particular the National Bureau for Gender Policy (NBG), is responsible for the coordination of gender policy. The Integral Gender Action Plan 2006 – 2010, which was formulated in collaboration with several stakeholders (NGO's, several ministries), is the main policy initiative to improve the situation of women, men, boys and girls and has as its principal aim the achievement of the Millennium Development Goals.

Achievements

- In order to enhance employment among women, both on the part of the government (*through the S.A.O.*) and on the part of the NGO's (*the National Women's Movement*), employment projects for women are set up to teach skills that are required in the formal sector (e.g. in traditional male professions such as furniture maker and bricklayer).
- The minimum benchmark used by the United Nations (UN) to ensure a critical mass of women parliamentarians is 30%. Taking this into consideration and the growth in the representation of women in the National Parliament since 1987 till 2005, it can be stated that Suriname is on track. At district level Suriname has already reached the minimum benchmark of the UN.

Challenges

It is a major challenge to gather and report data on indicator 3.2; the share of women in wage employment in the non – agricultural sector. The data is not available as all household surveys (and even the Population Census) notoriously suffer from item non-response on the questions regarding wages and income. People are still hesitating when they are asked to give an answer on these two issues. For several reasons the community is withholding this information. One possibility would be to use data from other Censuses and Surveys such as the Census of Industry[6].

High education is not the only factor influencing participation in decision – making processes. It is a step forward. To empower women, changes in political culture, legislation and gender ideology in general are needed. Cultural factors in general form the basis for unequal participation of men and women in public and political life.

Next steps

- In order to strengthen the institutional capacity to collect, manage and use gender-disaggregated data, enable monitoring and evaluation of the national gender policy, as well as efficient reporting, in particular in the framework of CEDAW and MDGs, preparations are being made to establish a gender database system. Also a research project entitled "Gender Equality, Gender Relations and the Position of Women in Suriname, A situation Analysis", is being carried out.
- At this moment the NBG is preparing a Time – Use Survey on 'The

6 Remark: the data on the census of industry should also provide figures on the desegregation by sex but for now it is only providing figures of total employment because it is still seen as an extra response burden by some companies who will only provide total employment.

contribution of women and men to the economy and social protection especially in relation to paid and unpaid work carried out by women and men in the Suriname'.

- Furthermore, research will be carried out with regard to Women and decision-making.

Will the target be met?

Target 3A: Eliminate gender disparity in primary and secondairy education, preferably by 2005, and in all levels of education no later than 2015: Yes

Suriname is on track, accept for indicator 3.2 where we still have to create strategies to report on this issue.

Goal 4: Reduce child mortality

Targets:

4A Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

The indicators for monitoring progress in this context are:

- Under – five mortality rate (4.1);
- Infant mortality rate (4.2);
- Proportion of 1 year-old children immunized against measles (4.3).

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Performance Summary

- Indicator 4.1: The under-five mortality rate (< 5 MR) for children measures the probability that the child will die before reaching the age of five. This indicator is around 24 per 1000 (henceforth: ‰) during the last five years (2003 – 2008).

- Indicator 4.2: The infant mortality rate (IMR) measures the chance that the child will die before even reaching the age of one. As of 2005 there is a downward trend in the IMR from 20.2‰ to 18.7‰ in 2008 (Table 4.1 and graph 4.1).

- Indicator 4.3: The Mumps, Measles and Rubella (MMR) immunization coverage experienced fluctuations. MMR coverage slightly increased from 73% in 2002 to 85.7% in 2008. The overall immunization coverage of 0 – 12 months was approximately 85% during the period 2004 – 2008 (Table 4.2 and graph 4.2).

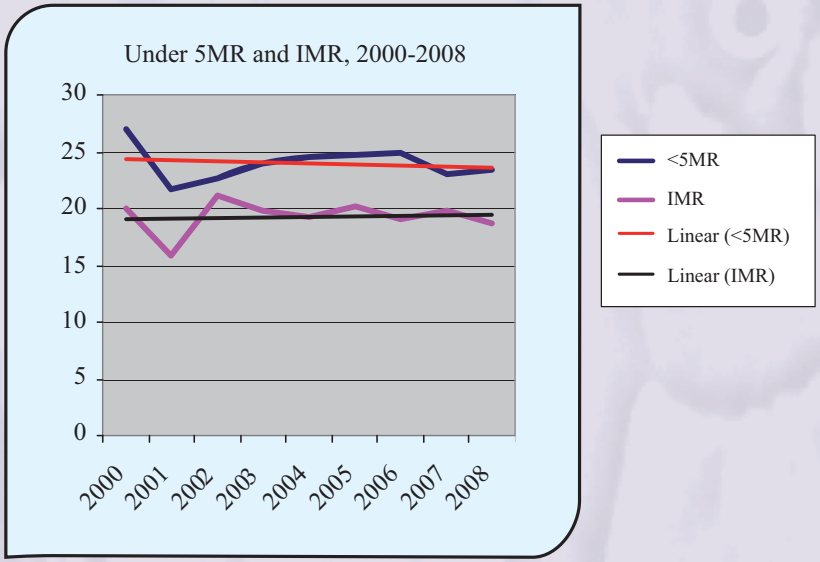
Table 4.1
Child mortality indicators, 1990-2008

Indicators	1990	1995[7]	2000	2001	2002	2003	2004	2005	2006	2007	*2008
4.1 Under-five mortality rate	31	20	27.2	21.7	22.6	23.9	24.5	24.7	24.9	23	23.4
4.2 Infant mortality rate	21.1	15	20.2	15.9	21.1	19.9	19.2	20.2	19.1	19.8	18.7

***Preliminary data for 2008**
Source: Epidemiology – BOG, NHIS –VG Suriname

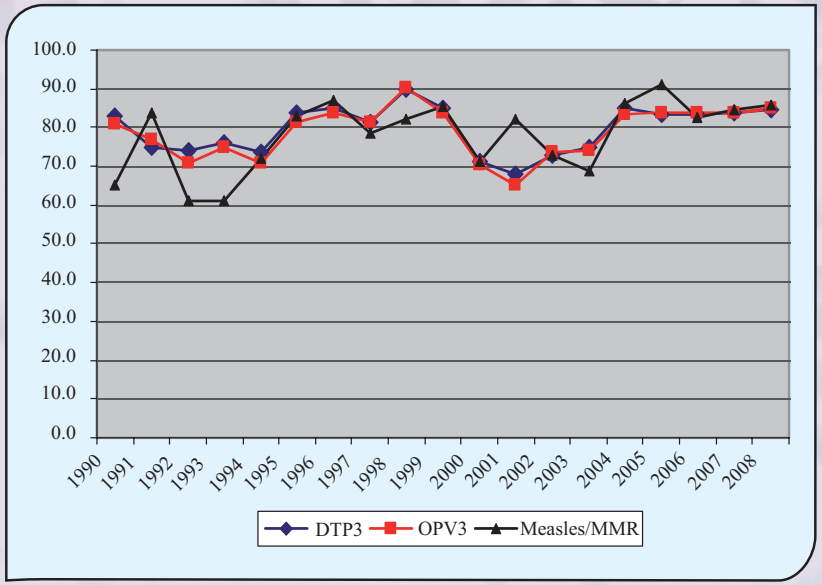
7 The data of 1995 shows a lower percentage in comparison with the other years. The percentage was rather low due to the civil war in the interior. There is poor data collection because many Civil Registration offices (CBB) were at that time closed in the interior. The Ministry of VG and CBB received very low percentage of death certificates.

Graph 4.1
Child mortality indicators, 2000-2008



Source: Ministry of VG

Graph 4.2
Immunization Coverage, 1990-2008



Source: Ministry of VG

Table 4.2
Immunization coverage among 0 – 1 year old children, 1990 – 2008 (%)

	1990	1991*	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
DPT3	83	75	74	76	73.6	84	85.1	81.3	89.7	85	71.1	68	72.8	75	85	83.4	83.6	83.7	84.5
OPV3	81	77	71	75	70.9	81.3	83.7	81.2	90.1	84	70.4	65	73.5	74	83.5	84.0	83.7	83.8	84.9
Measles/ MMR	65	84	61	61	72.2	82.8	87.0	78.5	82.3	85.3	71.1	82.0	72.8	69.0	86.4	90.9	82.6	84.6	85.7

***Measles vaccination campaign**
Source: Epidemiology – BOG, NIP – BOG, NHIS – VG Suriname

Government Policies

The MOP 2006 – 2011 therefore includes as an objective improvement of good basic health care and the curbing of epidemics, resulting in optimal health care for everyone. Special attention is paid to children, women and senior citizens.

Achievements

- Child mortality rates are steady since 2000; and
- Immunization coverage is on average 85% since 2004.

Challenges

- Adequate access to services and suitable support infrastructure especially in the remote areas and the interior are of importance to reduce mortality rates;
- Adequate public health systems (water, sanitation, hygiene), education of health personnel and basic treatments are also necessary to reduce child mortality;
- Improving the integration and coordination of programs that deal with syndromes among children in favor of a more efficient control;
- Continued coordination of health, health education (basic life skills), safe drinking water and sanitary programs geared to the policy;
- The integration of preventive primary health care (e.g. vaccinations, mother and child care, breast feeding and child nourishment and family planning) should be emphasized even more; and
- Accurate data is needed for health planning.

Next steps

- Implementation of antenatal care programmes and programmes for Under Five Clinics in order to reduce child mortality rates;
- Implementation of Immunization programmes and campaigns nationwide in order to increase the immunization coverage;
- Improving child's health does not rest solely on the provision of health services. Scaling up of essential interventions must take place within a framework that strives to strengthen and integrate programmes with health systems and promotes a supportive environment for children and mothers; and
- The Ministry of VG is in the final stage of setting up a National Health Information System (NHIS Master Database).

Will the target be met?

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

Reduction of child mortality by two thirds between 1990 and 2015 is a major challenge. Policy has to be put in place to have more decentralized programs for child health. A more aggressive and assertive approach in order to reduce child mortality is crucial to reach this goal by 2015.

Goal 5: Improve Maternal Health

Targets:

5A ***Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio***

5B ***Achieve, by 2015, universal access to reproductive health***

The indicators for monitoring progress in this context are:

- Maternal mortality ratio (per 100.000 live births) (5.1);
- The proportion of births attended by skilled health personnel (5.2);
- Contraceptive prevalence rate (5.3);
- Adolescent birth rate (5.4);
- Antenatal care coverage (5.5);
- Unmet need for family planning (5.6).

Performance Summary

- Indicator 5.1: The official maternal mortality ratio (MMR) fluctuated over the period 1995 – 2008 but the linear trend line shows a slight decline in MMR. The most important causes of maternal mortality are Pregnancy - Induced Hypertension disorders and hemorrhages during pregnancy.

- Indicator 5.2: the proportion of births attended by skilled health personnel. About 80% of the deliveries take place in a hospital and 90% of all deliveries are attended by skilled health personnel. Deliveries also take place in outpatients' departments and thirdly at home where deliveries are supervised by trained health workers.

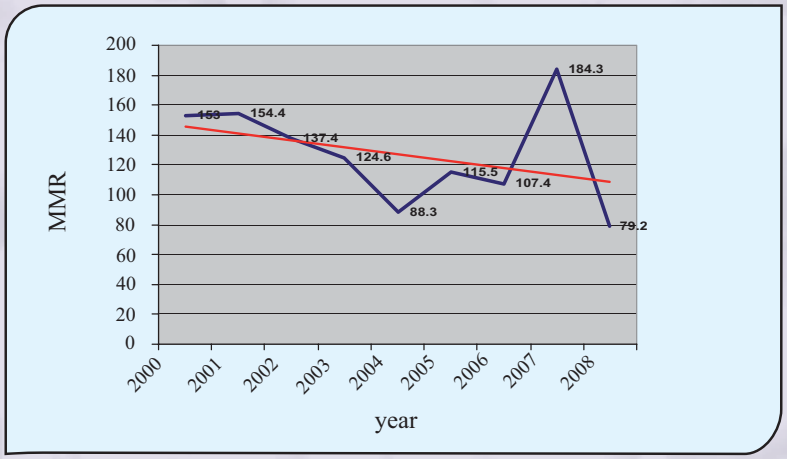
Table 5.1
Maternal mortality figures

Year	Maternal Mortality Ratio	Live births	All maternal deaths
1995	45.9	8717	4
1996	42.6	9393	4
1997	74.1	10794	8
1998	88.1	10221	9
1999	108.4	10144	11
2000	153	9804	15
2001	154.4	9717	15
2002	137.4	10188	14
2003	124.6	9634	12
2004	88.3	9062	8
2005	115.5	8657	10
2006	107.4	9311	10
2007	184.3	9769	18
2008	79.2	10100	8

Source: Ministry of VG in Suriname and CBB, 2009

- Indicator 5.3: Contraceptive prevalence rate is low around 45%. In Suriname according to the MICS report 2006, current use of contraception was reported by 45.6 % of women currently married or in union. The most popular method is the pill which is used by one in four married women in Suriname. Contraceptive prevalence is highest in the rural coastal region at 49.6 %, almost as high in the urban region (at 47.6%) and lowest in the rural interior (14.6%). Adolescents aged 15 – 19 are slightly less likely to use contraception than older women. Women's education level is strongly associated with contraceptive prevalence.

Graph 5.1
Maternal Mortality Ratio, 2000-2008



Source: Ministry of VG in Suriname, 2009

Table 5.3
Contraceptive prevalence rate, using any modern method (All methods, not only condom use)

	1992	2000	2006
Suriname	49.3	42.1	45.0
Urban areas	50.0	51.0	46.8
Rural areas	-	45.0	49.5
Interior	-	17.0	13.9
Rural areas & Interior	20.0	-	
Sources:	Jagdeo[8] 1992	MICS 2000	MICS 2006

Source: Ministry of VG in Suriname and CBB, 2009

Table 5.2
Proportion of births attended by skilled health personnel

Type of personnel assisting at delivery	2000			
	Urban	Rural	Interior	Total
Doctor	31.10%	32.50%	7.10%	24%
Midwife	49.50%	49.20%	11.20%	37.60%
Nurse	12.10%	8.30%	6.10%	9.30%
Village health worker	0%	0%	43.90%	13.60%
Traditional birth attendant	0%	1.70%	25.50%	8.30%
Missing	6.30%	7.50%	6.10%	6.60%
No assistance received	1.10%	0.80%	0%	0.70%
Any skilled personnel	92.60%	90.00%	68.40%	84.50%

Source: MICS 2000

Type of personnel assisting at delivery	2006			
	Urban	Rural	Interior	Total
Doctor	28.50%	23.70%	18.60%	25.80%
Nurse/Midwife	62.60%	64.00%	50.60%	60.70%
Auxiliary midwife	3.70%	3.20%	2.30%	3.30%
Community health worker	0.20%	0.00%	19.10%	3.60%
Traditional birth attendant	0%	0.00%	6.70%	1.20%
Relative /friend	1.30%	2.70%	2.20%	1.70%
Missing	3.20%	5.10%	0.00%	3.00%
No assistance received	0.40%	1.20%	0.60%	0.60%
Any skilled personnel	94.80%	90.90%	71.40%	89.80%

Source: MICS 2006

8 Contraceptive Prevalence Survey in Suriname, executed by the researcher Jagdeo. During that period he was working for the Lobi Foundation.

The percentage of women using any method of contraception rises from 14.3 % among those with no formal education to 38.4 % among women with primary education, and to 51.0% and 56.0% among women with secondary education or tertiary education respectively.

- Indicator 5.4: Adolescent birth rate is around 60 births to women 15 to 19 years of age per 1,000 women in that age group.
- Indicator 5.5: Antenatal care coverage is 90%.
- Indicator 5.6: Unmet need for family planning is around 20%.

Government Policies

In Suriname mother and child care has been traditionally considered an important duty within the Ministry of VG. This is expressed in the long existing benefits for pregnant women, mothers and babies. The Bureau for Public Health (BOG) prepares the policy regarding prenatal care, health centers, day-care centers and school children. Women can get prenatal guidance through the outpatients' departments of the Regional Health Department, and after the delivery it is possible to receive post – natal care guidance from the health centers.

Achievements

- Safe Motherhood Needs Assessment is finalized and Plan of Action to reduce MMR is in preparation; and
- A Sexual and Reproduction Health policy is being drafted and will be finalized soon.

Challenges

- More investment in basic health care, particularly in the districts and in the hinterland;
- Ensuring sound and sufficient education about mother and child care;
- Strengthening of the network agencies of the VG with regard to data collection and processing of statistics.

Next steps

- Finalizing and implementation of the Sexual and Reproductive Health policy; and
- Implementation of Plan of action for Safe Motherhood.

Table 5.4
Health indicators

Target	Indicators	1990	1995	2000	2005	2006	2007	2008
5B	5.4 Adolescent birth rate (ABR)[9]	71.0	72.1	59.3	58.4	58.5	62.4	NA
	5.5 Antenatal care coverage	NA	NA	90.0	NA	90.0	NA	NA
	5.6 Unmet need for family planning	NA	NA	NA	NA	18.4*	NA	NA

***This indicator was for the first time measured during the MICS 2006 survey**
Source: MICS 2000, 2006

Will the targets be met?

Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio: Yes
Target 5B: Achieve, by 2015, universal access to reproductive health: Yes,
By 2015 we will be able to improve maternal health

9 The ABR measures the annual number of births to women between 15 to 19 years of age per 1,000 women in that age group


CARICOM YOUTH AMBASSADOR
Our Market

Goal 6: Combat HIV/AIDS, Malaria and other diseases

Targets:

6A Have halted by 2015 and begun to reverse the spread of HIV/AIDS

6B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

6C Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

The indicators for monitoring progress in this context are:

- HIV prevalence among pregnant women aged 15 – 24 years (6.1);
- Condom use at last high-risk sex (6.2);
- Proportion of population aged 15 – 24 years with comprehensive correct knowledge of HIV/AIDS (6.3);
- Ratio of school attendance of orphans to school attendance of non-orphans aged 10 – 14 years (6.4);
- Proportion of population with advanced HIV infection with access to antiretroviral drugs (6.5);
- Incidence and death rates associated with malaria (6.6);

Table 6.1
HIV/AIDS & Condom use indicators

Target	Indicators	2000	2001	2002	2003	2004	2005	2006	2007	2008
6A	6.1 HIV prevalence among 15 – 24 year old pregnant women	—	—	0.5	1.1	0.9	1.0	1.0	1.0	1.0
	6.2 Condom use every time	58.4	—	—	—	—	—	—	—	—
	6.2 Condom use at last high risk sex	—	—	—	—	—	—	62.9	—	—
	6.3 Percentage of population aged 15 - 24 years with comprehensive correct knowledge of HIV/AIDS	34.2 {All ages: 35.3}	—	—	—	—	—	41.0 {All ages: 39.3}	—	—
	6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10 – 14 years	3.5	—	—	—	—	—	5.1	—	—
	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs	—	—	—	—	20.5	31.5	44.8	59.5	66.0

Source: MICS surveys 2000, 2006 and VG
Source: Surveillance Report VG Suriname, 2009

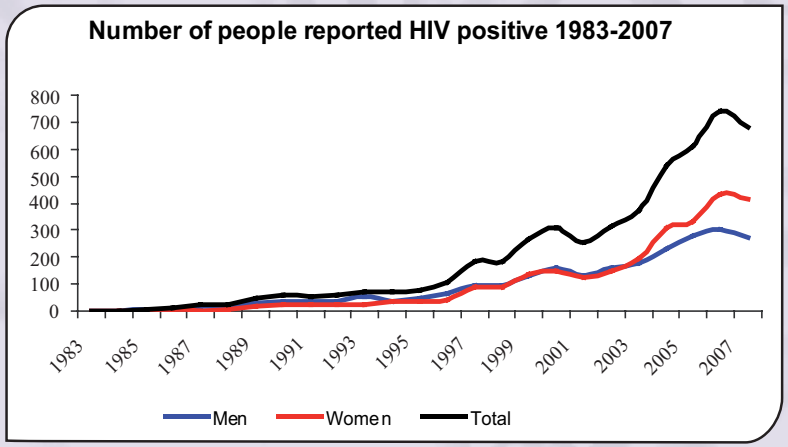
- Proportion of children under 5 sleeping under insecticide-treated bed nets (6.7);
- Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs (6.8);
- Incidence, prevalence and death rates associated with tuberculosis (6.9);
- Proportion of tuberculosis cases detected and cured under DOTS (6.10).

Table 6.2
AIDS mortality, 1997 – 2007

Year	AIDS – Mortality Numbers (all ages)			% of Total mortality	Rank	% of death certificates received
	Male	Female	Total			
1997	30	11	41	2.0 %	10	69%
1998	48	20	68	3.1 %	9	80%
1999	46	38	84	3.5 %	8	80%
2000	74	43	117	4.1 %	6	86%
2001	77	55	132	5.0 %	6	85%
2002	99	61	160	5.3 %	6	96%
2003	100	45	145	4.9%	5	94%
2004	88	65	152	5.4%	5	85%
2005	130	51	181	5.9%	5	91%
2006	78	51	129	4.5%	6	83%
2007	85	57	142	4.7%	6	85%

Source: Causes of deaths in Suriname, Epidemiology/Biostatistics, BOG

Graph 6.1
HIV Positives (HIV Morbidity) and AIDS Mortality



Source: Causes of deaths in Suriname, Epidemiology/Biostatistics, BOG

Performance Summary

- Indicator 6.1: HIV prevalence among 15-24 year old pregnant women is since 2003 around 1%

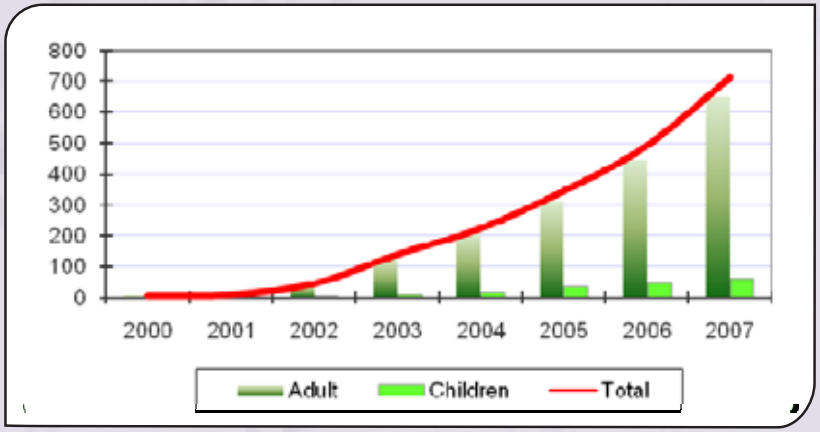
  A world wide characteristic of the AIDS epidemic is that most of the victims fall particularly within the age groups that are most active reproductively and economically. Suriname is no exception to that trend.
- On the lists of causes of death in 1997, HIV/AIDS occupied the tenth place. However the trend is alarming for the years after 1997. AIDS has jumped to the fifth place in 2003 – 2005, and for 2007 AIDS is the sixth most important cause of deaths.

Table 6.3
The proportion of population with advanced HIV infection with access to ART

Year	Estimated need of treatment1	People on treament2	Proportion
2004	1100	225	20.5
2005	1100	346	31.5
2006	1100	493	44.8
2007	1200	714	59.5
2008	1300	858	66.0

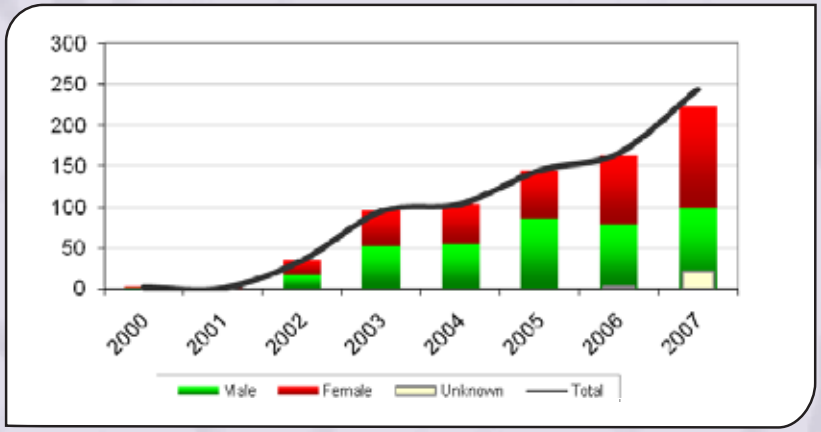
Source: Ministry of VG in Suriname and CBB, 2009

Graph 6.2
Number of adults and children on ART 2000-2007



Source: HIV Patient monitoring database NAP, June 2009

Graph 6.2
Number of adults starting ART by age (2000-2007)

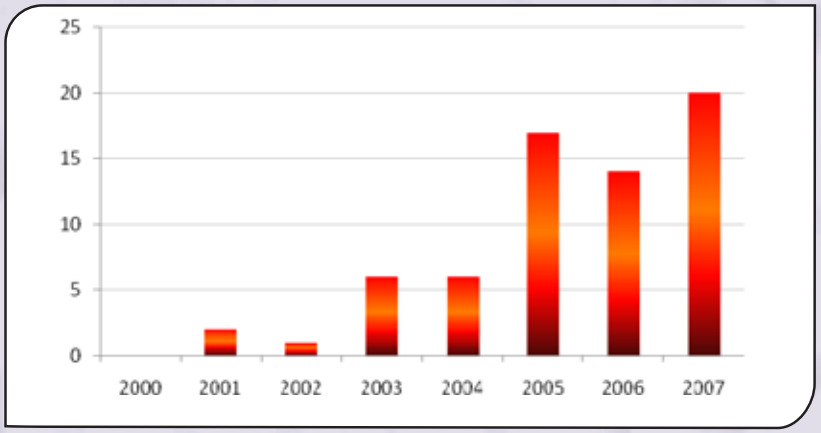


Source: HIV AIDS STI Surveillance Report 2004 - 2007

- **Indicator 6.2: Condom use at last high-risk sex**
  Two-thirds of women 15 – 24 years report having sex with a non-regular partner in the 12 months prior to the MICS. Of those women, almost half report using a condom when they had sex with the high risk partner. About 17% of women with incomplete primary education used a condom during higher risk sex in the year before the MICS while around 54 % of women with secondary or more education used a condom with such a partner.

- **Indicator 6.3: Percentage of population aged 15 – 24 years with comprehensive correct knowledge of HIV/AIDS**
  The percentage of women (see MICS 2006) aged 15 – 49 years who have comprehensive knowledge of HIV/AIDS transmission (identify 2 prevention methods and 3 misconceptions) was 39.3%. This

Graph 6.2
Number of children starting ART yearly (2000-2007)



Source: HIV Patient monitoring database NAP, June 2009

comprehensive knowledge was highest in the urban areas (43.3%) and lowest in the rural interior areas (17.3%). Overall, 67.3% of women report knowing two prevention methods while in urban areas that value was 69.4% and in interior areas lower at 55.0%. As expected, the percentage of women who know two prevention methods increases with the woman's education level.
The percentage of women who know all three ways of mother-to-child transmission is 57.9, with the highest percentage for the rural interior areas (70.6%). About 5% of women did not know of any specific way. There are no major knowledge differences between women with different education levels. With regard to attitudes toward people living with HIV, 36.1% of the women aged 15 – 49 years agreed with none of the discriminatory statements posed to them. This percentage was highest in the urban areas (39.8 %) and lowest in the rural interior areas (13.6%).

- Indicator 6.4: Ratio of school attendance of orphans to school attendance of non-orphans aged 10 – 14 years

  As the HIV epidemic progresses, more and more children are becoming orphaned and vulnerable. MICS 2006 indicates that this is 5.1%. According to MICS 2006 the percentage of children aged 0 – 17 years who are not living with their biological parents is 9.3% with a considerably higher value for the rural interior (18.4%). A little more than half of children aged 0 – 17 years (57.3%) live with both parents. Nationwide, 5.1% of the children aged 0 – 17 have lost one or both parents with little differentiation between urban, rural coastal and rural interior area. In 2000 MICS showed that about 7 % of the children aged 0 – 14 were not living with their parent although both parents were alive. Children who are not living with a biological parent comprise 7.8% and children who have one or both parents' dead amount to 3.5% of all children aged 0 – 14 years.

- Indicator 6.5: Proportion of population with advanced HIV infection with access to antiretroviral drugs (ART)

  Yearly, an increasing number of people, adults and children, are on antiretroviral drugs.
  In 2008 the proportion of population with access to ART increased to 66%.

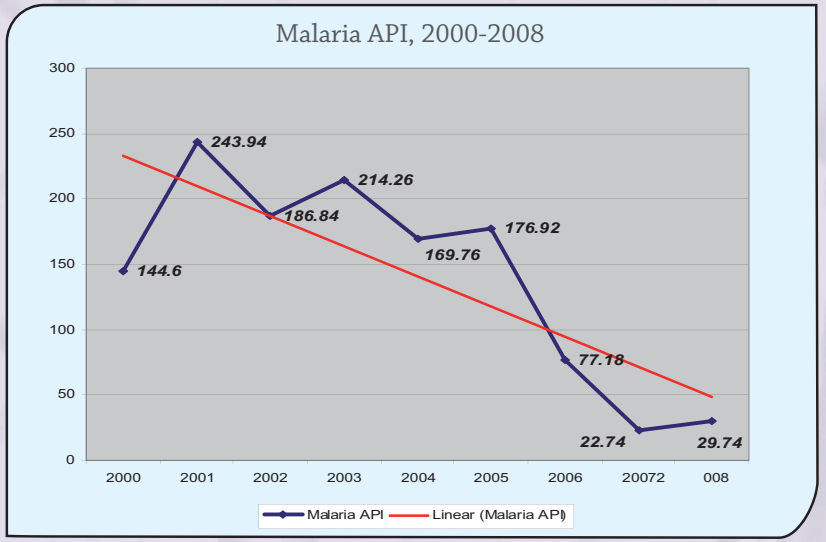
- **Indicator 6.6: Incidence and death rates associated with Malaria:** As of 1995 the Annual Parasite Incidence associated with malaria shows a sharp decline (see table 6.4 & 6.5 and graph 6.5) because of increased and effective health policies for the interior. Deaths associated with malaria remain below 1 per 100,000 since 2005 and malaria seems to be under control (see table 6.5).

Table 6.4
Malaria figures

Malaria		
	All patients In the interior (Medical Mission)	API[10] Malaria
1995	10500	210.00
2000	7230	144.60
2001	12197	243.94
2002	9342	186.84
2003	10713	214.26
2004	8488	169.76
2005	8846	176.92
2006	3859	77.18
2007	1137	22.74
2008	1487	29.74

Source: Epidemiology – BOG, Medical Mission, and Global Fund Database

Graph 6.5
Malaria figures



Source: Epidemiology – BOG, Medical Mission, and Global Fund Database

- **Indicator 6.7: Proportion of children under 5 sleeping under insecticide-treated bed nets**

  Malaria is prevalent, mainly in the interior districts of Brokopondo and Sipaliwini. Results of MICS 2006 indicate that 55.3 % of the households in Brokopondo and Sipaliwini had at least one insecticide treated net (ITN).

10 Annual Parasite Incidence = (confirmed cases during 1 year / population under surveillance) x 1000

Table 6.5
Malaria & Tuberculosis indicators

	Indicators	1995	2000	2005	2006	2007	2008
6.6	Annual Parasite incidence associated with malaria (per 100,000 of population)	342	165	177	77	23	30
6.6	Death rates associated with malaria (per 100,000 of population)	5.9	5.4	0.4	0.0	0.0	0.0
6.9	Incidence associated with tuberculosis	17.6	20.1	21.4	23.2	24.8	22.1
6.9	Incidence and Death rates associated with tuberculosis	1.7	0.9	1.6	1.2	1.4	2.1
6.10	Proportion of tuberculosis cases detected and cured under DOTS	Not available because DOTS is not introduced in Suriname as yet					

Source: Epidemiology/ Biostatistics BOG – VG Suriname

- Indicator 6.9: Incidence and death rates associated with Tuberculosis

  The incidence of tuberculosis is around 25% of reported cases. Death rates associated with tuberculosis is 2 per 100,000 of population.

- Indicator 6.10: Proportion of tuberculosis cases detected and cured under DOTS

  DOTS is not used in Suriname as yet.

Government Policies

HIV/ AIDS

Up to 1996, the activities in the field of policy, research, education and control of HIV/AIDS were coordinated by the National AIDS Program (NAP) of the Ministry of VG. In 1996 the activities were modified both as far as content and organization are concerned and this within the framework of the reorientation. The Institute was directly placed within the Dermatology Department of the Ministry of VG and partly as a result thereof activities as regards sexually communicable diseases were included in the package of benefits.

The designation of the Program was therefore changed to National HIV/ AIDS /STI Program. Various activities within the framework of the HIV/ AIDS/STI prevention among women are financed from regular budget funds and finances from foreign donors. Scientific research, workshops, group discussions, information meetings, radio and television programs, seminars and the like at local and national level are concerned. The National Aids Program has been foremost in the fight against HIV/AIDS and the implementation of policies in cooperation with the Governmental and Non-governmental Organizations (NGOs) and the Dermatology Department, which is the institute for HIV/AIDS/STI: clinical management, syndrome approach of STI and information regarding these matters.

Malaria

With the implementation of the Roll Back Malaria program Suriname has reduced the incidence of Malaria in the Interior. The Malaria is now located in certain areas in the interior especially in the gold mining areas and villages.

Tuberculosis

Tuberculosis is one of the HIV co infections. With the increasing number of HIV positives, we see also an increasing number of Tuberculosis patients who are also HIV positive. The National Tuberculosis programme focus is on screening and treatment of the Tuberculosis patients with and without HIV infection.

Achievements

HIV/ AIDS

- All registered HIV+ persons are centrally processed via the National AIDS Programme. As a result, there is a reliable overview of the number of HIV+ persons at the national level;
- A number of sero-prevalence studies have been done and based on this, a number of risk groups have been identified, specifically:
  - Commercial street sex workers;
  - Men who have sex with men;
  - Visitors of the STI clinic;
  - Residents of the Interior; and
- The screening of pregnant women has been started in all hospitals since 2003.

Malaria: By 2009 we have achieved 90% reduction of the incidence of Malaria. The mortality due to Malaria has decreased to 0.0%.
Malaria was mainly a problem in the interior districts of Brokopondo and Sipaliwini for more than 50 years. In 2003 the National Malaria Board aimed to lower the number of malaria cases to less than 50 % by the end of 2005. In 2004, a malaria project was written and proposed to the Global Fund (to fight AIDS, TBC and Malaria). This fund which supports the fight against malaria in many developing countries has made finances available for the malaria program since 2005 through a grant. The main objective of this project is to reduce the incidence of malaria infections in the indigenous and migrant populations in the hinterland of Suriname and it runs up to 2010.

To the satisfaction of both the Global Fund and the Surinamese Government, the results exceeded the expectations. The preventive interventions reduced the total number of malaria positives from 12,197 in 2001 to 1,487 in 2008. This is a reduction of almost 90% of the incidence of Malaria. The treatment with Coartem reduced the malaria mortality to 0 in the years 2005 – 2008.

Table 6.6
Malaria cases in Suriname, 2004 - 2008

Year	2004	2005	2006	2007	2008
Malaria cases in Suriname	8560	8517	3507	1809	2134

Source: Epidemiology – BOG, Medical Mission and Global Fund

The Ministry of VG in Suriname strives to eliminate malaria in Suriname. We have a decrease of more than 90% in malaria cases and no deaths since 2006 due to malaria. With pride we from Suriname can state now that since 2006 the MDG for malaria has already been reached (See annex 4 for the full report "The success story of Malaria in Suriname – MDG Reached for Malaria in Suriname").

Tuberculosis: National Tuberculosis Program is implemented by the Bureau of Public Health. All registered Tuberculosis patients get the treatment at the Tuberculosis Clinic of the Bureau of Public Health. There is a close collaboration between the National Tuberculosis Program (NTP) and the National AIDS Program (NAP) in the fight against HIV and Tuberculosis. Based on the data, one can conclude that the Tuberculosis situation in Suriname is alarming: the incidence and death rates are increasing.

Challenges

HIV/AIDS

- Lack of data which provide more insight into the scope and nature of the present HIV/AIDS epidemic:
  - No reliable data about people who live with AIDS;
  - No recent data about STI prevalence;
- Lack of efficient methods for the definitive classification of AIDS;
- Lack of personnel to effectively support the primary and secondary sector by reporting AIDS morbidity;
- Insufficient cooperation between the Epidemiological Department of the BOG and the NSHP in the field of STI/HIV/AIDS surveillance;
- Lack of qualified personnel for collecting and evaluating basic STI/HIV/AIDS statistics; and
- Lack of sufficient mechanisms for the monitoring and evaluation of STI/HIV/AIDS surveillance.

Malaria: Implementation of the Malaria Reduction Program in the gold mining areas.

Tuberculosis: Implementation of the Tuberculosis Reduction Program. Control the increase of Tuberculosis infection.

Next steps

- HIV/AIDS: Implementation of the National Strategic Plan in order to decrease the number of new HIV infections, decrease AIDS mortality and increase the number of patients on ART.

- Malaria: Implementation of Malaria Reduction Program in order to eradicate Malaria.
- Tuberculosis: Implementation of National Tuberculosis Program in order to decrease the incidence and death rates due to Tuberculosis.

Will the targets be met?

Targets 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Targets 6B: Achieve, by 2010, universal access to treatment for all those who need it.

- Indicators HIV/AIDS: Yes

Based on the following facts, we can conclude that we are moving into the right direction:

- Numbers of HIV positives are decreasing
- Numbers of HIV deaths are decreasing
- For 2005 the estimation of the HIV prevalence was stable at 2% in the general population aged 15 – 9 years based on the UNAIDS estimation software Spectrum.
- For 2009 the estimation of the HIV prevalence in the general population aged 15 – 49 years is stable at 1% based on the UNAIDS software Spectrum.
- HIV prevalence among pregnant women is stable at 1% since 2003 based on the Ante – Natal Care database in Suriname.

To meet the targets in 2015, we need to implement the new National Strategic Plan for HIV AIDS in the coming years.

Targets 6C: Have halted by 2015 and begun to reverse the incedence of malaria and other major diseases

- Indicator Malaria: Yes

  Suriname has already achieved 90% reduction of Malaria. The target will be met by 2015.
- Indicator Tuberculosis: No

  Based on the data, we can say that we have a long way to go: the incidence and death rates are increasing and around 25% of the Tuberculosis patients have also an HIV infection. Suriname needs a national strategic plan, policies and guidelines to fight against Tuberculosis.

Goal 7: Ensure environmental sustainability

Targets:

7A ***Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environment resources***

7B ***Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss***

7C ***Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation***

7D ***By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers***

The indicators for monitoring progress in this context are:

- Proportion of land area covered by forest (7.1);
- CO2 emissions, total , per capita and per $1 GDP (PPP) (7.2);
- Consumption of ozone – depleting substances (7.3);
- Proportion of fish stocks within safe biological limits (7.4);
- Proportion of total water resources used (7.5);
- Proportion of terrestrial and marine areas protected (7.6);
- Proportion of species threatened with extinction (7.7);
- Proportion of population using an improved drinking water source (7.8);
- Proportion of population using an improved sanitation facility (7.9);
- Proportion of urban population living in slums (7.10).

Table 7.1
Environmental indicators

Target	Indicator	1990	1995	2000	2001	2002	2003	2004	2005	2006	2007	2008
7A	Proportion of land area covered by forest*	90	90	90	90	90	90	90	90	90	90	90
	% of land area protected to maintain biological diversity	2.2	2.2	13	13	13	13	14	14	14	14	14
	Energy use (metric ton oil equivalent) per $1 GDP Carbon dioxide emissions (per capita) and consumption of ozone-depleting CFCs (ODP tons)			5.85	6.17	6.5	6.66	6.95	6.83	NA	NA	NA
	Proportion of population using solid fuels*											
7C	Proportion of population with sustainable access to an	-	-	72.6	NA	NA	NA	NA	NA	91.7	NA	NA
	Improved water source, urban and rural**											
7C	Proportion of population with access to improved	-	-	88	NA	NA	NA	NA	NA	89.8	NA	NA
	Sanitation, urban and rural**											
7D	Proportion of population with Access to secure tenure***	-	-	NA	NA	NA	NA	81.4	NA	NA	NA	NA

Source: * Environmental Statistics 2009 **MICS Reports 2000 and 2006 *** Census 2004

Performance Summary

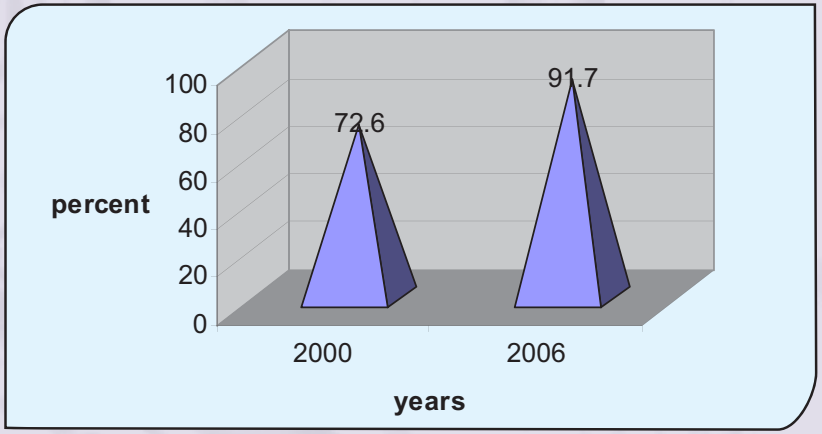
Based upon the overview in the table, the following can be derived:

- Indicator 7.1: Proportion of land area covered by forest
  Suriname is to a large extent covered with forests and no significant deforestation occurs. Suriname value of 90% (forests of 163820 sq. km surface area) is three times higher than the world average and approximately two times higher than that of the region.

- Indicator 7.2: CO2 emissions, total , per capita and per $1 GDP (PPP)
  Virtually no solid fuels are used in Suriname (except for some use of fuel wood by indigenous people).

- Indicators (7.4, 7.5, 7.6 & 7.7) regarding "ratio of area protected to maintain biological diversity to surface area": This ratio has increased with a factor 5 since 1990. This increase was achieved in 1998 and is caused by the implementation of the Central Suriname Nature Reserve (CSNR). Since then, the value has been stable up to 2004. As of this year the percentage of land area protected is 14 % (1% more than previous years).The figure is in line with the global trend of 11.6%.

Graph 7.1
Sustainable Access to an improved water source



Source: MICS 2000, 2006

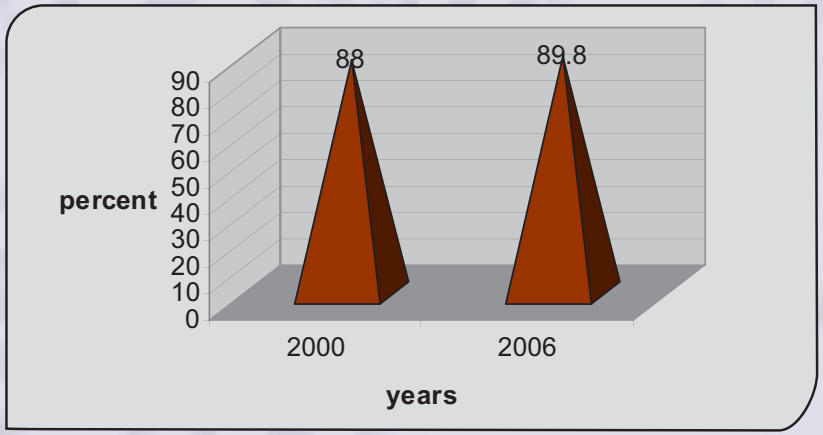
- Indicator 7.8: Proportion of population using an improved drinking water source Although 91.7% of the population is obtaining their drinking water from improved sources, large disparities remain between the urban coastal (97.1%), rural coastal (97.9%) and (44.8%) rural interior (see MICS 2006). Data from the census 2004 reveal a national figure of 72% and from the HBS 2008 the figure is 79.4%.
- Indicator 7.9: Proportion of population using an improved sanitation facility
  Overall 89.8% of the population use improved sanitation. In the urban coastal area 97.9 % of the households have improved facilities and for the rural coastal and rural interior the figure is 91.6% and 33%, respectively.

- Indicator 7.10: There is a slight increase in households with access to secure tenure. This remains however a difficult issue, especially regarding the remote areas. Indigenous people have their own system that seems to work. However, the situation in the Maroon and Amerindian settlements might still be of concern.

Government Policies

Making strides on achieving the environmental goals of MDG 7 is essential to sustainable progress in meeting the other goals. The MOP 2006 – 2011 observes that the future of the economy is more than just a

Graph 7.2
Sustainable Access to an improved sanitation



Source: MICS 2000, 2006

cost issue. The demand for environmental sustainability that is currently attached to economic production, changes the concept of economic growth. By means of ratification of a number of global environmental treaties, the government has committed itself to the national implementation of sustainable development. The current environmental laws and regulations need some fundamental changes and the government structures in charge of the implementation must be strengthened in order to develop strong monitoring mechanisms to meet the concept of sustainable development.

Achievements

- An important step toward conservation and protection of the environment was taken in 1998 by designating 10% of the land area of Suriname as a nature reserve (Central Suriname Nature Reserve).
- Also as far as the technology is concerned, currently more attention is paid to environmental-friendly production systems and waste processing.
- In the past 3 years major efforts has been made to make the interior more accessible both in terms of health facilities and telecommunications. Also some areas were connected to the electricity network.

Challenges within Environment

The available data make appropriate analysis of the gaps rather difficult. On one hand this is caused by the fact that most targets and indicators rather have a qualitative than quantitative character. Secondly, the acquired data for Suriname are indicative. Finally, extrapolation of the results is hardly possible due to the wide margins one has to incorporate.

At the local level there are a number of serious environmental problems, such as pollution of soil and surface water as a result of among other things the use of growth regulators and pesticides in agriculture and horticulture, as well as inadequate dumps.

Based however upon the information gathered, the following can be stated:

- Target 7A (sustainable development and reverse loss of resources): The principles of sustainable development should be further integrated in Suriname. This might cover the development of new legislation,

the preparation of guidelines, training, awareness raising amongst all stakeholders. Furthermore, the competence of the relevant inspectorates should be increased. In principal, this should lead to the reverse of loss of environmental resources. Some important issues within this framework:

It must be assured that new developments (e.g. new industries, infrastructure or dwellings) will be carefully planned, assuring that they will not significantly effect indicators 7.1 and indicator 7.4 up and till 7.7. Uncontrolled/illegal logging and mining should be completely phased out.

- Target 7C (halve people without safe drinking water and basic sanitation): Suriname seems well on its way with this target. From a MDG point of view, this target might not require additional attention. The insecurities with this target are that it is unclear how improved water sources and sanitation are described.
- Target 7D (to have achieved a significant improvement in the lives of at least 100 million slum dwellers): Suriname does not have a definition for the term "slums" and does not recognize the existence in Suriname of slums as per the international definition. It is especially difficult to define the term for the people living in the interior because Suriname has a diversity of cultures who have their own customs. For the people living in the capital the term should not be so difficult to define. What needs to be mentioned is that although we are not able to report on slums as characterized by the UN, we can report that Suriname, given the numerous "housing" projects, is trying to live up to the housing demand of the population.

Next Steps

- Special focus for actions should be put on indicators 7.2, 7.9 and 7.10, as they have a medium-to-high priority. For these indicators can be stated that available data is rather limited and various issues could not be retrieved from the available information.
- Significant investments in basic rural infrastructure, targeting marginalised areas and populations are needed. Major public investments are needed to spur local scientific innovation and technological development.
- For all indicators, it could be stated that the first priority is to perform institutional capacity building, strengthen awareness and develop a secure system of inspections and corrections. Without this, deterioration might take place on all issues.
- Suriname needs to set context-specific targets for environmental sustainability, drawing on the goals and outcomes articulated in their various development strategies and linked to national planning and budgeting.
- National definition for slums is necessary in order to execute specific surveys for monitoring and for policy purpose(s).

Will the targets be met?

Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environment resources: Yes

Suriname has already started this year with the formulation of a green vision strategy as basis for the new Multi Annual Planning Cycle.

Target 7B: Reduce biodiverity loss, achieving, by 2010, a significant reduction in the rate of loss: Yes

In 2010 Suriname will implement the biodiversity action plan

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

Suriname is on track

Target 7D: By 2020, to have achieved a signifficant improvement in the lives of at least 100 million slum dwellers: Yes

Suriname is on track

Goal 8: Develop a global partnership for development

Targets:

8A ***Develop further an open trading and financial system that includes a commitment to good governance, development and poverty reduction – nationally and internationally***

8B ***Address the special needs of the least developed countries'***

8C ***Address the special needs, of landlocked and Small Island Developing States***

8D ***Deal comprehensively with developing countries' debt problems***

8E ***In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries***

8F ***In cooperation with the private sector make available the benefits of new technologies – especially information and communications technologies***

8G ***Develop decent and productive work for youth***

Table 8.1
Development indicators

Target	Indicator	Source	00	01	02	03	04	05	06	07	08
8A-8B	Aid as a % of GNI	WDI, Fin		1,9	2,1	1,4	1,5	1,8	2,8	5,6	3,1
8C	Portion of exports - zero duty	WTO	65,5	65,5	65,5	65,5	65,5	79,2	79,2	79,2	80,6
8D	Average tariff on agric products by DC	WTO	22,7	22,7	22,7	22,7	22,7	11,8	11,8	11,8	2,9
8D	ODA for trade capacity improvement	HI			23,8	23,8	23,8	23,8	23,8	48,8	48,8
8D	Debt as a % of exports	SDMO					4,1	3,7	4,2	9,0	1,0
8E	% population access to affordable drugs	VG*	53,9	53,4	70,9	72,7	77,1	81,8	84,3	85,9	
8F	% population fixed telephone lines	WDI/TAS	16,1	16,3	16,4	16,4	16,6	16,2	14,8	14,6	
8F	% population cellular subscription	WDI/TAS	9,0	20,0	24,0	38,0	47,0	51,0	70,0	68,6	127,0
8F	Internet users per 100 population	WDI/TAS	3,0	3,0	5,0	5,0	7,0	7,0	8,0	10,0	13,0
8G	Unemployment 15-24 years (%)	ATM*	39	39	28	19	22	25	25	24	22
8G	Unemployment rate male 15-24 years	ATM*	40	40	29	20	16	14	19	16	15
8G	Unemployment rate female 15-24 years	ATM*	37	37	26	18	33	45	34	43	40
8G	Urban (both Sexes) Unemployment 15-24 years (%)	ABS					20	25	25	24	22
8G	Urban (Males) Unemployment 15-24 years (%)	ABS					15	14	19	16	13
8G	Urban (Females) Unemployment 15-24 years (%)	ABS					33	45	34	43	40

* Accurate values are for 2004 based on census data from the General Bureau of Statistics (ABS). Data for the other years are approximations based on simulations, derived from the available urban information.

Note: Data was provided by various institutions that are responsible for the data gathering and analysis and also international organizations.

The indicators for monitoring progress in this context are:

- Official Development Aid (8.1-8.5);
- Market Access (8.6-8.9);
- External Debt (8.10-8.12);
- Access to Essential Medicines (8.13);
- Information, Communication and Technology (8.14-8.16);
- Youth Employment (8.17).

In table 8.1 we include a data overview of all the indicators, compared over the last nine years.

As can be derived from the table above, over the last years Suriname has made progress in achieving the targets under goal 8. Goal 8 reporting by developing countries can be based on narrative accounts how this aid of developed countries is perceived and how it has contributed to development goals.
Milestone achievements are anchoring of trade preferences in the CARICOM and the EPA's, strong progress in the area of debt restructuring, and improvements in public health insurance coverage.

Performance summary

To summarize progress under goal 8, Table 8.2 gives a subjective rating of the specific targets. To substantiate the assessment, the main arguments are presented below.

With respect to **official development aid**, per capita levels are high, mainly as a result of the special relation with the Netherlands. In addition, differentiation of funding has improved, especially from the European Union (EU) and multilateral donors. A recent development (2001 & 2007) has been the agreement with the Dutch/ Netherlands for early debt relief through the Treaty Funds which allowed for a sharp reduction in bilateral debt levels. The outlook for aid is less appealing, following the foreseen reduction in official aid flows from the Netherlands.

Table 8.2
Overall assessment of the achievements under MDG 8

TARGET	MDG 8 2009	CHANGE 2005-2009	OUTLOOK	DATA AVAILABILITY
Official Development Aid	4	3	2	3
Market Access	4	3	3	4
External Debt	4	5	4	4
Health	4	3	3	3
ICT	3	4	3	4
Decent Work Youth* (National)	2	1	2	1
Decent Work Youth (Urban)	2	1	2	5

Source: Ministry of PLOS
Explanation: The figures should be read as follows: 5 = good, 4 = satisfactory, 3 = average, 2 = unsatisfactory, 1 = poor.
*Note: Even though there are many activities for creating job opportunities for youth, data at the national level is not available because a mechanism to gather this data is not in place yet.

In the absence of progress in the Doha Development Round, Suriname has cemented its **market access** by participating in CARICOM and the EPA with the EU. For the outlook with regard to trade, for Suriname much will depend on the development in the prices for natural resources. High prices for gold have triggered investments in this sector, whereas disinvestments took place in other sectors. Although access to the EU for the banana sector is important, continuous efficiency improvements have to be made in the future to increase profitability.

External debt levels have been reduced significantly in recent years and now stand at low levels. External assessment shows high debt sustainability at current growth rates, although the medium term effects of the 2008 financial crisis for world trade are hard to predict. There is strong commitment to reduce debt levels further and improve credit ratings.
The size of external debt in absolute real value has declined significantly in recent years following a combined effect of a lower absolute level of government debt and a higher share of debt that is held domestically. Clearly, given the strong rise in GDP, debt as a share of GDP has fallen more dramatically.
In relation to exports earnings, interest payments are low and currently below 1% of export earnings. One should keep in mind that export earnings to a large extent accrue to multinational firms, but still, external earning potential is large compared to external obligations.

Suriname has a reasonably high quality of **public health** service and high coverage ratios. With respect to the availability of essential medicines, some steps have to be made in public provision. Further, Suriname has made use of funds available under the Global Fund. Reporting on progress on the availability of medicines has proven to be difficult for many countries, of which Suriname is no exception.

The adoption of **ICT** is booming for the past two years, both in mobile phone density as well as internet usage. Furthermore we need to undertake many more initiatives to use ICT in building a global partnership for development, for example in educational cooperation and health provision. In 2008 the liberalization of the telecommunication sector has taken place. This liberalization has allowed two international providers to operate on the local market. This has resulted in better services to the people and a situation whereby consumers profit from the competition in terms of the prices.

Unemployment and especially **youth unemployment** is one of the major challenges for development in Suriname. For Suriname it is of crucial importance to improve working conditions for the youth. It is well known that many young people who find themselves in less fortunate situations in developing countries end up in the informal sector, often encountering appalling working conditions. The target under goal 8 stresses decent and productive work for youth. Data for unemployment in Suriname

as a whole are quite difficult and costly to obtain. The ABS publishes yearly unemployment rates for the Paramaribo & Wanica region, but not nationally. There are periodic census results available that do classify unemployed persons by age and sex. The results for the last census (2004) are presented in tables 8.3a and 8.3b.

We can see from table 8.3b, that the national male youth (15-24 years) unemployment rate is 15.8%. For females this figure is 33.4%, pushing the total of both sexes to circa 22%. Although we only have time series data on unemployment for Paramaribo and Wanica (urban region), as an exercise a series for Suriname as a whole was prepared (see table 8.1 for results) based on two assumptions. One, that the ratio of unemployment in Paramaribo to the rest of the country as measured in 2004 remains unaltered and, second, that the structure of unemployment over groups remains unchanged over time.

Government Policies

As mentioned before, goal 8 deals with efforts of developed and developing countries to cooperate. There are many national and international datasets that record the efforts of Suriname and of donors.

Table 8.3a
Unemployment structure in 2004

	MALE		FEMALE		TOTAL		
	Number	% total	Number	% total	Number	% total	Rate
15-19	1,183	15.3	1,093	12.5	2,276	13.9	26.7
20-24	1,894	24.6	2,062	23.7	3,956	24.1	19.3
Sub-total	**3,077**	**39.9**	**3,155**	**36.2**	**6,232**	**37.9**	**21.5**
25-29	1,253	16.3	1,627	18.7	2,880	17.5	12.2
30-34	972	12.6	1,326	15.2	2,298	14.0	8.3
35-39	818	10.6	996	11.4	1,814	11.0	6.7
Total	**7,708**	**100.0**	**8,717**	**100.0**	**16,425**	**100.0**	**9.5**

Source: ABS, use of Census data from 2004

Table 8.3b
Youth unemployment rates by Sex in 2004

	MALE		FEMALE		TOTAL	
	Unemployed	Rate-%	Unemployed	Rate-%	Number	Rate-%
15-19	1,183		1,093	40..9	2,276	26.7
20-24	1,894		2,062	30.4	3,956	19.3
Sub-total	3,077	15.8	3,155	33.4	6,232	21.5

Source: ABS, use of Census data from 2004

Achievements

- In May 09, 2008 the Ministry of Planning and Development Cooperation started with an information system called the Suriname Donor Aid Platform. The purpose of the information system is to register and gather information of loans and grants from bilateral donors and/ or multilateral agencies. The information can be used for a better overview of various investments in Suriname. To date the following activities have been undertaken: analysis of existing information systems, development of an information system and stakeholders meetings to create awareness on this issue.

- The project 'Strengthening National Capacities for Aid Coordination and Monitoring of the Development Plans and MDG Achievements' which has been signed on July 13, 2009 has a link with the aforementioned Suriname Donor Aid Platform. The expected outcome of the project 'Strengthening National Capacities' is that national authorities will have the capacity to articulate, implement and monitor evidence-based pro-poor policies and strategies for sustainable human development.
The project will have dual outputs. The first output is that in order to increase the impact of external development assistance on national development, an aid coordination management system with a central base in the Ministry of Planning and Development Cooperation, will be established.
The second output is to increase the participatory monitoring and evaluation capacity to measure progress in the Multi – Annual Development Plan and their contribution to achieving the MDGs. In that regard this project will also benefit future MDG reporting.

Challenges

- In future, attention should be given to the erosion of debt service preferences due to the fact that Suriname does not qualify as an LDC. This has the potential to increase interest rates paid on multilateral loans. Qualitatively the distinction should be made between lower debt levels due to Suriname's own fiscal prudence on the one hand and efforts by the international community to alleviate Suriname's debt burden.
- With respect to goal 8, reporting on improvements in the health sector is difficult, since there are no recognized indicators for the increase in the availability of essential medicines and involvement of the private sector. However, useful approximations may be used, which rely on assumptions on how the medical system works. One approach is to look for how many people are covered by medical insurance as a share of total population.
- There are several reasons behind the low adoption of IT technology in Suriname until 2007. Probably the most important is the price for fixed broadband internet access. Combined with the limitations in bandwidth availability and the increased size of websites and applications, the value for money of internet is very low, especially for the youth. In addition, most likely in the future the use of mobile internet should also be included to report on ICT adoption.

Next Steps

- In the next phase of the information system the following activities are planned: workshop for business community and development of standard reports for analyzing the information. A strong collaboration with the private sector is recommended to adequately provide data concerning all grants and loans received by the latter.
- The main principle for the project 'Strengthening National Capacities for Aid Coordination and Monitoring of Development Plans and MDG Achievements' is the recognition that the success of the project will depend on the commitment and ownership of the participating agencies in the process of strengthening national-level capacities for coordinating and managing development cooperation and monitoring the MOP and MDG achievements.
- In order to ensure that there is a common understanding of why such a project is needed the project has a strong element of consultation and consensus building.
- A major issue is the sustainability of relations that are created by public-private partnerships. In practice, local NGO's implicitly see a role for the National Government to fill the gap when foreign NGO funds dry up and projects are only half way through their cycle. This also creates strong economic pressure on the government to help complete the projects, so as not to waste the resources already spend.

- Much is being done to strengthen the cooperation with the private sector. This can be seen through the activities that are being implemented as mentioned before. The Government together with the private sector is working on institutional strengthening of the NGO's. In addition, collaborating with the private sector creates better ways to have access to essential medicines and to ICT products and services.

Will the targets be met?

Target 8C "Market Access": On track

Target 8D "External Debt": On track

Target 8E "Access to Essential Medicines": No

Suriname does not have the policies in place to achieve this target at this moment.

Target 8F "ICT": On track

By creating access in the telecommunication market to other providers, there exists a broader opportunity for creating and delivering better services and products for the community.

Target 8G "Youth Employment": No

Suriname is not on track but by creating the right strategies to assist the youth in finding employment, the country will surely be able to achieve this target.


The Paramaribo Dialogue
Country-Led Initiative on Financing for
Sustainable Forest Management
in support of the UN Forum on Forests
08 - 12 September 2008
Paramaribo - Suriname

6. Follow-up activities on the monitoring of the MDGs

The success of future monitoring of the MDGs is critically dependent on Public Sector Reform, the encouragement of integrated approaches to programme and project execution especially within the Public Sector and the Design of a successful **National Strategy for the Development of Statistics** (NSDS). Immediate actions must be taken to address the present situation of the (Government) ministries working more or less in isolation from each other but purporting to be working on a set of government objectives as appear in a development plan. The ministries that would tend to contribute most to the achievement of the MDGs should be the first to benefit from an Institutional Strengthening project. They should form the nucleus of a national statistical system and should be structured in such a manner as to contribute to the optimum production of quality statistics, using an optimum mix (censuses, surveys and administrative data) of sources.

It is evident that the national statistical system must be addressed as a whole and not in terms of fragmented statistical units of diverse ministries.

The planning of projects, irrespective of the source of funding must be done with discussion among the MDG Committee, so that knowledge of what is about to happen is known widely. By doing this, the usefulness of the project can be maximized.

The above exercise will require the intervention of personnel with an overview of the data requirements of the country's planning apparatus. Such personnel should be able to design suitable information architecture within an NSDS that would retain validity for at least 5 years.

The first activity to be undertaken would be to reform the institutions that intervene in the production of the statistical indicators that will be required to inform the full-fledged MDG report that must be produced in 2010.

Prospects for Suriname's Statistical System in general and the ABS in particular will depend on how well the following strategies and key points identified mainly by the ABS, mostly in collaboration with other stakeholders will be taken care of. Some of these have to be dealt with from within and some are so-called environmental factors that may or may not be within the sphere of control of the ABS or any other data producer.

These could well be termed the ten commandments of the Survival of Suriname's Statistical System (SSS).

1- Forge and/or foster strategic ties with national and international partners;
2- Participate (faith-) fully in the CARICOM Regional Statistics Work Program and relevant programmes of the UN System;
3- Continuous institutional strengthening and investment in human capital;
4- Strengthening the legal framework that underpins and supports the SSS, particularly as it relates to "incentives", fines and summary judgments, but also regarding unrestricted access to information

from all official (public, semi-public, etc.) units and regarding the Supremacy of the Statistics Act;

5- Aggressively promote sound use of statistics for informed policy making;

6- Keep staff moral high and minimize staff turnover;

7- Strike a proper balance between demand and supply of statistics;

8- Make publications user friendly and give popular but technically correct accounts of various statistical issues within its domain of competence;

9- Strict adherence to the so-called RATACCC (Relevance, Accuracy, Timeliness, Accessibility, Comparability, Coherence, Comprehensiveness) quality attributes in all work;

10- Promote healthy competitions between statistical units, nationally, regionally and internationally.

7. SURINAME MDG STATUS AT A GLANCE

Will Suriname reach the goals/targets by 2015?

Compared to 4 years ago (MDG baseline report 2005) see the below structure identifying the achievements of the goals/targets.

Goals and Targets	Will development goal be reached?				Status of supportive environment			
Extreme Poverty and hunger								
Halve the proportion of people living below the national poverty line;	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
Achieve full and productive employment and decent work for all;	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
Halve the proportion of people who suffer from hunger	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
Primary Education								
Ensure that boys and girls alike, will be able to complete of full course of primary schooling	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
Gender Equality								
Eliminate gender disparity in all levels of education	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
Reduce Child Mortality								
Reduce by two-thirds under-five mortality rate	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
Improve Maternal Health								
Reduce by three-quarters Maternal Mortality ratio;	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
Achieve universal access to reproductive health	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
Combat HIV/AIDS, Malaria & other Diseases								
Halt and reverse the spread of HIV/AIDS and achieve universal access for all those	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak

Goals and Targets	Will development goal be reached?				Status of supportive environment			
who need treatment; Halt and begun to reverse the incidence of malaria and other major diseases	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
Environmental Sustainability								
Reverse the loss of environmental resources;	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
A significant reduction in the rate of biodiversity loss;	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
Halve proportion of people living without access to safe drinking water & basic sanitation;	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
Achieve significant improvement in the lives of slum dwellers	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
Global Partnerships								
Develop further an open, rule-based, predictable, non- discriminatory trading & financial system;	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
Deal comprehensively with the debt problem;	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
Develop and implement strategies for decent and productive work for youth;	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
Provide continued access to affordable, essential drugs;	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak
Make available benefits of new technologies, especially information and communication.	Probably	Potentially	Unlikely	Lack of data	Strong	Fair	Weak but improving	Weak

ANNEX 1
SURINAME MDG PROGRESS MATRIX

Millennium Development Goals	Indicator*	Value 2000	Value 2008**	Definition of indicator	Remark
1. Eradicate Extreme Poverty and Hunger					
Target 1A Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1	48.1	59.2	Proportion of population below $1 (PPP) per day	Proportion of households in Paramaribo and Wanica living in poverty (urban districts)
	1.2	19.7	17.1	Poverty gap ratio	Proportion of households (persons) in Paramaribo and Wanica below the poverty line (urban districts)
	1.3	4.61	4.93	Share of poorest quintile in national consumption	
Target 1B Achieve full and productive employment and decent work for all, including women and young people	1.5	-	36	Employment-to-population ratio	Percentage
Target 1C Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8	13.3	9.9	Prevalence of underweight children under-five years of age (weight for age)	Weight for age <5yr
	1.8	9.9	7.7	Prevalence of underweight children under-five years of age (height for age)	Height for age <5yr
	1.8	6.5	4.9	Prevalence of underweight children under-five years of age (weight for height for age)	Weight for height <5yr
2. Achieve Universal Primary Education					
Target 2A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1	94	92	Net enrolment ratio in primary education	
	2.2	42	46	Proportion of pupils starting grade 1 who reach last grade of primary	
	2.3	93	93	Literacy rate of 15-24 year-olds, women and men	

Millennium Development Goals	Indicator*	Value 2000	Value 2008**	Definition of indicator	Remark
3. Promote Gender Equality and Empower women					
Target 3A					
Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1A	1	1	Ratio of girls to boys in primary	
	3.1A	>1	>1	in secondary education	
	3.1A	>1	>1	in tertiary education	
	3.1B	0.97	0.97	Ratio of literate women to men 15-24 years old	
	3.2	-	39.6	Share of women in wage employment in the non-agricultural sector	Urban area only
	3.3	20	25	Proportion of seats held by women in national parliament	
4. Reduce Child Mortality					
Target 4A					
Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	4.1	27.2	23.4	Under-five mortality rate per 1000 live births	
	4.2	20.2	18.7	Infant mortality rate per 1000 live births	
	4.3	71.1	85.7	Proportion of 1 year-old children immunized against measles	
5. Improve Maternal Health					
Target 5A					
Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1	153	79.2	Maternal mortality ratio per 100,000 live births	
	5.2	84.5	90.0	Proportion of births attended by skilled health personnel	Source: MICS 2006
Target 5B					
Achieve, by 2015, universal access to reproductive health	5.3	42.1	45.0	Contraceptive prevalence rate	Source: MICS 2006
	5.4	59.3	62.4	Adolescent birth rate	
	5.5	90.0	90.0	Antenatal care coverage	Source: MICS 2006
	5.6	-	18.4	Unmet need for family planning	Source: MICS 2006

Millennium Development Goals	Indicator*	Value 2000	Value 2008**	Definition of indicator	Remark
6. Combat HIV/AIDS, Malaria and other Diseases					
Target 6A Halve halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1	0.5	1.0	HIV prevalence among population aged 15-24 years	HIV prevalence among pregnant women aged 15-24 years
	6.2	-	62.9	Condom use at last high-risk sex	Source: MICS 2006
	6.3	34.2	41.0	Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	Source: MICS 2006
	6.4	3.5	5.1	Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	Source: MICS 2006
	6.5	-	66.0	Proportion of population with advanced HIV infection with access to antiretroviral drugs	Source: M&E Unit MOH Suriname
Target 6C Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6a	144.6	29.7	Incidence associated with malaria	
	6.6b	5.4	0.0	Death rates associated with malaria	
	6.7	-	55.3	Proportion of children under 5 sleeping under insecticide- treated bed nets	Proportion of households in Brokopondo & Sipaliwini with at least one insecticide treated net
	6.9a	20.1	22.1	Incidence associated with tuberculosis	
	6.9b	0.9	2.1	Death rates associated with tuberculosis	
7. Ensure Environmental Sustainability					
Target 7A Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1	0.9	0.9	Proportion of land area covered by forest	
Target 7B Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.4 – 7.7	0.13	0.14	Proportion of fish stocks within safe biological limits	Ratio of area protected to maintain biological diversity to surface area

Millennium Development Goals	Indicator*	Value 2000	Value 2008**	Definition of indicator	Remark
				Proportion of total water resources used Proportion of terrestrial and marine areas protected Proportion of species threatened with extinction	
Target 7C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8	72.6	91.7	Proportion of population using an improved drinking water source	Proportion of population with sustainable access to an improved water source & sanitation, urban and rural
	7.9	88	89.8	Proportion of population using an improved sanitation facility	
Target 7D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10	-	81.4	Proportion of urban population living in slums	Proportion of households with access to secure tenure
8. Develop a Global Partnership for Development					
Target 8B Address the special needs of the least developed countries	8.5	1.9	3.1	ODA received in small island developing States as proportion of their gross national incomes	Percentage
Target 8C Address the special needs of landlocked countries and small island developing States	8.6	65.5	80.6	Proportion of total developed country imports (by value and excluding arms) from developing countries and from the least developed countries, admitted free of duty	Percentage
Target 8D Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	8.7	22.7	2.9	Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries	Percentage
	8.9	-	48.8	Proportion of ODA provided to help build trade capacity	Percentage

Millennium Development Goals	Indicator*	Value 2000	Value 2008**	Definition of indicator	Remark
Target 8E					
In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13	53.9	85.9	Proportion of population with access to affordable essential drugs on a sustainable basis	Estimated percentage based on 2004 Census data
Target 8F					
In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14	16.1	14.6	Telephone lines per 100 population	Percentage
	8.15	9.0	127.0	Cellular subscribers per 100 population	Percentage
	8.16	3.0	13.0	Internet users per 100 population	Percentage
Target 8G (both)					
In cooperation with developing countries, develop and implement strategies for decent and productive work for youth	8.17	-	22.0	Unemployment rate of young people aged 15 – 24 years, each sex and total	Percentage
Target 8G (male)	8.17	-	13.0	For male only	Percentage
Target 8G (female)	8.17	-	40.0	For female only	Percentage

* Refers to the indicators as specified in table 1

** The most recent available information over the period 2006 – 2008

*** Some data gathered in this report may differ from the defined indicators. This occurred because of the list of revised targets and indicators from 2008.

ANNEX 2
LIST OF REFERENCES

A. Members of the MDG technical clusters

Cluster 1: Education, Population, Families and Households, Health

Nr	Name	Function/ Position	Organization
1	Mr. A. Talea	Chairperson/ Manager Economic Statistics	ABS
2	Mrs. M. Mohan-Algoe	Policy officer	Ministry of VG
3	Mr. R. Ori	Policy officer / BOG	Ministry of VG
4	Mrs. P. Hirasingh	Policy officer/ Head of research & statistics department	Minov
5	Mr. P. Simson	Policy officer / Housing division	Ministry of Sozavo
6	Mrs. R. Murli-Mathoera	Policy officer / CBB	Ministry of Biza
7	Ms. A. Ramdjilal	Policy officer / Statistics division	Ministry of LVV
8	Mrs. J. Redman-Kasimin	Policy officer	Ministry of Buza
9	Ms. R. Smith	Division labour market & social studies	Planning Office Suriname (SPS)

Cluster 2: Work, Economy, Poverty

Nr	Name	Function/ Position	Organization
1	Mrs. W. Cicilson-Pindon	Chairperson/ Deputy Director Statistics	ABS
2	Ms. P. Young-A-Fat	Policy officer	Ministry of Plos
3	Ms. R. Abdoelrahman	Policy officer	Ministry of Plos
4	Ms. J. Warso	Policy officer	Ministry of Sozavo
5	Mrs. B. Doelahasori	Policy officer	Ministry of Buza
6	Ms. G. Abdoelsaboer	Policy officer	Ministry of Buza
7	Ms. J. Karijodimedjo	Policy officer	SPS
8	Mr. H. van Dams	Policy officer	SPS
9	Ms. B. Bhugwandas	Policy officer	Ministry of JP
10	Mr. R. Stakel	Policy officer	Ministry of HI
11	Ms. J. Maclean	Policy officer	Ministry of TCT

Cluster 3: Decision making, Crime

Nr	Name	Function/ Position	Organization
1	Mrs. A. Hunte	Chairperson/ Head of Traffic and Transportation	ABS
2	Ms. C. Ramdin	Policy officer	Ministry of Plos
3	Mr. B. Sariredjo	Policy officer	Ministry of Sozavo
4	Ms. C. Mohanlal	Policy officer/ Head of the National Gender Bureau (NBG)	Ministry of Biza
5	Ms. N. Sitaram	Policy officer	Ministry of Biza
6	Ms. S. Kowlesar	Policy officer	Ministry of Biza
7	Ms. J. Rellum	Policy officer	Ministry of ATM
8	Ms. M. Tilborg	Policy officer	Ministry of Finance
9	Mr. H. Bouwman	Policy officer	Ministry of JP
10	Ms. M. Malone	Policy officer	Ministry of Buza

B. Members of the MDG technical committee

Nr	Name	Function/ Position	Organization
1	Ms. I. Sandel	Chairperson/ Permanent Secretary	Ministry of PLOS
2	Ms. N. Halfhuid	Coordinator UN – desk	Ministry of PLOS
3	Ms. P. Young-A-Fat	Policy officer/ Technical cluster	Ministry of PLOS
4	Ms. C. Elsenhout	Policy officer	Ministry of BuZa
5	Mrs. W. Cicilson	Deputy director Statistics/ Chairlady technical cluster	ABS
6	Mr. T. Gittens	Country director	UNDP
7	---------	Representative NGO's	
8	---------	Representative Private sector	

ANNEX 3
INCOME POVERTY
Income poverty (for the Districts of Paramaribo and Wanica)

The ABS has estimated poverty through income (or consumption), using as point of departure, a basic food package (BFP) that as far as its composition is concerned, takes into account the nutrient composition (requirements), to define the poverty level. The definition of poverty and poverty lines applied by the ABS is as follows: A unit, person or household is considered poor if he/she/it does not have available sufficient means to provide for his/her/its basic needs, with a prominent role being played by the need for food. The amounts that, given the size and composition of the unit, indicate the distinction between poor and non-poor units are called poverty lines[1].

Recent data on income (or consumption) poverty is regularly ONLY available for the Districts of Paramaribo and Wanica (the coastal urban districts).

Looking at inequality first, the overall Gini coefficient[3] improved slightly from 0.465 to 0.436 (the difference is not statistically significant).

Turning our attention to poverty. For the aforementioned two Districts, it looks like absolute poverty as measured by the headcount (household level) increased from 44.2% in Jan 2000 to 51.3% (a little over 7 percentage points) in Jan 2008. However, the difference is not statistically significant.

Poverty data for the Districts of Paramaribo and Wanica[2]

Using Household consumption	Jan-2000	Jan-2008
P0 (Headcount = HH-%)	44.2	51.3
P1 (Gap)	17.8	13.5
Share of the bottom 20%	4.61	4.93
Gini – overall	0.465	0.436
Gini – poor	0.220	0.235
Gini – non poor	0.331	0.320

Note: P_0 (headcount) = how many persons and/or households live below the poverty line
P_1 (Gap) = how far below the poverty line are the poor on average
Source: General Bureau of Statistics: Poverty lines and Poverty in Suriname: an update (forthcoming in 2010)

1 ABS publication: Poverty lines and Poverty in Suriname, May 2001 pg.1

2 The data used for the poverty and related estimates is based on a comprehensive estimate of Consumption from Household Budget Survey 1999/2000 (reference: January 2000) and Household Budget Survey 2007/2008 (reference: January 2008).

3 Gini coefficient is a number between zero and one that is a measure of inequality. The Gini coefficient is the ratio of the area under the Lorenz curve to the area under the diagonal in a graph of the Lorenz curve. The meaning of the Gini coefficient: When equality is high the Gini coefficient is near zero. When inequality is high the Gini coefficient is near one.

Confidence Intervals for headcount measures of 2000 and 2008

PERIOD	STATISTIC	ESTIMATE	STDERROR	LOWER 95%	UPPER 95%
Jan 2008	meanpoor	51.3	2.428	46.45	56.15
Jan 2000	meanpoor	44.2	1.954	40.33	48.09

The confidence intervals overlap and the Kakwani measure[4] n = 1.85 (less than 1.96), so the difference is not significant at the 5% level.

Although real GDP growth rates over 2004 – 2008 were circa 4.6% on average[5], inequality in the distribution of income remains a challenge. To some the fact that both real GDP and Poverty rise, or even stationary urban poverty going hand-in-hand with rising GDP, as in Suriname, is hard to accept, but this phenomenon has been observed before and is dealt with inter alia in Jeffrey Sachs' celebrated book of 2005: *The end of Poverty: Economic Possibilities for our Time.*
The different signals provided by a Human Poverty approach and an income (or consumption) poverty approach, clearly and urgently warrant a very broad discussion of this phenomenon in Suriname.

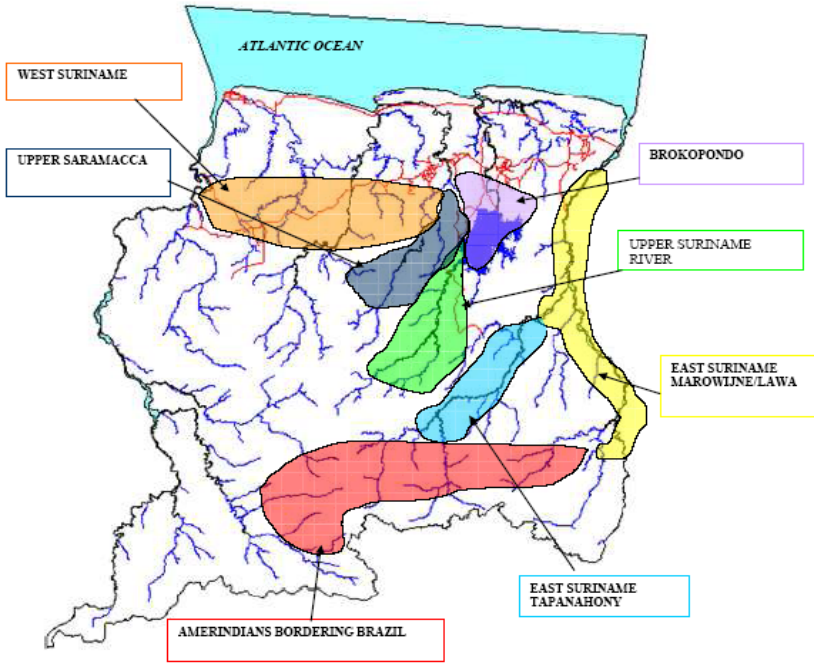
4 Nanak Kakwani 1990: Testing for significance of Poverty Differences (with Application to Côte d'Ivoire), LSMS Working paper no 62.
5 Over the period 1999/2000 to 2007/2008 the average growth rate in real GDP was 4.8%

ANNEX 4
SUCCESS STORY OF MALARIA IN SURINAME

MDG Reached for Malaria in Suriname

It has been more than 50 years already that malaria was recognized as an enormous burden to the health of the population in Suriname. There was an explosive increase of the number of malaria cases in the nineties. The burden of malaria on government level is reflected in the long history of political and financial commitment by the government to fight malaria through several strategies and programs.

The Malaria risk areas in the interior of Suriname



In 1999, a National Malaria Board was installed by the government. This board is responsible for formulating national malaria policy, the guidelines and protocols for the fight against malaria. Despite government's investment of $500 million Surinamese Dollars (= US $227.272), in reaction to the severe malaria epidemic in the hinterland in 2001, there was a continuous increase of malaria infections.

Malaria cases in Suriname, 1999 – 2003

Year	1999	2000	2001	2002	2003
Malaria cases in Suriname	9037	9936	15652	12736	9340

In 2003 they aimed to lower the number of malaria cases to less than 50 % by the end of 2005.
In 2004, a malaria project was written and proposed to the GF, Global Fund (to fight AIDS, TBC and malaria). This fund which supports the fight against malaria in many developing countries has made finances available for the malaria program since 2005 through a grant. The main objective of this project is to reduce the incidence of malaria infections in the indigenous and migrant populations in the hinterland of Suriname (this runs up to 2010).
To the satisfaction of both the GF and the Surinamese government, the results exceeded the expectations.

Malaria cases in Suriname, 2004 – 2008

Year	2004	2005	2006	2007	2008
Malaria cases in Suriname	8560	8517	3507	1809	2134

There was therefore within two years a drastic decline of more than 50%, which was continues since than. In addition to the large drop of malaria cases the number of people who visited the Medical Mission (MZ) health posts decreased sharply. When the program started in 2004, there were 8560 new malaria cases reported in the regular health posts of MZ alone while 35751 people were tested for malaria on these clinics. In 2008 only 2134 new malaria cases were reported in the regular posts of Medical Mission alone while 11529 people were tested for malaria in these clinics. While the morbidity decreases, the hospitalizations due to malaria decreased from a total of 217 admissions per year in 2001 to as low at 51 admissions per year in 2008.
The total number of Malaria deaths decreased from 24 in 2000 to as low as 0 since 2006.

Malaria mortality in Suriname, 2000 – 2008

Year	2000	2001	2002	2003	2004	2005	2006	2007	2008
Mortality due to Malaria	24	23	16	18	7	2	0	0	0

The success of this battle against malaria is due to several aspects among which:

- National switch to use of the effective medicine Coartem for the treatment of Malaria;
- The old and well-known unique infrastructure of reachable policlinics with experienced health assistants of the MZ in the whole country;
- The small population of Suriname, the isolated incidence of malaria in the hinterland only and health information on malaria;
- Intensive and structured residual spraying of the mosquito in the whole hinterland;
- The free distribution of impregnated bed nets treated with insecticide to all residents of the hinterland;
- The free provision and free maintenance of stock for all Medical Mission - policlinics and Surinamese pharmacies with anti-malaria products and medicines, among which also quick tests to MZ;
- Training of local Service Deliverers on the gold mining fields for the execution of quick tests on people and for diagnosis and free provision of anti-malarial medication when necessary;
- The flood of 2006 adds to the decrease of malaria cases by destroying the formerly existing stationary waters with mosquito nests.

Despite these successes the executants of the malaria program and the Ministry of Health remain alert and are working on continuity of these strategies after the end of this Global Fund grant.
At every report of more than 3 cases per week on a location in the hinterland, a monitoring team travels to this location, where intensive research, active testing of local residents and treatment of positive malaria cases take place. These trips are part of some fixed strategies of the malaria program to fight malaria and they are made for both the regular villages and the gold mining fields.
Another strategy is the regular substitution of old, washed out bed nets by new impregnated bed nets and the free distribution of these to residents of the interior.
Most new malaria cases have been related to gold mining fields or

people who come from French - Guyana. During the planning for interventions the many migrants from Brazil and French – Guyana, where the problem of malaria still exists, are always taken into account.
The Ministry of Health in Suriname aims to prevent that malaria ever becomes a problem again in Suriname. They strive to eliminate malaria in Suriname. We have a decrease of more than 90% in malaria cases and no deaths since 2006 due to malaria. With pride we from Suriname can state now that since 2006 the MDG for malaria have already been reached by Suriname.