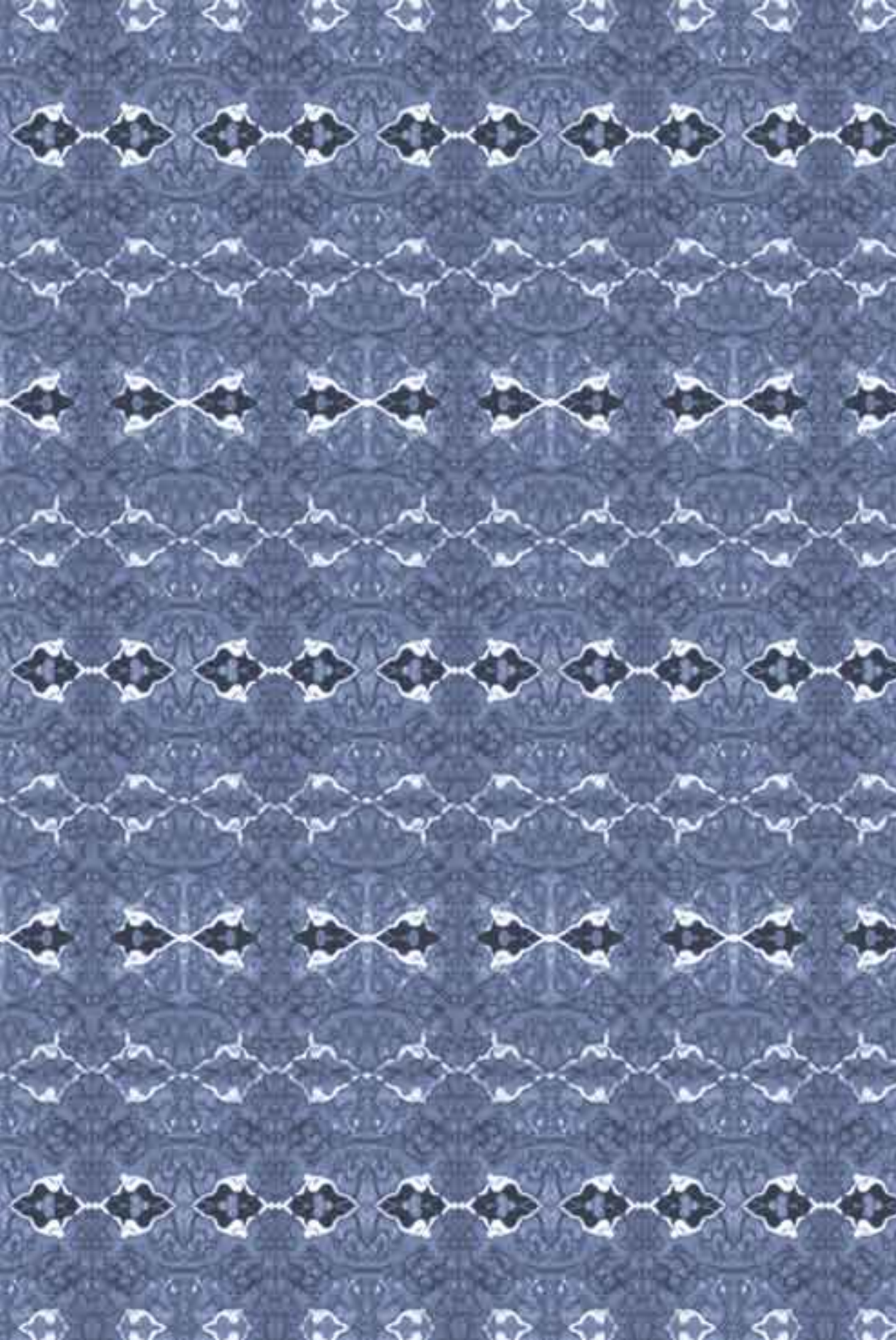


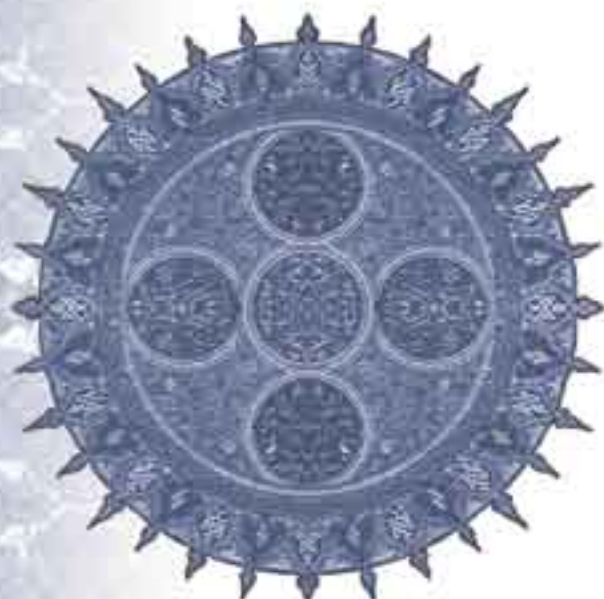
MILLENNIUM DEVELOPMENT GOALS REPORT



UZBEKISTAN 2006



MILLENNIUM DEVELOPMENT GOALS REPORT



2006

Foreword by the UN Country Team

This is the first National Millennium Development Goals Report for Uzbekistan, prepared jointly by the Government of Uzbekistan and the United Nations Country Team. The aim of the report is to reflect on current trends and prospects for Uzbekistan's development and facilitate the monitoring of progress towards the Millennium Development Goals (MDG) at the country level.

The report emanates from the Millennium Declaration adopted during the Millennium Summit in New York in 2000 and draws on specific country development context in addressing each goal. "Nationalization" of global goals and targets was an important step in defining the baseline against which progress should be measured. The process was carried out by a team of Government representatives and the United Nations Country Team.

Unlike the global goals, national goals identified in Uzbekistan set different baseline years, as is done in many transition countries. The global baseline of 1990 is not suitable for Uzbekistan, since it closely coincides with the turmoil of the early years of transition. The distortions thus caused would have shown unfavorable trends, not representative of the national development efforts. Uzbekistan was more successful than most CIS countries in maintaining human development indicators; especially, from the second half of 1990s.

National goals and targets are being successfully incorporated into a number of Government strategies and programs, and are widely used by the international donor community. The purpose of the current report is to make the national MDGs more widely known by the general population, including Government counterparts, civil society organizations, academia, youth and grass-roots communities. The report will facilitate a better appreciation of national progress towards the achievement of the MDGs.

This report informs about the major trends and basic indicators and focuses on the general readership. We hope to publish a series of in-depth reports that will provide more detailed information, analysis and recommendations on some of the key MDGs and targets.

We would like to express our sincere gratitude to our national partners in Uzbekistan who greatly contributed to the preparation of the report. Under the excellent coordination of the Ministry of Economy, all the concerned Ministries provided their valuable comments to the draft text, resulting in this final version. We hope that this admirable cooperation around the MDG Report will continue and make the Millennium Development Goals in Uzbekistan a reality, leading to a more prosperous and healthier country with better-educated citizens.

UN Country Team in Uzbekistan:


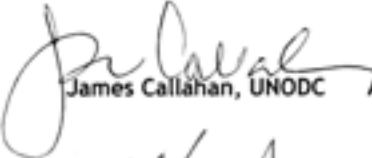




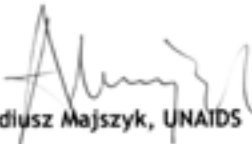


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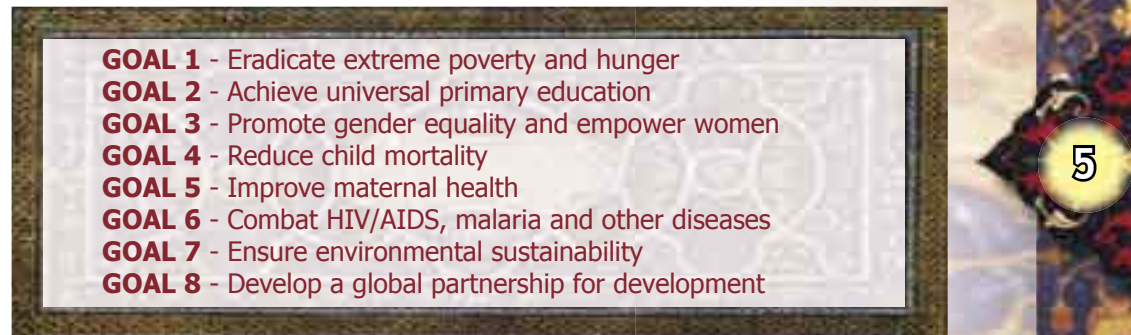
Overview

Millennium Summit

The year 2000 marked an important event in the history of the world and the United Nations. The Millennium Summit brought leaders of 189 states together to call on the world's most pressing challenges. They pledged to make the world a better place for all humanity. It is an opportunity of the millennium for states to join efforts to fight poverty, improve access to basic services, reduce the spread of diseases, and care for the environment. The Millennium Declaration set the global agenda for the 21st century and established action-oriented targets around eight specific goals that are known as the Millennium Development Goals (MDGs). The Millennium Declaration was thus born to reflect the decisions of the world leaders and outlined a road map for progress as far as the year 2015.

What are the MDGs?

The Millennium Development Goals are a framework world leaders agreed upon to reduce poverty and improve the wellbeing of people. They are a set of eight interconnected development goals with time-bound targets and indicators. The MDGs focus the efforts of the world community on achieving significant, measurable improvements in people's lives by establishing yardsticks for results:

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

The first seven goals are directed at reducing poverty in all its forms: hunger, lack of income, education and health care, gender inequality, and environmental degradation. Altogether, these goals form a comprehensive and mutually reinforcing approach to alleviating poverty.

The eighth goal provides the means to achieving the first seven. It is targeted to developed nations, calling them to provide additional debt reduction and development assistance.

Reporting Our Success with MDGs

As a signatory to the Millennium Declaration, Uzbekistan is fulfilling its promises to address the challenges outlined in the MDGs. The Government recognizes the relevance and acuteness of these challenges in the national development context. The Government, in collaboration with the donor community and civil society, has embarked on the process of formulating its own national MDG targets and indicators. The national experts' team made major steps in analyzing the development context for each goal by setting appropriate baselines and indicators. The set of the national MDG goals are:

- 
- 
- GOAL 1** - Improve living standards and reduce malnutrition
 - GOAL 2** - Improve the quality of education in primary and secondary schools
 - GOAL 3** - Promote gender equality and empower women
 - GOAL 4** - Reduce child mortality
 - GOAL 5** - Improve maternal health
 - GOAL 6** - Combat HIV/AIDS, tuberculosis and malaria
 - GOAL 7** - Ensure environmental sustainability
 - GOAL 8** - Uzbekistan and global partnership for development

The Government recognizes, in particular, the successful adaptation and integration of MDGs into the Interim Welfare Improvement Strategy Paper (I-WISP). Additional work is needed to institutionalize monitoring and reporting. Since purpose of both the national MDGs and the country's I-WISP is to improve living standards, the MDG and I-WISP formulations complement each other, especially during the discussion processes. MDGs are used as a tool to guide the formulation of I-WISP and hence benefit wider national ownership.

The first national MDG baseline study was prepared in the course of the MDG nationalization process. It examines the applicability of first seven MDGs into the Uzbek context and identifies possible challenges with respect to setting targets and monitoring MDGs.

Awareness campaign is one of the prerequisites for wider national ownership of the national goals. The Government and the United Nations are the chief advocates for the MDGs in Uzbekistan. They focus on raising awareness of MDGs among national institutions, civil society, media and the general public, appealing equally to policy makers and ordinary citizens.

What is the Report About?

The first National MDG Report for Uzbekistan forms part of a broader UN and Government effort to use MDGs as a tool for awareness raising, advocacy, consensus building, and the sustained national commitment to socio-economic development. At the same time, it can be used as a tool for establishing effective mechanisms for monitoring the progress towards the achievement of the MDGs.

The national goals and targets that the report is based on are very similar to the global goals; however, they were adapted to the country situation. Being an advocacy tool, the report highlights the major trends, challenges and ways forward to achieve the MDGs and their underlying targets. The report deliberately avoids detailed analysis, in-depth projections, and comprehensive policy recommendations.

This report aims to reach a wide range of citizens including Government counterparts, central and local authorities, civil society, media, private sector, academia, and the general public, as well as the donor community in Uzbekistan. We anticipate that it will cultivate dialogue among the circles of academia,

Government agencies and civil society on what is being done and what more can be done by each to reach the MDGs in Uzbekistan.

The chapters of the report present the main development trends on each MDG, and provide illustrative figures for Uzbekistan as well as on other countries, to make it easier for the reader to gain a perspective. Some interesting facts are placed in boxes to help the reader see the global picture for each MDG.



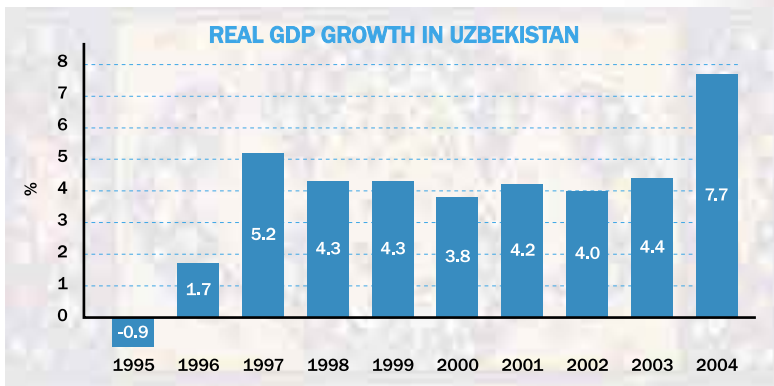
Uzbekistan Development Context

Where Are We?

1. Since 1991, Uzbekistan has been implementing reform policies to move away from the inherited structures of the former Soviet Union. Dismantling the systems, structures and mentality accumulated during 70 years has been an enormous challenge.

During the 14 years of independence, while creating a new nation, Uzbekistan had to re-invent itself economically as well, having lost the traditional trade links of the former Soviet Republics and the subsidies from Moscow. Due to the unavoidable turmoil of transition, some of the human development indicators fell during the early years of independence. However, Uzbekistan succeeded in maintaining the main indicators at acceptable rates compared to most CIS countries.

2. The country experienced an economic decline until 1996. Thereafter the country has enjoyed steady but modest economic growth in the range of 4%, except for 2004 when it accelerated to 7.7%. To effectively reduce poverty it is estimated that an annual economic growth rate in the range of 7-8% would be required in future.



3. A number of transition challenges in the early years of independence heavily influenced living standards, especially in rural areas. In the early 1990s, economic recession, rising inflation and structural adjustment led to a sharp drop in real household incomes for the majority of the population. The results of a survey of 20,000 families undertaken in 1994 revealed that 44.5% of the citizens had average per capita income levels below the minimum wage.

Even when the economy was having its difficulties in the early 1990s, Uzbekistan managed to devote relatively large budget outlays to social protection measures. It aimed to provide security against life time risks and especially targeted the most vulnerable sectors of population. These included pensions, unemployment benefits, social assistance benefits, and child allowances.

Although the social protection system introduced by the Government did not guarantee immunity from poverty, it helped to maintain MDG indicators at reasonable levels.

A composite indicator, the Human Development Index, produced by UNDP since 1990, loosely indicates the relative position of a country's socio-economic position in the world. It covers three areas: health, education and economic performance. Primarily due to the economic dislocations caused by transition, Uzbekistan fell from 80th position out of 173 countries in 1990 to 111th place among 177 countries in 2005.

4. Uzbekistan is characterized by its rural nature: 64% of the population live in rural areas, and over 30% of the workforce is employed in agriculture. The country is one of the world's largest cotton producers, with cotton being one of its primary export earners. While open unemployment is low, underemployment and low wages, particularly in the agricultural and public sector, contribute to low living standards. The agricultural sector is extremely important to the economy.

5. One of the most important indicators of human development is the health status, as measured by the life expectancy at birth and the death rate of specific population groups. The financial difficulties brought about by the transition led to a decline in public health expenditure. The scarcity of public resources has in turn reduced prevention, early diagnosis and treatment of a variety of illnesses.

Decline of public expenditure on health could have a negative impact on the low-income families. To address the situation, the Government of Uzbekistan established priorities to focus scarce budget resources on the most critical health issues and groups, such as targeting mothers and children.

Early attention to the importance of health care reform, both from Government and the international donor community, has allowed Uzbekistan to preserve a fairly good health status. As a result, the official data shows the decline of infant mortality from 25.6% in 1995 to 15.2% in 2004, however it is still high compared to developed states. Decrease in maternal mortality is characterized, first of all, by developing system of delivery services.

However, in recent years there has been a sharp increase in the number of HIV/AIDS cases, along with increasing incidence of tuberculosis, endocrine and oncological diseases. The growth of HIV rates is reaching a threatening toll. Poor families are most vulnerable to these diseases because of the high cost of preventive care.

During the last decade, several health programs were introduced, such as the year of "Mother and Child", the year of "Healthy Generation" and the year of "Health".

Basic Health Indicators

	1995	2002	2003	2004
Public Health Expend./GDP	3.4	2.4	2.4	2.3
Life expectancy at birth, female	71.7	73.5	73.8	74.7
Life expectancy at birth, male	66.4	68.9	69.4	70.0
Crude death rate	6.4	5.4	5.3	5.0
Infant mortality rate	25.6	16.7	16.4	15.2
Maternal mortality rate	37.2	32.0	32.2	30.2

Source: Interim Welfare Improvement Strategy.

In comparison with the CIS countries, Uzbekistan's achievements in the health field are respectable. Reforms in this sector prevented the serious regression in the health indicators which many others experienced after the Soviet collapse.

6. Level of education is another important indicator of human development. Uzbekistan made impressive gains in educational attainment, with the official rate of

literacy being close to 100%. Uzbekistan has achieved the global goal of ensuring universal primary education, although, as in many other countries in transition, the quality of education has suffered. Therefore, the national educational goal for Uzbekistan is to improve the quality of education in primary and secondary schools.

Official data suggests that enrollment rates for primary and secondary education remained relatively stable during the first half of the 1990s and increased to 95% in 2000/2001. However, the situation differs in higher level of education, where enrollment rates have steadily declined. A reduction in the number of non-paying (grant-based) places for students in higher educational institutions and the introduction of fee-based places led to a sharp decrease in enrollment in recent years. Increasing fees for higher education restricts access to potential students from low-income households¹. In addition, limited resources and an inadequate system for motivating teachers remain a problem at the basic level of education.

The Government is committed to improving the system and has introduced a number of state programs aimed at reforming the education sector. In accordance with implementation of the National Program for Personnel Training, new professional colleges were established, together with the development of new curriculums and multiple sources of education financing. In May 2004 a new state program on Basic Education Development was introduced by Presidential decree, aimed at eliminating existing problems related to the improvement of school facilities, introducing of computer equipment, and establishing a system of continuous education.

7. Uzbekistan has inherited a terrible legacy of environmental problems from the Soviet Union. Decades of destructive policies, indiscriminate use of chemicals in agriculture and industry, and careless disposal of byproducts have cumulatively taken a toll on Uzbekistan's environment.

The impact of the Aral Sea crises continues to be one of the major development challenges in the country. In 1993, President Karimov raised concerns and called for international attention to the Aral Sea crises in his speech to the 48th UN General Assembly.

Other environmental challenges include degradation of water resources and the related salinization of water and arable lands; desertification; and loss of ecosystem, along with increased vulnerability to natural and man-made disasters.

8. In 2003, the Government of Uzbekistan in collaboration with the UN, WB, and ADB formulated the Strategy to Improve Living Standards and in 2004 prepared its Interim Welfare Improvement Strategy for 2005-2010. The strategy identifies national priorities that are closely linked to national MDGs, such as:

- Improvement of living standards and reduction of poverty through sustained high economic growth;
- Ensuring equitable distribution of the fruits of the economic growth among the people;
- Focusing on sustainable human development; and
- Expanding civil society's involvement in decision making.

This strategy represents an encouraging step in addressing the human development issues of the country and Government's efforts and commitment to the realization of the Millennium Development Goals in Uzbekistan.

¹ Interim Welfare Improvement Strategy, Uzbekistan 2005-2010.

Where Do We Want to Be in 2015?

In the second half of 2003 the process of formulation of country-specific development goals started with the involvement of the Government, civil society and the international community. In this initial phase, the UN system acted as the main promoter and guided discussions. Local experts were identified as “focal points” for each MDG, and were tasked to produce background discussion papers on the relevance of each goal to Uzbekistan’s situation, and to put forward proposals for country-specific goals.

The proposed goals were then discussed in a series of round tables and consultations with main stakeholders and civil society and were further compiled in the MDG preliminary baseline study for Uzbekistan. The study was designed to provide a range of data on each MDG and to facilitate substantive debate in the country on how to nationalize the MDGs for Uzbekistan. It covered the first proposals on how the global MDGs could be adapted to the national context, and made some tentative proposals for national targets and indicators.

This MDG National Report sets the targets agreed by the national experts and Government counterparts. Some of the goals may not appear realistic to achieve, such as halting the spread of HIV/AIDS, due to the complex interaction of internal and external factors. The goal of universal access to education is already achieved, but the report brings up another challenge: to improve the quality of education. The goals on child mortality and maternal health give hope for doing better amidst the challenge of collecting reliable data and adopting the international live birth definition. Environmental sustainability is being successfully incorporated in all development strategies but the actual implementation still requires further improvement. The whole package of MDGs will help to improve the wellbeing of citizens – but the key to all is sustained economic growth which will provide widespread productive employment and revenues to the people.

How Do We Get There?

Achieving the MDGs requires commitment by all parties: Government, civil society, donor organizations and the general public at grass-roots levels. Among the fundamental requirements are broad national ownership of the development goals and continuous dialogue among the stakeholders.

The United Nations, as the leading agent of the Millennium Project, is responsible for supporting the Government in its efforts to achieve the national development goals. The UN Country Team in Uzbekistan has developed the UN Development Assistance Framework jointly with national authorities and other partners, to be fully in line with the national priorities and the MDGs. This framework sets out five priority areas that are aimed at achieving the MDGs in Uzbekistan.

The Government and donor community are successfully integrating the national MDGs into the development and country assistance strategies. The first ever strategy for improvement of the living standards of the population (i-PRSP) was formulated in cooperation with main donor partners and identified major directions and measures aimed at alleviating poverty.

Together with the Government, the UN system will mount a campaign to increase awareness of MDGs in Uzbekistan and to enhance national ownership by a wide cross-section of the society. In this regard, there will be a series of MDG workshops at the viloyat level and mass media coverage of development issues in Uzbekistan.

Table of National MDGs and Targets

Goals	Targets
Improve Living Standards and Reduce Malnutrition	1. Reduce Poverty by Half by 2015
Improve the Quality of Education in Primary and Secondary Schools	2. Improve by 2015 the Quality of Primary and Basic Secondary Education while Maintaining Universal Access
Promote Gender Equality and Empower Women	3. Achieve Gender Equality in Primary, Basic Secondary and Vocational Education by 2005 4. Improve Gender Balance in Higher Education by 2015
Reduce Child Mortality	5. Reduce by two thirds the under-five Mortality Rate by 2015
Improve Maternal Health	6. Reduce Maternal Mortality by one third by 2015
Combat HIV/AIDS, Tuberculosis and Malaria	7. Have Halted by 2015 and Begun to Reverse, the Spread of HIV/AIDS 8. Have Halted by 2015 and Begun to Reverse, the Incidence of Tuberculosis and Malaria
Ensure Environmental Sustainability	9. Integrate the Principles of Sustainable Development into Country Policies and Programs and Reverse the Loss of Environmental Resources by 2015 10. Increase the Share of Urban and Rural Population with Access to an Improved Water Source and Sanitation by 2015
Uzbekistan and Global Partnership for Development	This goal assumes the efforts of developed states to help Uzbekistan achieve the MDGs through Official Development Assistance



**Improving Living
Standards
and Reducing
Malnutrition**

National target 1: Reduce Poverty by half by 2015.

Who is Poor and How do We Define Poverty?

Poverty is a complex problem. It has many faces, changing from place to place and across time, and is described in many ways. A universal definition of poverty cannot be applied to all states and regions. Qualitative indicators of poverty are relative and depend, firstly, on economic development. Of greater importance

are the qualitative characteristics of poverty, i.e. its social acceptability. In short, poverty is a situation people want to escape. Thus, poverty is a call to action - for the poor and the wealthy alike – a call to change the world so that many more may have enough to eat, adequate shelter, access to education and health, protection from violence, and a voice in what happens in their lives.

To reduce poverty and identify the best mechanisms to monitor the change, we need to define and be able to measure it. As poverty is a complex problem, at least several indicators need to be considered that affect human development.

People are considered poor if their consumption or income level falls below a minimum level necessary to meet basic needs. This minimum level is usually called the “poverty line”. What is necessary to satisfy basic needs varies across time and societies. Therefore, poverty lines are different from country to country, based on such factors as climate, culture, level of development, social and security conditions, etc.

For Uzbekistan, World Bank calculated a minimum food consumption basket. The basket includes a mix of food products adding up to a daily minimum nutritional requirement of 2,100 kilocalories. In order to calculate the cost of this minimum food consumption basket, the experts used the prices actually paid by the poor, and adjustments were made to account for monthly inflation and regional price differences.

Target 1: Reduce poverty by half by 2015.

27.5%

Baseline
(2001)

14%

MDG target
(2015)

Can Uzbekistan meet this target?

Probably; Potentially; Unlikely; No Data

Global Poverty Measurement

In order to estimate poverty world-wide, the same reference poverty line is used internationally.

Living on less than \$1 per day PPP (where PPP measures the relative purchasing power of currencies across countries) is defined as living in extreme economic poverty.

Many countries identify their own poverty lines based on the country context and development situation.

Main Trends and Concentration of Poverty

Data on poverty in Uzbekistan derives mainly from the 2001 Household Budget Survey. This survey classified 27.5% of Uzbekistan’s population (6.8 million

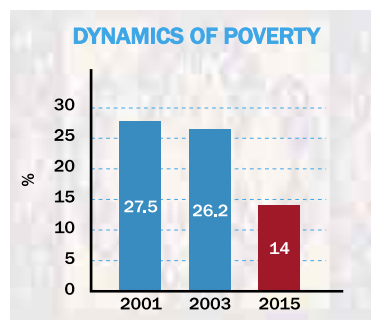
people) as poor, in 2001. The 2003 survey shows a decrease in the poverty rate to 26.2%. The Interim Welfare Improvement Strategy aims to reduce the poverty rate to 20% by 2010 and to 14% by 2015.

As in many developing states, the most vulnerable groups in terms of poverty are rural inhabitants, families with many children, the disabled, the unemployed, people with a lower level of education and households in which women are breadwinners.

Although income level is a major determinant of poverty, it is not the only one. Being poor in today's Uzbekistan is connected with a low level of living standards, directly related to the quality of access to health care, education services, basic public utilities, such as clean water and adequate sanitation. The reduction of poverty, therefore, is a complex task which is closely related to the achievement of all other MDGs.

The main poverty factors identified in the Interim Welfare Improvement Strategy are:

- Demographic indicators;
- Employment and labor market;
- Access to education and health services;
- Regional disparities;
- Environmental issues.



Source: Ministry of Economy, 2004.

Geographic Distribution of Poverty

Viloyats	Incidence of poverty
Republic of Karakalpakstan	36.4
Andijan	31.8
Bukhara	13.4
Djizak	29.7
Kashkadarya	62.6
Navoi	18.7
Namangan	39.7
Samarkand	26.4
Surkhandarya	28.4
Syrdarya	8.4
Tashkent Region	16.9
Ferghana	18.1
Khorezm	30.1
Tashkent City	9.2
National	27.5

Source: Household Budget Survey 2000-2001, Uzbekistan Living Standards Assessment, World Bank, August 2002.

The Government is in the process of implementing the strategies that address the above issues in view of achieving tangible improvements in enhancing living standards in Uzbekistan by 2010. Based on the evidence, rural development deserves the greatest attention from Government and development donors. At present, UNDP and the European Union support the regional development strategies in four viloyats of the country.

Tracking poverty by demographic indicators helps us define better who the poor are and where they live. As is shown in the table, Uzbekistan's poor households are concentrated in rural and remote areas. About 64% of the population live in rural areas, including 28.7% of the poor, as compared to 22% in urban areas. The highest concentration of poor households is noted in the southern and northern regions of the republic, and the lowest is in Tashkent region and certain oblasts of the central region. In the southern region, the poverty rate is almost 4 times higher than in Tashkent region.

Poverty by Area

	2000-2001*	2003**
Urban	22.5	22.0
Rural	30.5	28.7

Poverty by gender

	2000-2001*	2003**
Male	28.0	27.2
Female	25.0	22.2

* Source: World Bank's Living Standards Assessment, Uzbekistan, 2002.

** Estimates based on the 2002 and 2003 Household Budget Surveys.

A common characteristic of poor families is that the head of household is unemployed and there are many children. However, even employment does not always guarantee protection from poverty, as 50% of the poor families have an employed household head. However, being unemployed sharply increases the potential for poverty.

Head of family education level	Poverty level
0-4 year	34.0
5-9 year	32.4
middle	31.3
unfinished middle-special	24.6
middle-special	17.6
higher	16.6

Source: State Committee on Statistics, 2004.

Level of education is another good determinant of poverty risk – the higher the education, the lower the poverty possibility. Among households headed by persons with secondary special vocational education, the probability of becoming poor is 50% that of households where heads of the family do not have such education. The most vulnerable are the families where the heads do not have any secondary education.

Malnutrition

One of the most dangerous poverty manifestations is malnutrition among children. It represents a threat to health, as well as restricting opportunities for normal growth and development.

An indication of the scope of the problem is that 18.9% of households consume less than the minimum daily nutritional requirement of 2,100 kcal. The basic consumption of poor households comprises mainly carbohydrate foodstuffs,

rather than animal and plant proteins. Inadequate nutrition in poor households results in high rates of anemia among women (64.8% of pregnant women), as well as iodine deficiency and insufficient weight among children under 5.²

DID YOU KNOW?

- In developing countries more than one person in five subsists on less than \$1 day.
- Since 1990 extreme poverty in developing countries has fallen from 28% to 21%.
- Over the same time population grew 15% to 5 billion people, leaving 1.1 billion people in extreme poverty.
- In Asia, sustained growth has lifted nearly 150 million people out of poverty since 1990.
- One in six children is underweight or suffering from stunting; one in seven has no health care at all; one in five has no safe water and one in three has no toilet or sanitation facilities at home.
- More than 30,000 children die of preventable causes worldwide every day.

The 2002 Uzbekistan Health Examination Survey (UHES) suggests a reduction in the level of malnourishment among children under three years old. The Demographic Health Survey of 1996 revealed that 31% of children were stunted and 12% underweight, whilst the UHES showed 23% stunted and 6% underweight in 2002.

Moreover, currently 20% of children under-five years are estimated to be malnourished.³ Incidence of malnutrition tends to be higher in rural areas. Karakalpakstan is the most vulnerable to anemia and tuberculosis while malnutrition is soaring in Namangan and Surkhandarya viloyats.

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Of children under the age of 3, 61% are reported to suffer from iron deficiency and anemia, at a time of rapid periods of growth.⁴ Uzbekistan has the highest anemia rates among children and women in reproductive age in the region. Anemia is found in 65% of women in the 15-49 age group nationwide, and as a result children whose mothers are anemic are twice as likely to be anemic. These serious problems are being resolved but still remain significant.

Maternal knowledge and awareness are among important factors that affect child nutrition and disease. Poor trends are closely correlated with low education of mothers. In addition, inadequate dietary intake is closely related to incomes and access to health care services, especially in rural areas.

A number of Government social programs for the eradication of anemia, vitamin A and iron deficiency have been developed. This will protect the nutritional status of children and the population, to reduce the impact of an unbalanced and insufficient diet among the poor.

What is Being Done to Improve Living Standards in Uzbekistan?

A number of actions have been undertaken by the Government with close collaboration of development donors to analyze the poverty situation and implement pro-poor policies.

² Interim Welfare Improvement Strategy, 2005-2010 Uzbekistan.

³ The indicator used here to measure malnourishment among children is height for age (moderate or severe stunting). The data on stunting is derived from the 1996 DHS and 2002 UHES.

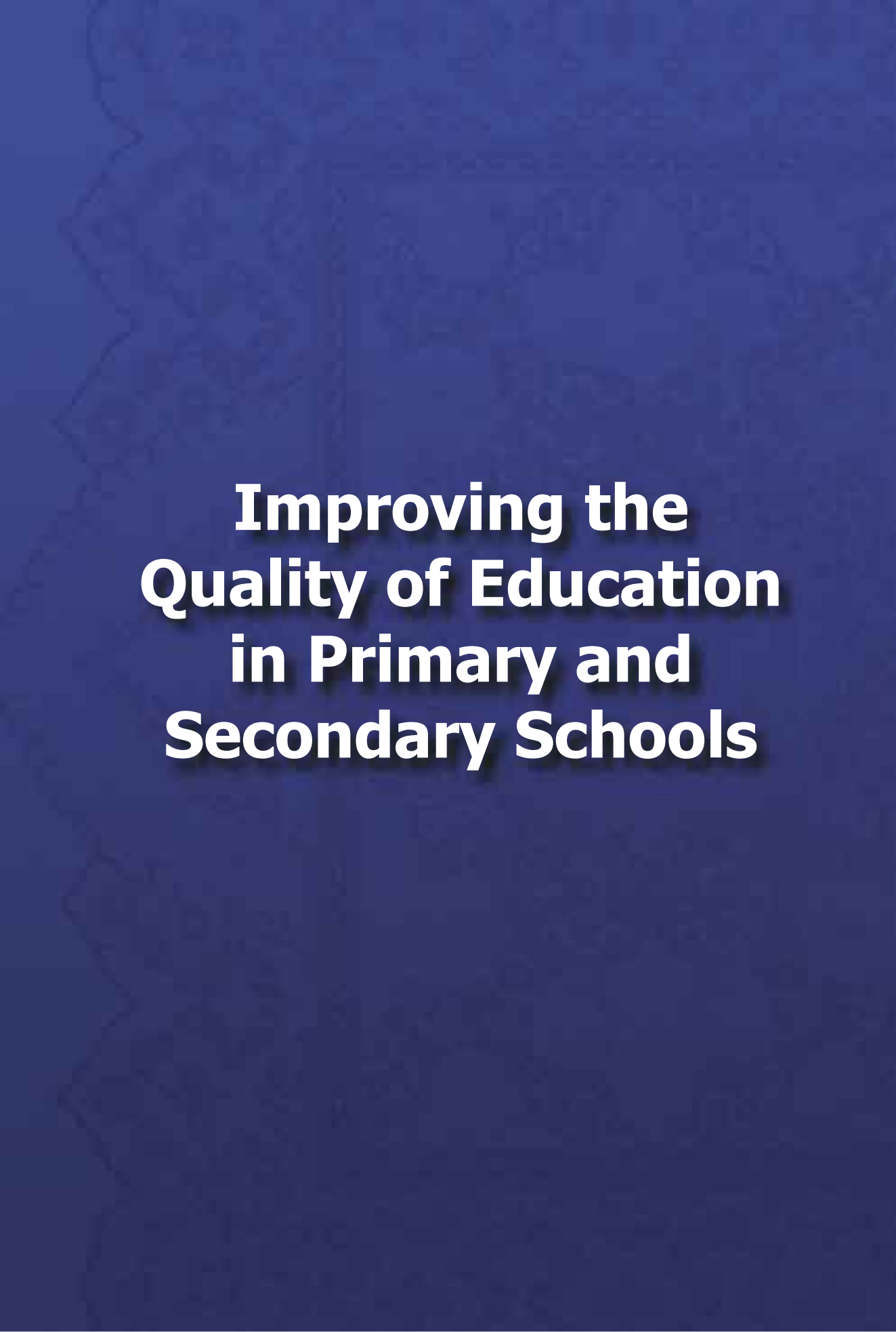
⁴ Living Standards Assessment 2003, World Bank.

In 2004 Uzbekistan formulated its Interim Welfare Improvement Strategy (I-WISP). The UN and ADB have joined hands and used the nationalized MDGs and targets to provide an overall framework and vision for the Living Standards Strategy.

WAY FORWARD

- Create opportunities for employment growth and sources of income;
- Improvement of quality and equality in the access to basic social services;
- Improvement of the social protection system targeted to the most vulnerable layers of population;
- Ensure equal access to the continuous supply of quality potable water and gas, and improvement of social infrastructure;
- Improvement of environmental protection, preservation, rational use and restoration of natural resources;
- Provision of fair and equal access to resources, industrial assets, financial and credit resources;
- Achievement of gender equality and full participation of women in social and economic processes.

Source: Interim Welfare Improvement Strategy.



**Improving the
Quality of Education
in Primary and
Secondary Schools**

National Target 2: Improve by 2015 the Quality of Primary and Basic Secondary Education while Maintaining Universal Access

Universal access to secondary education in Uzbekistan was already achieved by 1990, the baseline year for global MDGs. The right to free, equal and obligatory basic education is guaranteed by the Constitution.

Target 2: Improve by 2015 the Quality of Primary and Basic Secondary Education while Maintaining Universal Access

Can Uzbekistan meet the target?

Probably; Potentially; Unlikely; No Data

Uzbekistan became a party to the Convention on the Rights of the Child in 1992 and the International Covenant on Economic, Social and Cultural Rights in 1995. Hence, the country is committed to ensure the rights stipulated in the conventions are respected and protected – especially the right to education.

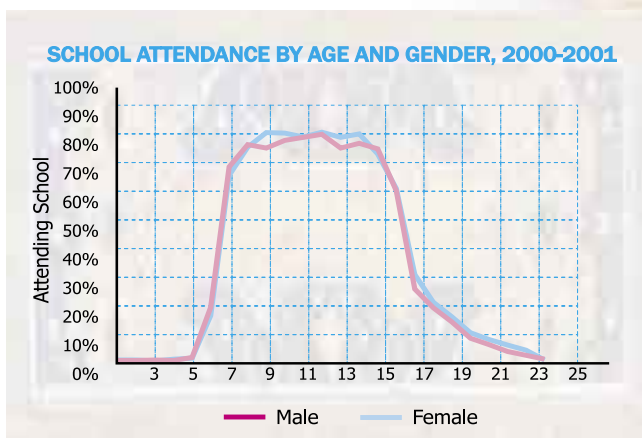
Uzbekistan has achieved almost complete literacy in its citizens. Due to the emphasis on socio-economic reforms since independence, the literacy level of the population increased from 97.7% in 1991 to 99.3% in 2003. The share of the adult population with specialized secondary, vocational, or higher education exceeds 75%. On the levels of primary and secondary education, there is virtually no difference between the number of girls and boys (90.0% of boys to 90.5% of girls)⁵. According to the Social Monitoring Report, basic education enrollment was 97.5% in 2002.⁶

However, similar to all social sectors, education was affected by the difficulties of the early transition years.

School Attendance and Gender Balance

Unfortunately, high enrollment rates do not always translate into continuous school attendance. There is some evidence of non-attendance by children who are officially enrolled in schools. Recent data suggests that the proportion of the 7-11 age group who actually attend school is 74% for boys and 73% for girls.⁷

Regional disparities also have their role in school attendance rates at all levels of education. According to the Family Budget Survey, school attendance is lower in northern and southern viloyats. The table



Source: Living Standards Assessment, World Bank, 2003.

⁵ Interim Welfare Improvement Strategy Paper 2005-2010, Government of Uzbekistan, 2005.

⁶ Social Monitoring Report, Innocenti Research Center, UNICEF 2004.

⁷ Common Country Assessment, UN 2003.

below reflects the attendance for both primary and secondary levels of compulsory education.

School Attendance Rates for the 8-14 age Group by Viloyats

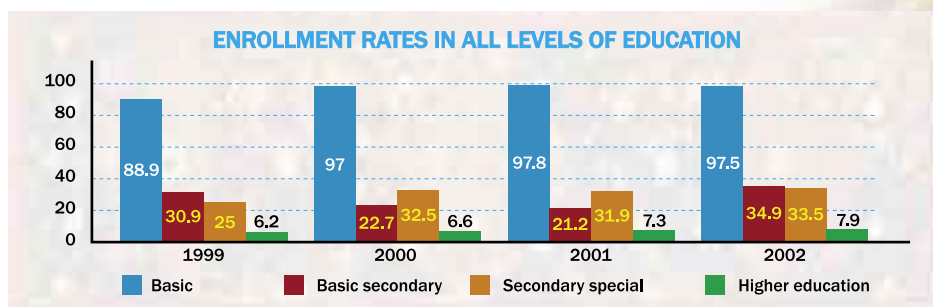
Viloyats	% attending schools Survey data 2000-2001		
	Male	Female	Total
Rep. of Karakalpakstan	61.3	58.8	60.1
Andijan	81.1	79.1	80.2
Bukhara	94.3	94.7	94.5
Djizak	88.4	88.6	88.5
Kashkadarya	37.3	31.5	34.3
Navoi	93.3	87.9	90.6
Namangan	90.1	86.7	88.3
Samarkand	93.4	92.3	92.9
Surkhandarya	48.1	48.0	48.0
Syrdarya	90.6	86.3	88.5
Tashkent Region	88.0	87.4	87.7
Ferghana	91.1	87.3	89.2
Khorezm	92.6	93.0	92.8
Tashkent City	96.6	95.8	96.2
National	80.3	78.1	79.2

Source: Household Budget Survey 2000-2001, weighted results.

According to official statistics, female to male ratios in attendance among 8-14 year olds are over 90% in all regions. At the same time, Household Budget Survey suggests that attendance rate of the same age group constitutes 79.2% and that there are no significant differences between male and female attendance in primary, as well as secondary levels of education. Therefore, more attention needs to be paid to ensuring gender balance in higher levels of education. This would play a significant role in empowering women's role in society and strengthening their participation in social and economic spheres of life. A tendency of early marriages persists, especially in rural areas, which could severely limit girls' continuing education and future career opportunities.

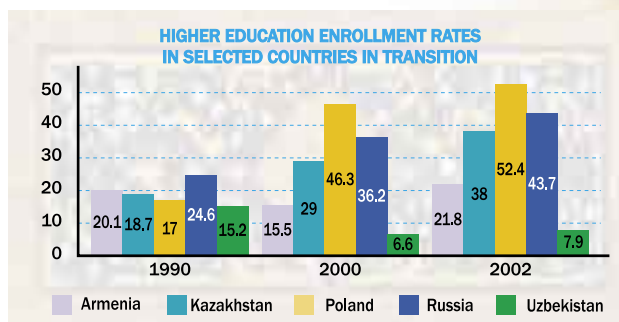
What Comes Next After Primary Level?

Despite the many challenges that are confronting the education system, it is important to note that nearly all primary school students move to the 5th grade of basic secondary level, according to official statistics. Although the decline in the quality of education, high costs to families and geographical discrepancies of quality schooling unfavorably impact the literacy levels and the future labor market, education is still considered to be a vital option to escape falling into poverty. Both parents and students realize that future career opportunities are limited for the uneducated and poorly educated, and seize education as a lifetime opportunity.



Source: Social Monitoring Report, UNICEF 2004.

The numbers are somewhat discouraging in the higher education level. Enrollment rates have steadily dropped: from 14.8% in 1991 to 7.9% in 2002.⁸ This trend presents a striking contrast with other transition economies where higher education enrollments have risen.



Source: Social Monitoring Report, UNICEF 2004.

Children with Special Needs

Although the universal access to primary education has been achieved, it remains problematic for children with special needs.⁹ Many children with special needs do not attend schools and there is a serious concern about their future wellbeing. In order to make sure that they are not left out of the schooling system, a special program "Inclusive Education" was developed in 2001 under the Ministry of Public Education, supported by UNICEF and UNESCO.¹⁰ Commissions were set up to help identify whether a child is able to attend a regular school or needs to be redirected to special boarding schools or sanatoriums. Currently, there are 40,000 children with special needs who receive state-supported education.¹¹

It is important to raise awareness of teachers and parents to the existence of Inclusive Education system to help children progress and get them into schools.

Main Challenges

One of the important factors that undermine the quality of education in Uzbekistan is the absence of a coherent mechanism to measure education quality. During 2003-2004, a study was conducted among several basic schools to assess the needs of school children and identify main factors that affect the decreasing quality of education¹². The study revealed the main causes to be:

- lack of textbooks;
- high cost of textbooks;
- poor school facilities;
- low teacher salaries;

⁸ Social Monitoring Report, Innocenti Research Center, UNICEF 2004.

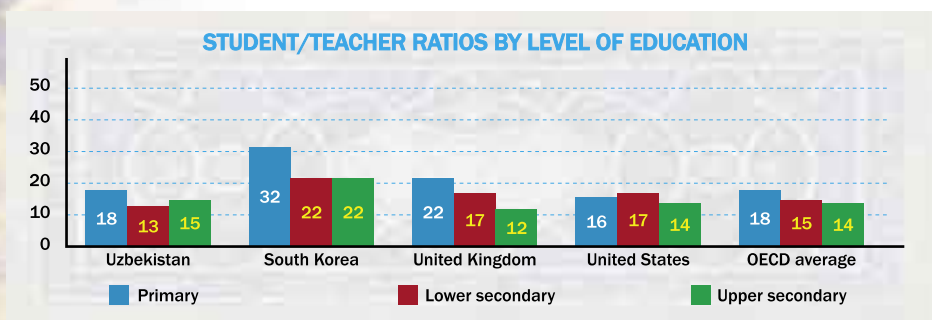
⁹ Children with signs of physical or mental disabilities.

¹⁰ A special system that helps disabled children to study at regular schools.

¹¹ Ministry of Public Education.

¹² USAID funded PEAKS Project. Report on Community Based Education Management Information Systems. Tashkent 2004.

- lack of qualified teachers; and
- financial shortages in households.



Source: OECD data from Education at a Glance, 2001.

In addition, most of the attention within the education reform during the last decade was focused on the development and construction of new types of vocational and professional colleges and lyceums. That has drawn considerable resources away from basic school. It is recorded that the Government spends more than five times as much (expressed as a share of GDP) for each student in specialized secondary education and almost three times as much as the OECD average for higher education. On the other hand, the spending for general education per student is one third less than the OECD average share of GDP, and less than half per each student in grades 1-4.

This unfavorable situation with basic education is now being addressed under the Government's new Basic Education Program for 2004-2009.

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What is Being Done to Address the Challenges?

In 1997, Uzbekistan started to implement major education reform. The Government is committed to raising the quality of education, as the Interim Welfare Improvement Strategy indicates.

DID YOU KNOW?

- Over 140 million children in developing countries – 13% of those aged 7-18 years – have never attended school;
- In sub-Saharan Africa 32% of girls and 27% of boys miss out on schooling;
- 33% of children in rural areas in the Middle East and North Africa do not attend schools;
- Worldwide, 16% of girls and 10% of boys miss out on school completely.

In 1997, the Government launched the National Program for Personnel Training which aims to extend compulsory education from nine to twelve years by 2009. The new National Program for School Education Development¹³ targets:

- strengthening and development of the infrastructure of basic education schools;
- furnishing schools with up-to-date teaching and laboratory equipment, computers, textbooks and teaching materials;
- improvement of teaching methodology and curriculum; and
- improvement of the qualifications of teaching staff, development of training and re-training systems, and improvement of teachers motivation system.

¹³ National Program for School Education Development (2004-2009) was adopted by President's decree in May 2004.

The program includes school rehabilitation and construction, provision of educational materials and equipment (including ICT), and training of teachers. Accompanying the major investments under the program are significant salary increases for teachers.¹⁴ Under the program, total education expenditures are expected to rise to 11% of GDP.

The Government has also initiated a number of pro-poor policies in the education sector. From 2002 Government programs are aimed to provide free textbooks to all students from low-income families.¹⁵ Orphans and children left with no guardianship are on full Government support. Since 1997, a set of winter clothing is also being provided to children from low-income families.¹⁶

Uzbekistan invests heavily in the education system, a tribute to the Government's emphasis on quality human resources for the future. Although, there is a small decline in expenditures, the rates are still higher than those in other transition states and above the OECD average of 5.1%.

In 2000 Uzbekistan signed the Dakar Framework for Action and in 2003 developed the National Action Plan for Education for All (NAP-EFA). The NAP-EFA supports the basic principle of inclusion and the integration of children with special needs into the general education system. In March 2005 MOPE Department for Special Education has submitted a draft Resolution to the Government aiming to provide formal policy framework and a strategy for enhancing education quality and conditions for children with special needs.

International and bilateral donors pay great attention and provide support to the development of the education sector. ADB, UNESCO, and UNICEF focus on improving the quality of education through building more child-centered schools.

WAY FORWARD

- Improving effectiveness and quality of the learning process and teaching methodologies;
- Provision with quality teaching staff, especially in rural areas and provision of appropriate incentives for teachers;
- Developing an effective system of quality control of staff training;
- Strengthening and development of school infrastructure;
- Provision of modern learning and laboratory equipment, textbooks and teaching materials, technical equipment (ICT), and sports equipment;
- Developing data collection on the quality of education, non-attendance and school drop-outs.

Source: Government programs and Interim Welfare Improvement Strategy.

¹⁴ Public Expenditure Review, World Bank, 2005.

¹⁵ Cabinet of Ministers Decree # 33, "On measures of targeted support to socially vulnerable layers of population for 2003-2004".

¹⁶ Cabinet of Ministers Decree # 409, "On additional measures to improve material conditions of teachers and students", 2002.



Promoting Gender Equality and Empowering Women

National Target 3: Achieve Gender Equality in Primary, Basic Secondary and Vocational Education by 2005

National Target 4: Improve Gender Balance in Higher Education by 2015

What is Gender?

Gender is not about women, it is about the relationship between men and women and the authority of one over another. The concept of gender is used to differentiate the socially constructed roles that are ascribed by society to men and women. More importantly, it helps us identify how differently men and women benefit from social and economic development. Gender examines how cultural, social and economic differences affect the roles of men and women in the family, the work place and in society at large.

Target 3: Achieve Gender Equality in Primary, Basic Secondary and Vocational Education by 2005.

ACHIEVED

Target 4: Improve Gender Balance in Higher Education by 2015.

Can Uzbekistan meet the target?

Probably; Potentially; Unlikely; No Data

Overview of the Situation in Uzbekistan

Women make up more than half of the population (50.1% in 2004) and 52% of the female population is of childbearing age (15 and 49). Nearly 65% of women over the age of 16 are married and only 10% of women over 50 have never been married. The average age for women to marry is around 20, with 60% of women marrying between the ages of 20 and 24. About 32% of babies are born to women between the ages of 20 and 24.

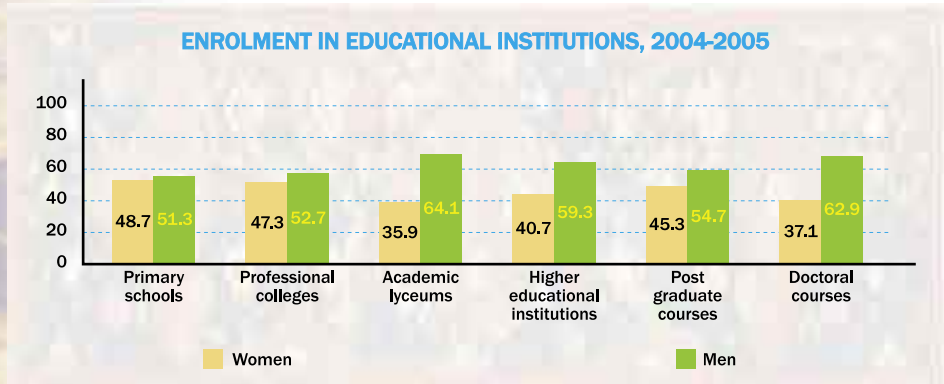
As with many CIS countries, the women of Uzbekistan saw their role in society decline during the past decade as traditional stereotypes made a comeback. The customary view is that men are superior to women in society, and as such must be the main household caregiver and economic provider. These beliefs often restrict women's access to better-paid and managerial jobs, and also threaten parents' investment in the education of girls.

Even though the number of activist women leading NGOs and small businesses is increasing, there is the more general trend that emphasizes women's role in the family to the exclusion of public and professional roles. That situation applies especially in rural areas, where men are accorded the sole role of the bread winner and public face of the household, whereas women are confined to the house, taking care of household chores and raising children. To tackle this situation, the Government initiated a number of programs to promote the role of women in all spheres of life.

Gender and Education

Gender equality in education is guaranteed by the Constitution. The national Law on Education adopted in 1997 envisages equal rights for men and women to choose a profession and to be educated in all educational establishments.

Primary and secondary schooling in Uzbekistan has been compulsory and well implemented - as such, there are no gender disparities to speak of. However, differences are noticed at higher levels of education. For the 2004/2005 academic year, the ratio of boys to girls was relatively equal with 51% for boys and 49% for girls. In the level of senior specialized education that includes academic lyceums, some discrepancies appear, with 64% of boys to 36% of girls. In vocational colleges the ratio of boys to girls is 53% to 47%.¹⁷



Source: Gender Equality in Uzbekistan: Facts and Figures 2000-2004. Statistical bulletin, 2005.

More men are enrolled in higher education, than women. The major cause of that is the lower employment opportunities for women with higher education and the high cost of education in the household budget, forcing a choice in favor of men, who will become bread winners of their future families. Also, girls traditionally marry in their late teens or early twenties, which removes them from the higher education scene.

From official statistics it is evident that there is a need for improvement of gender balance in higher levels of education, including academic lyceums and higher educational institutions. This is more and more characterized by difficulties and limitations of future career opportunities for women in the labor market.

Continuing education in higher and vocational levels, as well as increased participation in economic activities will be important to reduce gender stereotyping in the Uzbek society and not restricting women to the home. The Government recognizes this and pays special attention to girls' education through a number of programs and the National Action Plan.

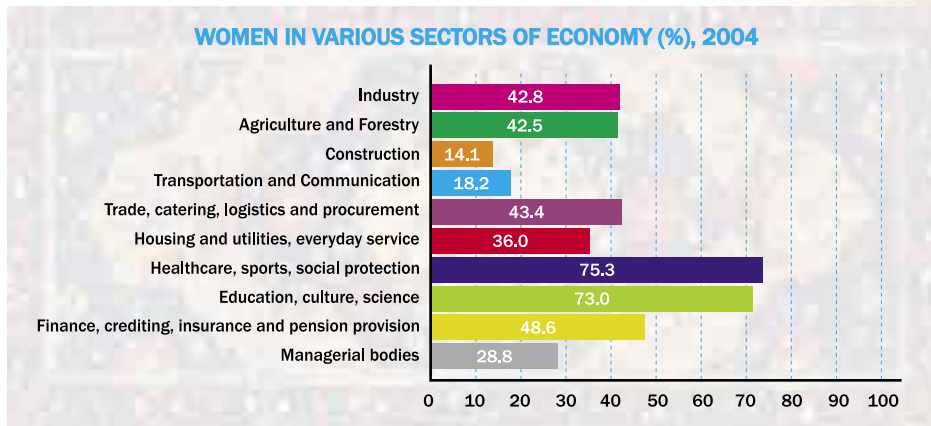
Women in Wage Employment

Similar to many developing and developed countries, women are less represented in the formal economy than men. The unemployment rate is higher for women – they represent 61.5% of the unemployed. Moreover, women are more likely to be found in the sectors where salaries tend to be lower. In Uzbekistan, women represent about 75% of the work force in health care, education, culture, fine arts science and scientific services.¹⁸ Wages in the education

¹⁷ Gender Equality in Uzbekistan: Facts and Figures 2000-2004. Statistical bulletin, 2005.

¹⁸ Ibid.

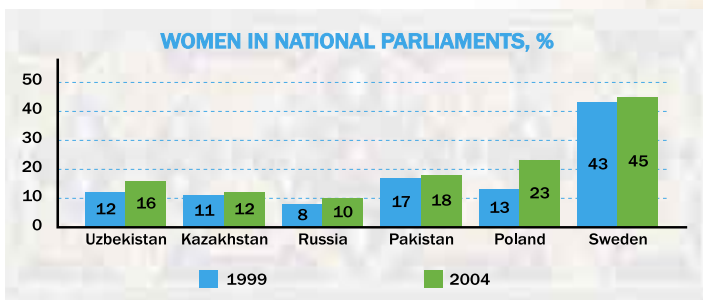
and health sectors are relatively low.¹⁹ Approximately 82% of jobs in transport and communications sector and over 87% in construction are occupied by men, with comparatively high wages. Employment of women in the industry, communications, and trade sectors is decreasing, while it is growing in the informal sector of the economy.



Source: Gender Equality in Uzbekistan: Facts and Figures, 2005.

Women in Political Decision-Making

With the recent laws aimed at promoting women's political participation and decision-making, the number of women parliamentarians has significantly improved. According to the newly



Source: Women in National Parliaments, 2005.
<http://www.jpu.org/wmn-e/world.htm>

introduced quota system, political parties have to nominate at least 30% of women in the total number of candidates to the legislative and representative authorities. Currently, there are 21 women (18%) in the Legislative Chamber and 15 women (15%) in the Senate. Executive bodies comprise 3.4% and judicial authorities comprise 22.7% of female representation.

The Women's Committee is the main institution responsible for the formulation and implementation of Government policies relating to women's issues in the country. The Head of the Women's Committee also acts as a Deputy Prime Minister.²⁰ To ensure the balance of female decision-making power throughout the country, representatives of the Women's Committee in viloyats also act as Deputy Khokims and are responsible for promoting women's interests and their capacities at local levels.

²⁰ President's Decree "On Measures to Enhance Women's Role in State Building of the Republic of Uzbekistan", 1995.
¹⁹ Uzbekistan Economy, Statistical and Analytical Review 2004. Center for Effective Economic Policy, Uzbekistan.

DID YOU KNOW?

- Although women represent half of the population that vote in the elections, only about 10% of places in the world parliaments are occupied by women and about the same percentage is in the national parliaments;
- Women work 67% of the world's working hours, and produce 50% of the world's food, yet they earn only 10% of the world's income and own less than 1% of the world's property;
- Girls account for approximately 67% of all children denied primary education, and 75% of the world's 876 million illiterate adults are women;
- Women comprise 70% of 1.3 billion people, living in extreme poverty.

Gender-Related Human Development Indices for Uzbekistan

	2000	2003
Gender-related development index (GDI) rank	76 ⁽²⁰⁰³⁾	86 ⁽²⁰⁰⁵⁾
Gender-related development index (GDI) value	0.725	0.692
Life expectancy at birth, female (years)	71.9	69.8
Life expectancy at birth, male (years)	66.0	63.4
Adult literacy rate, female (% ages 15 and above)	98.8	98.9
Adult literacy rate, male (% ages 15 and above)	99.6	99.6
Combined gross enrolment ratio for primary, secondary and tertiary level schools, female (%)	74 ⁽¹⁹⁹⁹⁾	74
Combined gross enrolment ratio for primary, secondary and tertiary level schools, male (%)	79 ⁽¹⁹⁹⁹⁾	77
Estimated earned income, female (PPP US\$)	1,931	1,385
Estimated earned income, male (PPP US\$)	2,958	2,099

Source: Human Development Reports for 2003 and 2005.

* The GDI (Gender-related Development Index) measures the same variables as the HDI except that the GDI adjusts for gender inequalities in the three aspects of human development.

What is Being Done to Promote Gender Equality?

The Government has adopted a number of laws and national programs, including the National Platform of Action (1998-2005) that outlines the strategy and priority areas for improving the status of women in Uzbekistan. The National Program was recently developed based on the President's decree on "Additional measures to support the Women's committee of Uzbekistan". It focuses on improving women's economic situation by increasing employment of women and promoting their entrepreneurial activities. It also envisages measures to increase women's political and social participation.

WAY FORWARD

- Implementation of programs to increase employment of women, particularly in rural areas, and to promote their involvement in business activities;
- Implementation of the national policy that provides social and legal support to women in maternal and child care;
- Effective coordination of activities and interaction with women NGOs;
- Promoting public, political, and social activities of women.

Source: Government Programs.

The UN CEDAW Committee has prepared recommendations to Uzbekistan's CEDAW implementation report. As a follow-up, the Government adopted the National Action Plan and established a national working group to coordinate and monitor its implementation. The Government has supported a number of activities to raise women's awareness of their rights and to improve their status in society.

Donors and international development organizations have been providing substantial support to the efforts of the Government and civil society in Uzbekistan to improve the status of women. The UN Theme Group on Gender and Gender Equality Coordination Group (GECU) comprised of gender experts from UNDP, ADB, WB, OSCE, USAID, Winrock International, IREX, Embassy of Switzerland and others, are working to support the work on gender mainstreaming and to address the gender issues in the country.

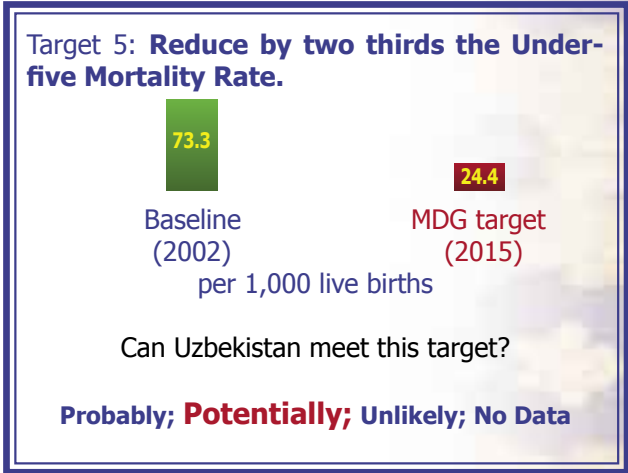


Reducing Child Mortality

National Target 5: Reduce by two thirds the Under-five Mortality Rate.

Uzbekistan, like other Central Asian countries, has maintained the former Soviet definition of live birth, which is considerably looser than the WHO recommended global definition.

Since child mortality is calculated as a percentage of live births, it is conceivable that child mortality rates in Uzbekistan would have been significantly higher if the international definition were used.²¹



Uzbekistan has started preparing for the adoption of the WHO recommended live birth definition. A number of policy documents have been prepared to support implementation of pilot projects at the viloyat level.

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Under-five mortality

The under- 5 mortality rate (U5MR) measures the probability of dying between birth and age 5 as the annual number of deaths of children under age 5 per 1,000 live births.

Infant Mortality

The Infant Mortality Rate (IMR) measures the probability of dying between birth and age 1 in a given period of time per 1,000 live births.

These are important indicators of the general status of health, economic and social wellbeing of a population.

Major Trends and Causes

The State of the World's Children Report puts Uzbekistan at 62nd place in the global ranking of under-five mortality figures. According to Uzbekistan Health Examination Survey (UHES) 2002, the average under-five mortality rate for the period of 1998-2002 was 73.3 per 1,000 live births. Acute respiratory infections and diarrheal diseases continue to be main causes of under-five mortality.

The Government of Uzbekistan reports a steady decline in the infant mortality rates over the last decade from 26 per 1,000 live births in 1995 to 15.2 in 2004. However, the data from the 2002 Uzbekistan Health Examination survey does

²¹ WHO definition of live birth: *The complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which, after such separation, breathes or shows any other evidence of life, such as beating of heart, pulsation of the umbilical cord, or definite movement of voluntary muscles, whether or not the umbilical cord has been cut or the placenta is attached.*

not support official figures. According to this survey, the average IMR for the period of 1998-2002 was 62 per 1,000 live births. In Uzbekistan, male children experience higher mortality than female children. Nationally, the level of infant mortality is 67 per 1,000 for males and 59 per 1,000 for females. The difference in IMR reported by different sources is due largely to variations in the definition of "live birth" and underreporting. As was stated above, official Government estimates of infant mortality use protocols adopted during the Soviet era.

Live Birth Definition in the Country

At the present time the live birth definition used in Uzbekistan is based on the former Soviet criteria. According to that definition, a pregnancy that terminates at less than 28 weeks of gestation (i.e., weighing less than 1,000 grams or measuring less than 35 centimetres) is considered premature and is classified as a late miscarriage even if signs of life are present at the time of delivery. Only if a premature birth survives for seven days the child is classified as a live birth, if not it is classified as a late miscarriage. Thus some events classified as late miscarriages would be classified as live births and infant deaths according to the international criteria.

Infant and Under-five Mortality Rates (per 1,000 live births)

		IMR		U5MR	
		Survey	Official	Survey	Official
UHES	1998-2002	62	19.1	73.3	26.4
MICS	1996-2000	52	27.2	69.0	32.6
UDHS	1992-1997	64.1	35.5	76.6	43.0

Source: Uzbekistan Health Examination Survey, 2002.

The IMR and under-5 mortality rates (U5MR) in rural areas are almost twice that in urban areas. It is especially so for regions with high poverty rates.²² This is largely characterized by the lack of appropriate health care facilities in rural and remote areas and low living standards. While looking at the official data, one has to be careful in making assumptions, since cases of under-registration may hide the real picture, especially in rural areas.

Prenatal²³ and neonatal²⁴ services are major determinants of both maternal and newborn health. Newborn mortality in Uzbekistan is far more highly correlated with obstetrical management, neonatal resuscitation practices and newborn care. At present, more than 95% of time births occur in hospital maternity units and birth attendance rate exceeds 98%. Such a large proportion of relatively preventable causes of death, especially of asphyxia and infections, could be explained by very poor skills and knowledge of medical staff in neonatal resuscitation, as well as in essential newborn care. Often resources are available; however, inefficient use of existing resources is as important as the well documented lack of supplies or modern medical equipment and facilities.

²² Public Expenditure Review, World Bank, 2005.

²³ Prenatal defines the period occurring around the time of birth (5 months before and 1 month after).

²⁴ Neonatal defines the period of up to 1 year.

Infant Mortality Rates by Viloyats (deaths per 1000 live births)

Viloyats	1991	2000	2001	2002	2003	2004
Rep. of Karakalpakstan	51.2	20.5	22.3	19.9	18.3	17.9
Andijan	30.1	15.2	15.1	13.6	13.8	13.7
Bukhara	29.1	19.0	18.0	15.1	14.9	13.9
Djizak	37.4	16.2	17.0	13.9	13.9	11.8
Kashkadarya	35.5	19.0	18.8	17.2	14.7	14.0
Navoi	31.2	18.4	17.4	14.1	15.7	12.4
Namangan	37.4	18.8	17.9	16.8	15.8	13.8
Samarkand	33.3	16.0	15.9	15.1	13.7	12.0
Surkhandarya	41.2	20.7	18.5	15.8	14.7	11.7
Sirdarya	48.3	20.4	19.7	18.0	17.9	18.0
Tashkent	29.4	19.6	17.1	16.8	15.2	15.3
Ferghana	36.5	19.3	19.9	18.2	20.0	19.6
Khorezm	38.9	24.6	19.9	19.3	18.9	16.9
Tashkent city	25.1	19.5	20.8	20.9	25.0	22.3
National	34.6	20.2	18.9	16.7	16.4	15.2

Source: State Committee for Statistics, 2005.

Since 1998 there has been a steady decline in the number of acute respiratory infections, pneumonia, and influenza in children under 5 years from 399 in 1998 to 239 in 2002 per 100,000.²⁵ However, in recent years there are notable outbreaks of some preventable diseases, such as tuberculosis, diphtheria, and viral hepatitis.

The vaccination coverage has improved significantly against poliomyelitis, tuberculosis, measles, diphtheria, pertussis, and tetanus. Incidence of these diseases is relatively lower than in neighboring republics. There has not been a single case of poliomyelitis since 1996. In 2002 Uzbekistan was certified as a polio-free zone.

Uzbekistan has been successful in maintaining nationwide Vitamin A supplementation. 2.2 million children under 5 receive Vitamin A capsules twice a year since 2003. More than 4 million women at the fertile age and children under 2 in seven viloyats are covered by iron and folic acid supplementation since 1999.

Immunization rates for children under 5

Year	DPT3	Polio	Measles	Hepatitis	TB
1996	95.7	96.6	87	...	98
2004	98.9	99*	98.5	99.3	98.8

Source: Trans MONEE Database, UNICEF official statistics in Uzbekistan. *According to 2003 data.

Main Challenges

Transition to the WHO criteria of live and stillbirth definition in Uzbekistan would allow for improved registration of births and deaths of newborns as a whole and in particular of low birth-weight newborns, thus encouraging more reliable statistical data. These, in turn would empower health care professionals to find more effective methods and clinical protocols to save the lives of newborns with low weight at birth, who are unlikely to survive if former approaches were to be used. Moreover, the healthcare policy makers would be able to obtain sensitive indicators in order to develop more effective programs on prevention of perinatal and infant mortality, as well as care for pregnant women.

²⁵ WHO Health for All Database, 2004.

DID YOU KNOW?

- Globally infant and under-5 mortality rates fell by more than 50% between 1960 and 1990;
- In developing countries on average, more than 100 children die before age 5, for every 1,000 born;
- It is estimated that malnutrition is an underlying cause of death in 49% of under-five child deaths in countries with low income;
- Worldwide, there has been a dramatic decrease from 25 million to 12.4 million in the number of under-fives dying each year. But this toll still amounts to more than 33,000 child deaths every day in developing countries - mainly from easily preventable diseases.

Infant and child health are under threat from chronic malnutrition reflecting mother's health status, micronutrient intake and absorption and child feeding habits. One form of malnutrition is being underweight as a result of insufficient food intake (in both quality and quantity) and disease. There is a cyclic relationship between malnutrition and disease: malnutrition increases the severity and incidence of illness and disease increases nutritional requirements, exacerbating the prevalence of malnutrition. In Uzbekistan, the percentage of children who are moderate or severe underweight is only 8%.²⁶ This is especially the case for rural areas and for viloyats with high poverty rates.

In the Republic of Karakalpakstan, one of the poorest regions of the country, environmental degradation makes the situation even worse. In many cases environmental pollution affects women to a greater extent than men, which has negative implications on the reproductive health of women. Water resources, food contamination, and sanitation remain to be acute problems in environmentally hazardous areas.

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The outbreak of some preventable diseases poses another dilemma that requires urgent and concerted actions from the Government. The incidence of tuberculosis has been increasing nationwide. It is important to maintain high vaccination coverage against diphtheria, pertussis, tetanus (DPT), HepB, OPV and measles, and prevent hepatitis B.

Lack of skills in management of mother and child health services in places and delays in providing good care and inappropriate clinical management strategies will not be remedied by additional equipment and supplies alone. Therefore, it is a top priority to improve management skills of health managers in planning and programming analysis; to organize training activities; to develop a monitoring plan to evaluate, mobilize and direct resources to target areas.

Developing and implementing the National Training Program for medical professionals on neonatal resuscitation and essential newborn care could dramatically improve the health of newborns and decrease neonatal and infant mortality.

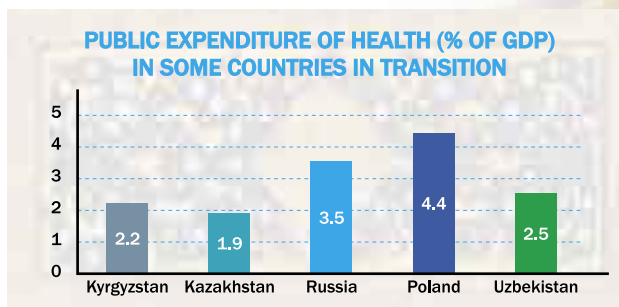
What is Being Done to Reduce Child Mortality?

To achieve large scale success the Government of Uzbekistan and international donor community combined their resources through innovative partnerships to work effectively toward common purposes.

In recent years success has been recorded in the strengthening of child health and nutrition services. Medical professors and local experts are ready to support

²⁶ Uzbekistan Health Examination Survey, 2002.

the change of current practices on neonatal resuscitation and newborn care. Rooming-in²⁷ was practiced nationwide covering 56 maternities and 182 maternity departments at rayon hospitals. Clean delivery practice has been introduced in all maternities.



Source: Human Development Report, UNDP 2005.

Major reforms in the health system, aimed at opening the system to wider private sector involvement while providing a package of free medical care, were initiated in 1998, outlining a number of benefits for specific and new changes in the system. In addition, the reforms intend to improve maternal and child health through strengthening the system for emergency obstetric care and newborn care. It aims to restructure provision of reproductive health care services at the primary health care. National policy and program was adopted to promote exclusive breastfeeding and contributes to reduction of infant mortality and child morbidity.

Government pays special attention to developing the primary health care facilities and services targeting women and children. This is proved by continuous reforms to support women and child health through realization of a number of programs that are implemented under the framework of a year of "Healthy Generation" (2000) and a year of "Health" (2005).

International donor organizations, including UN agencies, WB, ADB, USAID, JICA, MSF and other donors are active contributors and supporters of health reforms in the country.

WAY FORWARD

- Capacity building in provision of high-quality health services at the primary level;
- Implementation of measures on disease prevention and immunization coverage;
- Expansion of primary health care reform to all viloyats of the country;
- Equipment of primary health care facilities;
- Improvement of health care services quality provided to women in child-bearing age and children;
- Increase the amount of funding allocated to the health sector, and effective spending of available resources;
- Improve the system of data collection on maternal and child health;
- Improvement in the sphere of neonatal care through training of medical workers in better care of newborns, neonatal resuscitation, care of babies with deficiency of weight, and promotion of breast feeding;
- Expand the introduction of WHO live birth definition;
- Provide legislative support to the program on elimination of iodine deficiency;
- Improve outreach activities in families and local communities directed at health protection and development of children;
- Develop response programs and measures on the basis of improved data collection.

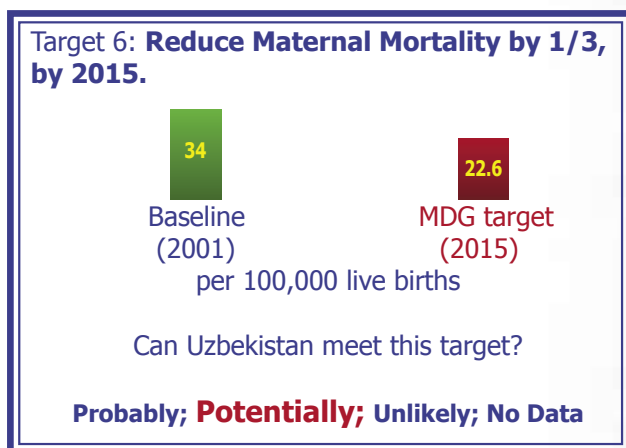
Source: Government programs and Interim Welfare Improvement Strategy

²⁷ Rooming-in – when a newborn stays in the same room as the mother in a hospital after birth.



Improving Maternal Health

National target 6: Reduce Maternal Mortality by one third, by 2015.



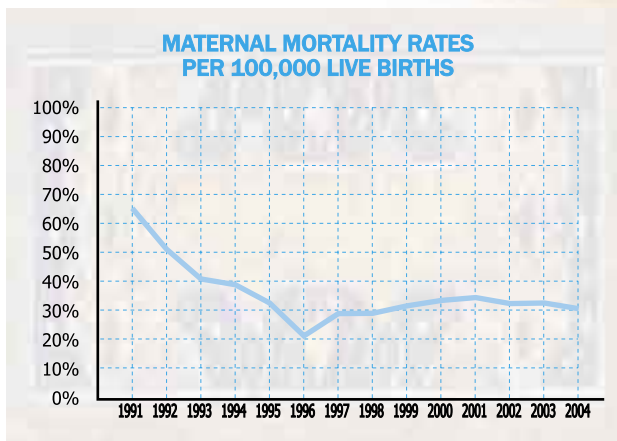
Maternal mortality is death of a woman while pregnant or within 42 days of termination of the pregnancy, irrespective of the duration and site of pregnancy, from any cause related to or aggravated by the pregnancy or its management but not from accidental or incidental causes.

Maternal Mortality Rate (MMR) is the most commonly used measure of maternal mortality, and it is defined as the number of maternal deaths per 100,000 live births per year.

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Until 1996, the official statistics were indicating a steady decrease in maternal mortality. MMR has decreased from 65.4 in 1990 to 20.7 in 1996. This trend was temporarily reversed between 1997 and 2001 when MMR increased to 34.1 in 2001. From 2002, this indicator started decreasing again and dropped to 30.2 in 2004.

MMR differs significantly between viloyats. However, there is no evident correlation between MMR and the socio-economic situation in the provinces. For instance, in 2004, the official statistics show MMR of 19.5 for Surkhandarya, which is among the poorest regions of the country, while in the capital city Tashkent it was 52.3. This is a surprising comparison, because services are more



Source: Ministry of Health, 2004.

accessible and of high quality in Tashkent, compared to the country average. Such discrepancy, in part, might be explained by the deficiency of the registration system and possible under-registration of cases in the rural provinces. Hence, one should be careful drawing undue conclusions from the statistics alone.

Maternal Mortality Rates by Viloyats (deaths per 100,000 live births)

	1996	1997	1998	1999	2000	2001	2002	2003	2004
Republic of Karakalpakstan	22.3	57.0	60.1	47.9	38.8	41.9	26.6	25.0	22.9
Andijan	25.0	15.2	17.7	21.1	20.2	20.5	17.3	23.2	25.7
Bukhara	18.0	34.4	33.4	21.2	49.0	54.4	37.3	18.0	23.4
Djizak	10.5	52.9	30.2	33.5	29.4	42.5	29.7	35.2	24.5
Kashkadarya	26.7	19.3	30.1	45.6	39.9	40.6	37.1	31.5	24.4
Navoi	21.4	51.4	76.3	58.3	91.6	91.5	51.5	71.9	55.8
Namangan	14.6	37.6	27.0	18.1	27.0	29.3	18.4	31.8	21.0
Samarkand	24.6	19.0	19.4	18.4	26.4	17.9	21.9	42.2	20.9
Surkhandarya	27.1	34.2	32.2	28.6	24.6	19.3	20.4	24.1	19.5
Sirdarya	30.5	37.6	26.4	27.5	21.0	35.7	26.4	14.5	21.0
Tashkent	18.3	26.7	20.9	31.4	27.5	44.2	59.8	52.7	43.6
Ferghana	8.6	19.7	19.6	24.9	22.5	25.3	25.8	28.4	31.6
Khorezm	14.7	14.4	16.1	21.1	24.9	36.2	32.3	27.1	54.5
Tashkent city	27.5	27.5	38.0	64.3	63.9	36.4	59.9	51.4	52.3
National	20.7	28.5	28.6	31.2	33.1	34.1	32.0	32.2	30.2

Source: Ministry of Health, 2005.

The Government is trying to maintain universal access to maternal health services. However, the quality of antenatal and emergency obstetric care is insufficient due to lack of resources. There is also a need to improve the technical and counseling skills of the health staff.

The Ministry of Health has an extensive system in place for inquiry into medical causes of maternal death. In the existing system the emphasis is put on finding the "guilty" medical personnel, while the primary cause of death is often neglected. There is limited involvement of families, communities and other related parties to investigate the primary causes of mortality. Recently, the Ministry of Health took the first steps in introducing confidential inquiries into maternal deaths using evidence based medicine. Implementation of this system would allow a thorough examination of all factors causing maternal death and other factors for reduction of maternal mortality.

Causes of Maternal Mortality, 2004

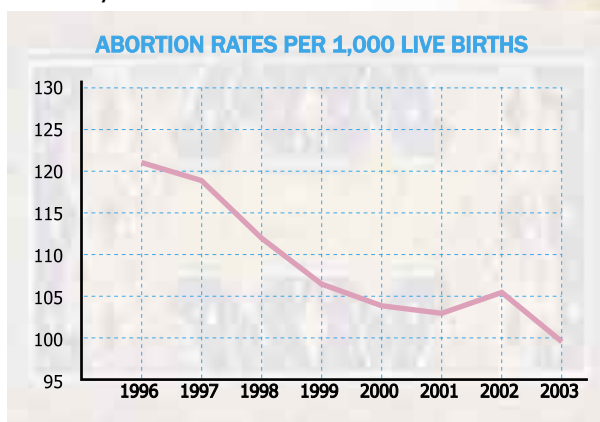
Hypertensive conditions associated with pregnancy	37%
Hemorrhage (loss of blood)	26%
Septic conditions (infections)	22%
Other causes	15%

Source: Ministry of Health, 2005.

Uzbekistan has made a significant progress in increasing contraceptive use since 1990. During the last 14 years, the proportion of married couples using contraception increased from 19% in 1990 to 67% in 2003. According to 2002 Uzbekistan Health Examination Survey, more than 67% of married women used contraception, with 62% of them choosing a modern contraceptive method, among which Intrauterine Devices remain the most popular: 82.5% of users of the modern methods use them.

Since independence, there is a steady decline in the rate of abortion in Uzbekistan.

From 1990 to mid-90s, official statistics reported a sharp decline in the General Abortion Ratio (GAR - the number of induced abortions per 1,000 live births). This indicator decreased from 309.6 in 1990 to 120.9 in 1996, and dropped to 99.4 by 2003. Data of the UHES corroborates the abortion statistics reported by the Ministry of Health.



Source: WHO Health for All Database, 2004.

Main Challenges

Until recently, there were no systematic studies on socio-economic factors affecting maternal mortality. At the same time, there are common factors such as under-nutrition and high prevalence of anemia, together with economic pressures that keep women doing hard physical work while pregnant. Also lack of financial means prevents many women from receiving adequate antenatal care and contributes to maternal mortality. It is not only the limited maternal health awareness of women but also the inadequate support provided by men that is responsible for the high MMR in Uzbekistan. There is also a need to expand access to comprehensive information on reproductive and sexual health for adolescents and youth.

Anemia remains among the most frequent ailments affecting women and severely influencing maternal health in Uzbekistan. The Ministry reported 74.4% of all pregnant women suffered anemia in 2004 with significant regional differences: the proportion of pregnant women with anemia ranged from 39.1% in Tashkent city to 99.3% in Karakalpakstan in 2004.

Again, one has to exercise care with the statistics. There is widespread concern that officially reported data might be not accurate enough mainly due to lack of reliable hemoglobin measurement instruments at the primary health care facilities. Moreover, analysis by geographical location may be hampered by the fact that practically all official data on anemia is obtained from facility level and might be not reflecting its actual level among the local population. Under-nutrition and dietary habits are traditionally quoted as a main cause for anemia. There is also an opinion shared by both local and international experts that extensive use of intrauterin devices and complications associated with their use might be also responsible for high rate of anemia among women of childbearing age.

DID YOU KNOW?

Every year

- 50 million women worldwide suffer from poor reproductive health and serious pregnancy-related illness and disability;
- 500,000 women worldwide die from complications arising from pregnancy and childbirth;
- 15 million women suffer injuries, infections and other complications related to pregnancy;
- Most deaths occur in Asia, but the risk of dying is highest in Africa;
- Unsafe abortions are estimated to account for more than 78,000 deaths a year, about 13% of all maternal deaths.

What is Being Done to Improve Maternal Health?

The Government of Uzbekistan is making serious efforts to maintain universal access to maternal health services and to improve maternal health in the country. Examples of those are the Health Sector Reform Program and 2005 Year of Health Program.

The Health Sector Reform Program for 1999-2005 has targeted maternal health through strengthening the system for emergency obstetric care and restructuring reproductive health care services at the primary health level.

The 2005 Year of Health program has focused on infrastructure of maternal health care, skills of health care providers and awareness of population on maternal health issues.

The donor community is actively involved in supporting the Government's efforts. The UN, ADB, WB, and USAID are among key players in the area of maternal health.

WB's Health II project is being implemented simultaneously with ADB's Woman and Child Health Development Project, which were launched in April 2005. The projects aim to improve primary health care quality in six provinces and provide essential equipment for maternity services, train health care providers and increase the quality of services.

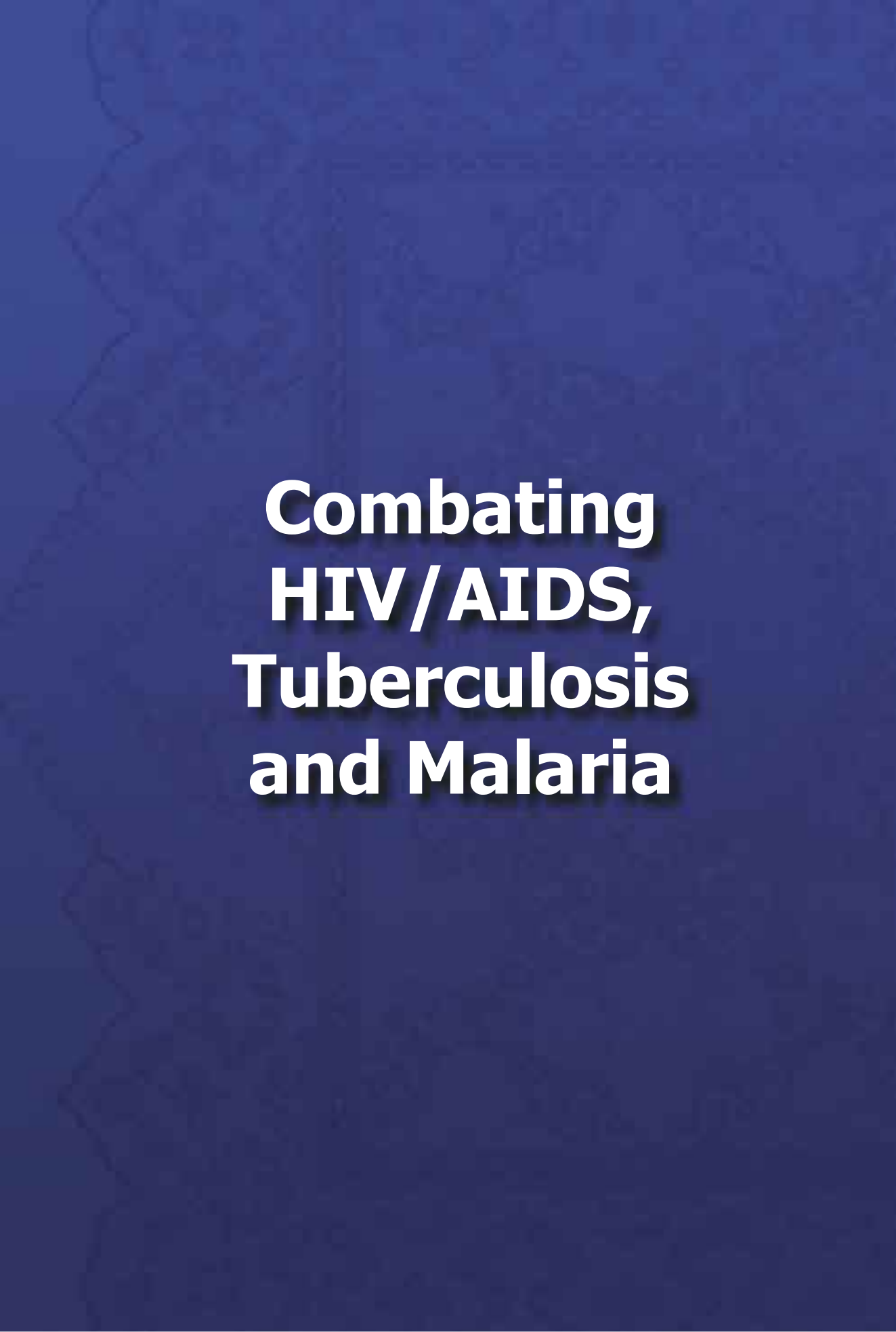
Since 2003, USAID has funded the Healthy Family project, addressing improvement of maternal health through upgrading of national policies, increasing quality of care and raising the population's awareness.

UNFPA and UNICEF are focused on improving maternal health in the country. They support the revision of national clinical protocols on maternal health, training for health care providers and provision of essential medical equipment. UNFPA and Kreditanstalt für Wiederaufbau bank have been major suppliers of contraceptives.

WAY FORWARD

- Conduct a campaign that increase awareness of the population about essential maternal health issues;
- Improvement of maternal health infrastructure, upgrading national maternal health policies as well as increasing health providers' skills;
- Increase of Government investment and efforts in strengthening emergency obstetric care, especially at the rayon level;
- Upgrade national clinical protocols on maternal health and implement them consistently;
- Conduct a public awareness campaign to improve men's knowledge of reproductive health issues;
- Strengthened capacity of the Ministry's health statistics system to collect, process and analyze maternal health data; and
- Government's policy planning and resource allocation mechanism should be systematically based on health and demographic statistics.

Source: Government Programs and Interim Welfare Improvement Strategy.



**Combating
HIV/AIDS,
Tuberculosis
and Malaria**

National Target 7: Have Halted by 2015 and Begun to Reverse the Spread of HIV/AIDS

HIV/AIDS - is a complex and fatal disease that arises from the destroyed immune system of the body. It can be slowed down by a medicine called antiretroviral therapy, but it cannot be cured. The medicine is still too expensive for the majority of affected people. As a result, the majority of those affected by AIDS die.

Scale of the HIV/AIDS Prevalence

Uzbekistan faces the threat of HIV/AIDS, which has emerged in late 20th century as a global menace to health, socio-economic development and security. The accumulative number of registered HIV/AIDS cases in Uzbekistan is the highest recorded in Central Asia. 2,198 new HIV cases were officially registered in 2005, thus

bringing the total accumulated number to 7,810 registered HIV/AIDS cases.²⁹ In 2005 the greatest number of HIV cases was noted in Tashkent city and in Tashkent province outside the city.

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

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Baseline
(2000)

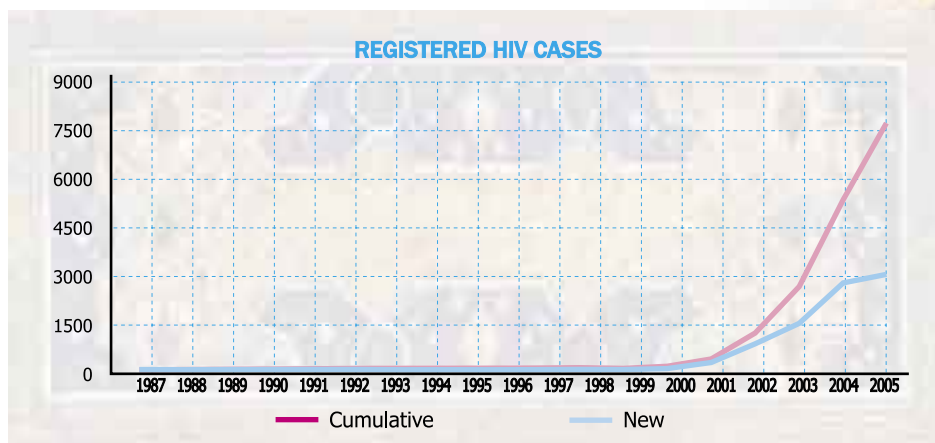
7810

Last data
(2005)

Can Uzbekistan meet this target?

Probably; Potentially; Unlikely; No Data

45



Source: The Republican AIDS Center in Uzbekistan, 2006.

The first incidence of HIV was registered in the country in 1987. Until 1999, reported HIV cases were mainly among adults and there was yet no strong association with drug abuse. The main cause was unprotected sex, responsible for 50 to 60% of the registered cases. Since 2000, intravenous drug abusers have started to emerge as the principal victims.

²⁹ The Republican AIDS Center, 2006.

Most Vulnerable Groups of Population

Situation analysis on HIV/AIDS prevalence identify the following vulnerable groups of the population:

- 1) injecting drug users;
- 2) sex workers;
- 3) men having sex with men;
- 4) prisoners.

Transmission of HIV through contaminated blood is the most common way of infection. Due to increasing injecting drug use and sharing of needles, the largest number of newly registered HIV cases in the country was through injecting drug use. It is estimated that there are up to 100,000 drug users in Uzbekistan, placing them and their sexual partners at a high risk of infection.

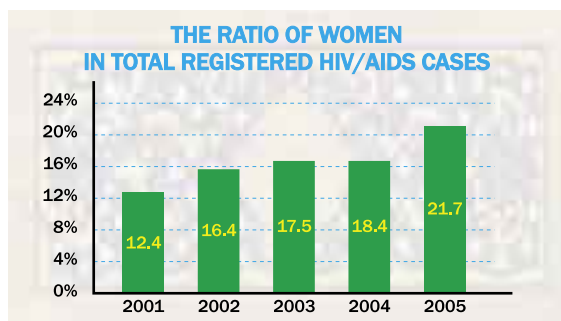
Modes of HIV Transmission in 2005

Injecting drug use	64%
Heterosexual contact	17.6%
Homosexual contact	0.5%
Unknown (investigation is in the process)	17.5%
Mother to child	0.5%

Source: The Republican AIDS Center, 2006.

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Young people have become highly vulnerable to HIV infection in the wake of rapid social change, economic hardship and increased insecurity. In Uzbekistan, 50% of new HIV infections were diagnosed in people of the 25-34 age group.



Source: The Republican AIDS Center, 2006.

Another alarming concern is that 34.4% of the new HIV/AIDS cases in 2004 were registered in prisons.

Increasing mother to child transmission has appeared in the last few years. The first case of HIV-positive pregnant woman was registered in Namangan city, in 1999, and by the end of 2005 the total number of HIV-positive pregnant women reached 171, with 59 new cases in 2005.

There is a lack of access to affordable, effective and appropriate services, accurate information, clean injecting equipment, condoms, voluntary, confidential counseling and testing, effective treatment of sexually transmitted infections and drug abuse related problems. Comprehensive services are not widely available and cover no more than 1% of the most vulnerable groups.

DID YOU KNOW?

- HIV was first identified some 20 years ago;
- An estimated 40.3 million people are presently living with HIV/AIDS (with women accounting for 50% of adults living with HIV/AIDS worldwide);
- Already, over 25 million people have died of AIDS worldwide, with 3.1 million deaths in 2005 and there were about 5 million new HIV infections;
- 15,000 new infections occur every day;
- Death rate from HIV/AIDS among adults and children in Eastern Europe and Central Asia reached 62,000 in 2005.

What is Being Done to Fight HIV/AIDS?

In 1999, a law was passed to protect people living with HIV/AIDS from discrimination; the right to equal access to education, employment and social protection is guaranteed by this legislation, as is the right to free care from Government health organizations.

The Strategic Program on Counteracting the HIV/AIDS Epidemic (2003-2006) was adopted by the Government in 2003. It outlines the priority areas, roles and responsibilities of line ministries in managing the country's collective response. New strategic program on HIV/AIDS will be developed in 2006.

Uzbekistan has an education and communications strategy on HIV/AIDS, which includes specific initiatives for vulnerable groups. The overall strategy is being implemented through the Government's nationwide network of 15 AIDS Centres. There are 10 NGOs that partner with the Government to reach the key vulnerable groups. More than 200 Trust Points have been established to implement targeted prevention interventions among the high-risk groups.

In 2004, Uzbekistan received \$24.5 million USD grant from the Global Fund to Fight AIDS, TB and Malaria. The grant is aimed at providing prevention programs focused on the needs of vulnerable populations, and improving access to care, support and treatment for HIV/AIDS patients.

A number of multilateral and bilateral organizations currently assist HIV/AIDS prevention in Uzbekistan. Several UN organizations provide assistance with specific interventions through both Government and NGOs and under the overall coordination of the UN Expanded Theme Group on HIV/AIDS. World Bank, DFID, USAID, JICA and other donor agencies are implementing a number of HIV prevention projects.

WAY FORWARD

- Development of a new comprehensive strategy to combat HIV/AIDS;
- Fostering Government and civil society cooperation in improving legal and social environment for prevention interventions;
- Urgent action to improve access to HIV prevention, treatment and care by 2010.

Source: Government Programs and Interim Welfare Improvement Strategy.

National target 8. Have Halted by 2015 and Begun to Reverse the Incidence of Tuberculosis and Malaria.

TB Trends and Prevalence

2003 WHO Global Report on TB Control indicates that Uzbekistan has 20,700 cases. That is equal to 79 cases per 100,000 population, which is nearly twice that reported in 1995. Ministry of Health reports a death rate from TB of 12.3 per 100,000 in 2002 - an increase of 45% since 1995.

Target 8: Have Halted by 2015 and Begun to Reverse the Incidence of Tuberculosis and Malaria.

Can Uzbekistan meet this target?

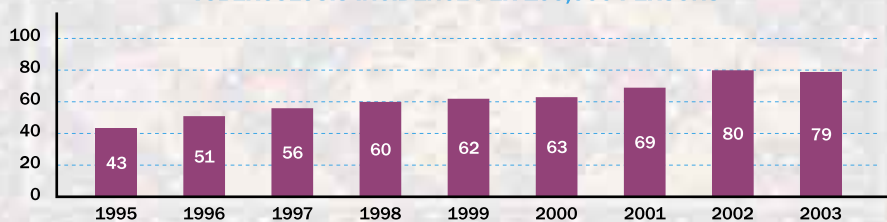
Probably; Potentially; Unlikely; No Data

TB...

Tuberculosis is an infectious disease spread from one person to another principally by airborne transmission. The causal agent is mycobacterium tuberculosis (the tubercle bacillus). Tuberculosis can affect any organ in the body. Pulmonary tuberculosis is the most frequent site of involvement and it is infectious. Tuberculosis tends to be widespread in poor, overcrowded environments. In case of inadequate treatment, the medicine-resistant form of tuberculosis may develop which requires more time and effort to be cured.

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TUBERCULOSIS INCIDENCE PER 100,000 PERSONS



Source: Global Report on TB Control, WHO, 2005.

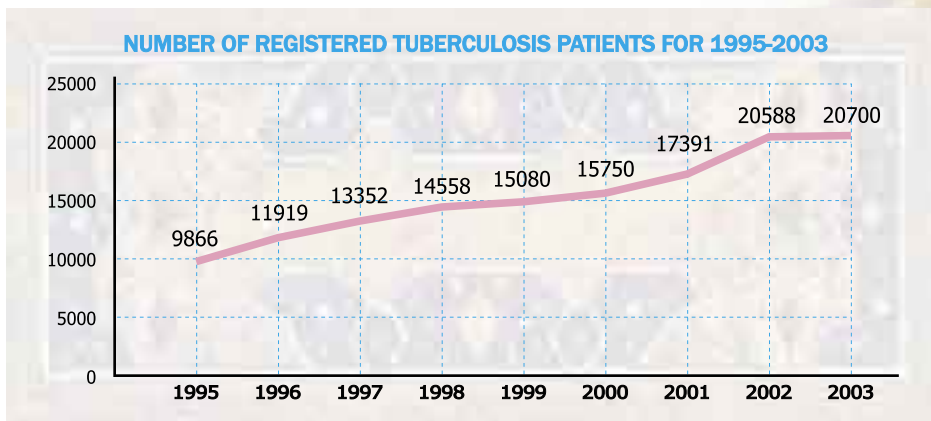
Moreover, there is evidence of a significant spread of the drug resistance tuberculosis variety, a factor that greatly increases the likelihood of fatalities. A survey in Karakalpakstan found that 27% of tested cases were multi-drug resistant tuberculosis, among the highest rates in the world.³⁰

Main Challenges and Causes

Unlike many other countries, tuberculosis in Uzbekistan has specific features targeting mostly teenagers, young people and women of fertile age group. The morbidity rate in these groups has increased during 1999-2003 by 23%.

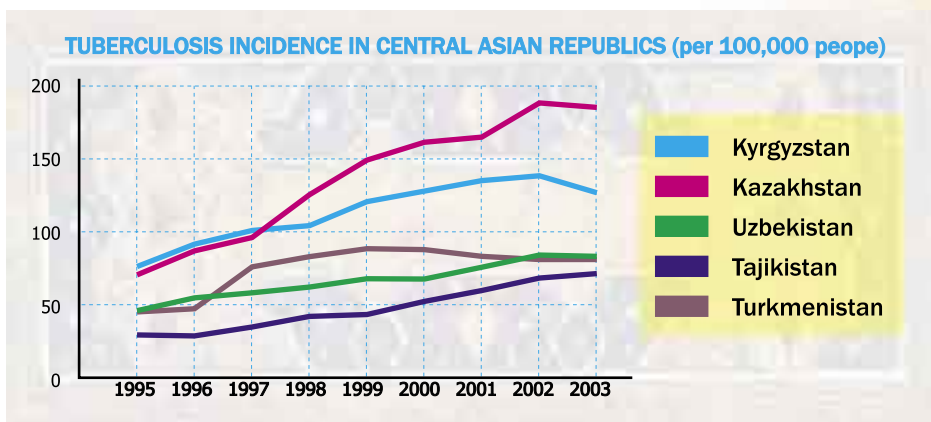
The Aral Sea region, characterized by an ecological calamity, has the highest TB incidence. Also cotton growing regions suffer particularly because immunity of the

³⁰ "Scaling-up the response to TB Control in Uzbekistan: A focus on vulnerable populations 2005-2009", Proposal to GFATM.



Source: Ministry of Health, 2004.

local people was adversely affected by unlimited application of pesticides.³¹ Risk factors for tuberculosis include the following: HIV infection, low socioeconomic status, alcoholism, homelessness, crowded living conditions, diseases that weaken the immune system and migration. During 1999-2003, the TB mortality rate in Karakalpakstan increased by 34% and in 2004 it was twice the national average.



Source: Global Report on TB Control, WHO, 2005.

DID YOU KNOW?

- Fifty years after the introduction of effective chemotherapy, tuberculosis still kills nearly 2 million people a year – making it, along with AIDS, the leading infectious killer of adults worldwide;
- And its toll is rising. Between 1997 and 1999 the number of new tuberculosis cases rose from 8.0 to 8.4 million;
- If this trend continues, tuberculosis will still be among the leading causes of adult mortality beyond 2015.

Strategy to Fight Tuberculosis

Presently the most effective method available to control the TB epidemic is a WHO-recommended strategy, called the Directly Observed Therapy Course (DOTS). It is a proven, cost-effective tuberculosis treatment strategy that cures sick patients, reduces recurrence levels and prevents the spread of TB.

³¹ Uzbekistan did not sign the 2001 Stockholm convention on persistent organic pollutants (POPs) that obliges Governments to take measures to eliminate or reduce their release into environment. Pesticides were used extensively during the Soviet era. Now, their cost limits usage.

The DOTS strategy was introduced in Karakalpakstan in 1998. Republican DOTS center in Uzbekistan was established in 2001. By the end of 2005, access to DOTS treatment was available to 100% of the population.

Early detection of TB, combined with timely and effective treatment should lead to the reduction of its spread. However, the inability to provide uninterrupted treatment, especially to low-income and marginalized groups (homeless, alcoholics, drug addicts, etc.) keeps TB incidence high and undermines the general health situation in the country.

Malaria

A life-threatening parasitic disease, transmitted from person to person through the bite of the female anopheles mosquito, which requires blood to nurture her eggs.

Malaria in Uzbekistan was widespread until the middle of the 20th century. The disease has been under control since the late 1950s due to improved sanitation, health promotion, medicinal treatment, drying up of stagnant water reservoirs, chemical and biological eradication of mosquitoes. There are a few cases registered every year, mostly at the southern territories, bordering with Tajikistan, Afghanistan and Kyrgyzstan – Ferghana Valley, Surkhandarya and Tashkent viloyats. However, after 1995, there is clear trend of increase in the number of registered cases due to insufficient malaria control measures.

Malaria Rates by Viloyats for 1995-2004 (per 100,000 people)

Viloyats	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Rep. of Karakalpakstan	–	0	0	–	0	0	0	0	0	0
Andijan	–	0	0	1	0	0	0	0	3	1
Bukhara	1	3	1	1	0	1	0	0	0	0
Djizak	–	0	0	–	0	0	0	3	1	2
Kashkadarya	–	2	2	–	3	0	0	5	9	13
Navoi	–	1	0	–	0	3	1	1	0	0
Namangan	1	1	1	2	1	3	0	1	1	3
Samarkand	–	3	1	1	2	0	1	1	0	0
Surkhandarya	3	15	22	36	51	66	40	37	35	30
Sirdarya	24	3	2	1	0	2	3	3	1	0
Tashkent region	–	3	2	5	13	21	10	2	14	6
Ferghana	5	14	7	10	8	20	17	8	8	3
Khorezm	–	0	0	–	0	0	0	0	0	0
Tashkent city	12	6	14	17	7	10	5	13	2	8
National:	26	51	52	74	858	126	77	74	74	66

Source: Ministry of Health, 2005.

DID YOU KNOW?

- Every year, malaria infects 500 million people – nearly 10% of the world's population – and kills more than 1 million;
- Many researchers fear that the situation could get even worse due to environmental change, civil unrest, population growth, widespread travel and increasing drug and insecticide resistance;
- But new approaches to malaria control have emerged, and growing international awareness has boosted resources for research and control activities.

Main Challenges and Causes

Taking into account the present malaria situation in neighboring Afghanistan and Tajikistan, and the high risk of resurgence of local transmission, the Ministry of Health in Uzbekistan has intensified malaria surveillance. According to the Global Malaria Report 2005, from mid-1990's, the number of imported malaria cases continued to increase: from 21 cases in 1994 to 80 cases in 2000. In 2001, 225 cases were registered, 53 of which were the result of local transmission.³² With further exacerbation of the situation in Kyrgyzstan, there is a real threat that malaria could become a problem in Uzbekistan.

Malaria Prevalence in the World and in the CIS

CIS Countries	2003		2004	
	Total number	Including children under 14	Total number	Including children under 14
Russia	531	51	368	31
Moldova	5	0	22	3
Armenia	28	0	48	8
Ukraine	167	5	100	5
Kazakhstan	16	0	9	3
Kyrgyzstan	468	135	93	22
Tajikistan	4,045	1,572	2,679	996

Source: Ministry of Health, 2005.

What is Being Done to Reduce TB and Malaria?


1. Strategic Program on Prevention and Reduction of Tuberculosis (2004-2008).
2. Strategic Program on Prevention and Eradication of Malaria (2004-2008).
3. Global Fund grants on HIV/AIDS, TB and Malaria.
4. Law "On Protection of the Population from TB" (2001).
5. UN joint efforts to implement projects on TB and malaria prevention.

WAY FORWARD

- Increase public awareness on TB and malaria prevention;
- Implement systematic and continuous measures to prevent the spread of TB;
- Equip facilities with laboratory and diagnostic equipment, reagents, medicines, means of transportation and communications, to control malaria;
- Train specialists on early detection, prevention and treatment of TB and malaria.

Source: Government Programs.

³² Global Malaria Report, 2005. Uzbekistan Country Profile.



Ensuring Environmental Sustainability

National Target 9. Integrate the Principles of Sustainable Development into County Policies and Programs and Reverse the Loss of Environmental Resources by 2015

Sustainable development is progress that meets the needs of the present without compromising the ability of future generations to meet their own needs.³³

Target 9: Integrate the Principles of Sustainable Development into County Policies and Programs and Reverse the Loss of Environmental Resources by 2015.

Can Uzbekistan meet the target?

Probably; Potentially; Unlikely; No Data

Sustainable development is about a better way of approaching the management of natural resources in order to preserve them in their riches and integrity. It also means a more comprehensive approach to human development, addressing such important areas as poverty reduction, improvement of health, balanced nutrition and increased employment opportunities.

Environment at the Onset of Independence

Like many ex-Soviet countries, Uzbekistan inherited a terrible environmental legacy. Dumping of toxic waste into rivers, lake and badly-designed pits was a common practice for decades. Air pollution was an accepted by-product of Soviet industrialization. Mining was wasteful and dirty. Agriculture did not respect the precious nature of water, used excessive chemicals and destroyed biodiversity. The Government of Uzbekistan acted admirably to create new national legislation to bring a more sustainable order to development. Strategies were devised to strengthen its environmental protection and management systems and development of comprehensive environmental policy.

Water Pollution and Drinking Water Supplies

The problems related to water are by far the most pressing and complex. Water scarcity, salinization related to irrigated farming, and decreasing quality of drinking water are the main problems. Agriculture, municipal sewage and industry (especially mining, metallurgy and chemical) are the principle sources of water pollution in Uzbekistan. Tighter controls of water pollution were established since independence to gradually reduce industrial waste-water and sewage flows in urban and rural areas that cause bacteriological contamination of water and spread of various diseases.

Contamination of Food

Potential introduction of agrochemicals and pesticides used in agriculture into food chain raises some concerns. For example, during the 1970s and 1980s, insecticide and herbicide application rates in Karakalpakstan averaged 21 kg/hectare, compared with only 5 kg/hectare throughout the Soviet Union during the same period. A study conducted by WHO and the Ministry of Health indicates that a number of commonly consumed food items in Karakalpakstan

³³ Brundtland Commission.

contain high levels of pesticide residues and dioxins. Among samples analyzed, the highest contamination levels were detected in foods with elevated lipid content, such as sheep and chicken fat, eggs, and cottonseed oil.

Pollution and Degradation of Soil

Soil salinity has always been a problem in the arid regions of Uzbekistan, but the effects are not isolated to these areas; the socio-economic impact of this environmental issue is felt throughout the country. Salinization in Uzbekistan's irrigated lands increased from 48% in 1990 to 65% in 2000. Land salinization is primarily a byproduct of inappropriate irrigation and land management practices.

There are two major causes of contamination and degradation in irrigated lands. First is the absence of crop rotation – year after year, the same plots are used for cultivation of cotton and wheat. Second relates to the poor condition of irrigation networks due to ineffective use of water, insufficient drainage systems, and discharge of drainage and sewage water into rivers and lakes. Inappropriate economic incentives also lead to irrational and unsustainable use of land and water resources.

There is also a residual soil contamination due to excessive agrochemicals use in the past. Strong winds, excessive irrigation, cultivation on slopes and overgrazing of pastures lead to soil erosion. The average grade of soil quality of irrigated areas is rated 55 in 2003, compared to 58 in 1991. Such degradation of the country's natural resources takes its toll not only in terms of the high economic costs, but also the health of local populations is adversely affected.

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Air Pollution and Emissions

Air pollution in large cities is one of the major environmental problems facing Uzbekistan. Despite of the overall trend of decreasing volumes in emissions of polluting substances, the pollution level in the atmosphere for certain polluting substances still exceeds the maximum permissible concentration in some large cities. In 2003, over 2,000,000 tons of pollutants were discharged into the air compared to 3,800,000 in 1991. In 2000, emissions of greenhouse gases in Uzbekistan totaled 170 million tons compared to 164 million tons in 1991. Consumption of ozone-depleting substance decreased from 3.03 tons in 1991 to 2.3 tons in 2003 as a result of the measures taken by the Government under the Montreal Protocol.³⁴

Reduction of Flora and Fauna

Hot deserts and fragile steppes comprise much of Uzbekistan; but mountain forests, meadows, and alpine zones are also present. Forests occupy only 5.3% of the territory. Habitat loss and competition with domestic livestock are the major causes of biodiversity loss in the country, together with significant unsustainable practices, such as poaching.

Deforestation, overgrazing and clearance of wild areas for farming, together with pollution and major waste of water, are the chief causes of habitat loss. That, in turn, leads to loss of important natural ecological services such as climate stabilization and water retention. The extent of biodiversity in a country is an important indicator of natural land conditions, water systems and the overall environmental situation in the country.

³⁴ State Committee for Nature Protection, 2004.

Current protected areas system includes nine nature reserves, two national parks, and numerous temporary/seasonal reserves. Currently, 301 plants and 184 animals are listed in the Red Book of Uzbekistan (edited in 1998 and 2003). The previous edition of the Red Book (1983) included 163 plants and 63 animals. In 2006, a re-print of the Red Book is being planned, where the number of plant species will comprise 305, and the number of animal species will remain unchanged.

DID YOU KNOW?

- About 6 million tons of household waste is formed daily in the world;
- Land degradation has affected almost 2 billions hectares of territories and worsened the economic situation of almost 1 billion people in the world;
- The lack of improved water and basic sanitation is predominant among the poor, especially the rural poor. In Kazakhstan, the Kyrgyz Republic and Uzbekistan in the lowest quintile by wealth, access to piped water is virtually zero, while in the highest quintile is nearly 100%;
- The most significant loss of ecosystem services in Uzbekistan, and the Central Asian region as a whole, is of course the Aral Sea and the Amu Darya delta;
- One of the sources of ecologic threat in Central Asia is hazardous radioactive wastes as residues of uranic ore accumulated during the Soviet period. The waste storages are lying in the area of Maylu- Suu River, in Kyrgyz Republic, bordering Ferghana Valley of Uzbekistan.

Industrial and Municipal Waste

Solid and liquid wastes are an acute problem in Uzbekistan, affecting the whole society. However, the poor and disadvantaged are particularly affected since they cannot pay beyond basic goods and services. According to the UN Economic Commission for Europe the amount of municipal solid waste generated per capita is 240 kg per year.³⁵ As there are few enterprises to reuse and recycle the municipal waste, practically all of it is dumped. Currently, there are around 160 municipal solid waste dumps and landfills in Uzbekistan and they are estimated to receive some 30 million cubic meters of waste annually. Out of 10 million tons of industrial waste generated annually, Tashkent Scientific Research Institute "Vodgeo" estimates that some 1,000 tons are highly hazardous (first class of toxicity). However, Vodgeo admits that only 500 large enterprises out of an estimated 32,000 industrial firms submitted returns and this represents a mere 5% of the amount of industrial waste generated. Law on Waste Management was adopted in 2002 and its application should improve the situation. In order to address the problem of collection, recycling and processing of wastes the National Waste Management Strategy of the Republic of Uzbekistan has been developed with the support of UNDP.

Aral Sea Region

Unsustainable irrigation practices in the Aral Sea Basin during the last 40 years have led to the shrinkage of the Aral Sea, once the fourth largest inland lake in the world. The current volume of water in the Aral Sea is almost 15% of what it used to be and the sea level has plummeted by 23 meters. As a result, more than 50,000 square km of the heavily saline sea bed has been exposed.

The overall ecologic disaster has undermined the very basis of life in the Aral Sea Basin and results in chronic clean water shortages, respiratory and kidney diseases, anemia and genetic weakening, poor maternal and child health. Salt and dust storms blow across the exposed area, destroying crops and vegetation. Vast

³⁵ Environmental Performance Review: Uzbekistan, 2001.

economic loss is noted in relation to fishery, hunting, and reduced productivity of pastures and crops. Many of the region's inhabitants have moved from the area in search for better living conditions.

What is Being Done to Ensure Environmental Sustainability?

The Government of Uzbekistan has developed and adopted a number of strategic documents to address environmental challenges:

- 1) Activities for Realization of the Program of Actions in Environment Conservation (2006-2010);
- 2) Program of Environmental Monitoring (2003-2005);
- 3) National Environmental Action Plan (1999-2005);
- 4) State Program for Environmental Protection and the Rational Use of Natural Resources (1999-2005);
- 5) President's Decree "On Priority Areas to Strengthen Agriculture Reforms" (2003);
- 6) National Action Program to Combat Desertification (1999);
- 7) National Strategy and Action Plan for Biodiversity Conservation (1998);
- 8) National Action Plan on Environmental Hygiene (1995).

Also, a draft Environmental Security Strategy of the Republic of Uzbekistan has been developed. The development of a National Strategy on Renewable Energy Sources is being planned.

A positive development is the recent comprehensive Environmental Information System (UZ-EIMS) developed by the State Committee for Nature Protection, covering 91 environmental indicators. The system will be very useful in monitoring the achievements of the national MDG targets.³⁶ The introduction of the environmental monitoring system will strengthen the national capacity in making administrative decisions in the area of environmental conservation and health of people.

Through a number of projects the UN system supports Uzbekistan's efforts to effectively manage and protect the environment and natural resources for sustainable development.

WAY FORWARD

- Ensure the implementation of obligations under multilateral environmental agreements;
- Produce tangible examples of better natural resources management combined with improvement of living standards;
- Improve the overall environmental situation and, as a result, public health;
- Establish an effective environmental monitoring system on the basis of selected indicators;
- Develop strategies and action plans aimed at effective waste management and utilization of renewable energy sources;
- Raise public awareness on linkages between environment and development;
- Incorporate environmental considerations in development planning;
- Punish the polluters and channel the fines generated to environment programs;
- Ensure implementation of activities under the Environmental Conservation Program of Actions in the Republic of Uzbekistan in 2006-2010;
- Implementation of the National Plan of Action on capacity building for joint fulfillment of global environmental conventions on climate change, desertification and biological diversity.

Source: Government Programs and Interim Welfare Improvement Strategy.

³⁶ The database is available at <http://eis.nature.uz>

National target 10. Increase the Percentage of Urban and Rural Population with Access to an Improved Water Source and Sanitation by 2015

Safe water is clean water - water that is used for drinking and bathing, including treated surface water and untreated but uncontaminated water, such as from springs, sanitary wells, and protected boreholes. Safety of water depends on the chemicals and biological material it contains. If a water sample meets national standards for the content of minerals and bacteria, it is considered to be safe drinking water.

Target 10: Increase the Percentage of Urban and Rural Population with Access to an Improved Water Source and Sanitation by 2015.

Can Uzbekistan meet the target?

Probably; Potentially; Unlikely; No Data

Access to Safe Drinking Water

Ensuring access to safe drinking water is one of the highest priorities in Uzbekistan. The main factors affecting the supply and quality of drinking water are:

- old equipment for water filtration;
- financial complications;
- infrastructure for rural areas;
- low public awareness on nature-friendly use of drinking water.

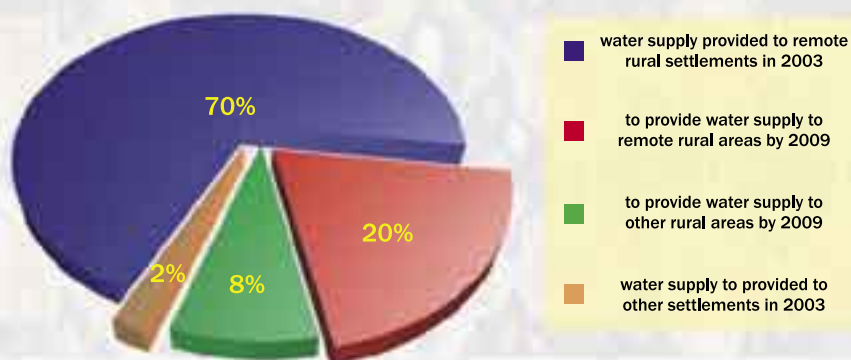
In Uzbekistan, with the collapse of the centrally controlled water management system, financial and technical responsibilities for both rural and urban water supplies were passed to local authorities. However, local authorities often lack the means or incentives to maintain and upgrade the infrastructure. That is especially true for rural areas because they cannot mobilize resources from a predominantly poor population, who cannot fully pay for the services.

The Government has adopted and is implementing a program for provision of rural settlements of Karakalpakstan with centralized water supply in 2003-2005 and the program to provide remote and sparsely populated rural settlements with alternative sources of water supply in 2003-2009. It is envisaged that the implementation of these programs will result in providing 2,323 settlements with centralized water supply and 949 settlements with alternative sources of water supply.

The gap between potable water available to urban and rural populations is large in some areas of Uzbekistan, for example, Bukhara, Djizak, Kashkadarya, Navoi, Ferghana, Namangan, Khorezm and Karakalpakstan. The availability for urban users is high, ranging from 83% to 95%. Among rural users, it ranges from 32% in Karakalpakstan to 88% in Djizak. On average, 6% of the urban population does not have access to safe drinking water; in rural areas this rises to 21%.

Improved water management system and agricultural reform are key to the enhancement of the rural environmental conditions. Children, women and the poor are most vulnerable - children due to their growth processes, women due to their disadvantaged social situation and biological importance of reproduction, and the poor due to their inability to access quality health care and sufficient food intake. Greater access to safe drinking water and sanitation facilities directly affects the everyday life of the population and provides additional economic strengths to fight poverty, contributing to the achievement of all the Millennium Development Goals.

SUPPLY OF DRINKING WATER BY WATERPIPE TO RURAL AREAS, 2003-2009



Source: "Resolution #405 of Cabinet of Ministers of Uzbekistan" of 17 September 2003.

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WAY FORWARD

- Ensure the implementation of the State Program on Provision of Rural Population with Drinking Water and Natural Gas for the period of 2000-2010;
- Develop the National Strategy and Action Plan on improving access to sanitation;
- Ensure the rational and sustainable use of water resources and prevent water pollution.

Source: Government Programs and Interim Welfare Improvement Strategy.

Access to Sanitation

The rate of access to sanitation in Uzbekistan closely follows the trends for drinking water supply: 38% of urban population and 3-5% of rural population have access to centralized sanitation, according to the State Committee for Nature Protection.

What is Being Done to Improve Access to Water and Sanitation?

The Government of Uzbekistan has developed and adopted a number of strategic documents to address environmental challenges:

- 1) National Environmental Health Action Plan;
- 2) State Program on Provision of Rural Population with Drinking Water and Natural Gas for the period 2000-2010;
- 3) National Waste Management and Action Plan (under formulation).

The UN system and other donors are active in the field of water resources management.

DID YOU KNOW?

- According to forecasts made by the Swedish hydrologist Malin Falkenmark, by the year 2050 54 countries with 4 billion people, or 40% of the projected world population of 9.4 billion, will face critical water shortages;
- At present, 1 person in 6 has no access to clean drinking water and 1 in 3 has no access to sanitation;
- A child dies every 15 seconds from diseases largely caused by poor sanitation and contaminated water;
- Young girls in some countries miss school because they need to help their mothers fetch water from many kilometers away;
- Access to water and sanitation could substantively improve the everyday living conditions, contribute to female empowerment and parity in education. Clean water can be instrumental in eradicating poverty and hunger.



Uzbekistan and Global Partnership for Development

Success in achieving the MDGs primarily depends on the actions of each developing country. Goal 8 declares the need to undertake collaborative efforts to enhance economic growth and reduce poverty and commits wealthier countries to work with developing countries and create an environment that makes rapid, sustainable development possible. It calls for an open, rule-based trading and financial system, more generous aid, and debt relief to countries committed to poverty reduction.

Between 1960 and 2001, official development assistance (ODA) from major aid donors declined worldwide from 0.5% of gross national income (GNI) to 0.22%. To reverse this trend, high-income countries made commitments – at the UN international conference on Financing for Development held at Monterrey, Mexico, in March 2001 – that would increase ODA to an average of 0.26% of GNI by 2006.

This year, the UN "Investing in Development" Report recommends that the international community designate a significant number of well-governed low-income countries for "fast-track status" to receive a massive increase in development aid. Rich countries should increase development assistance from 0.25% of gross national income in 2003 to about 0.44% in 2006 and 0.54% in 2015 to support the Millennium Development Goals. Industrialized countries should reach the U.N. target of 0.7% of gross national income by 2015, to support the Millennium Goals as well as other development priorities.

An operational framework is required at the national level to translate the MDG targets into action. To be effective, this framework needs to set out a country-owned agenda aimed at sustained, shared growth and public action to achieve the goals. As in many developing countries, the primary strategic and implementation vehicle to reach the MDGs in Uzbekistan is the Welfare Improvement Strategy Paper.

Aid Coordination and Management in Uzbekistan

Recording the highest rate since independence, GDP growth in Uzbekistan accelerated to 7.7% in 2004, according to official estimates. The Government recognizes that if it is to make a dent in the poverty incidence, it will need to sustain high rates of growth through structural reforms with complementary changes to the provision of human development and social protection services. The Interim Welfare Improvement Strategy Paper (I-WISP) sets out concrete targets, the achievement of which mostly depend on the actual assessment of the financial resources, correct prioritization of trends and their efficient management.

A full-fledged Welfare Improvement Strategy (WIS) formulation process will include assessment of budgetary costs necessary for the national Strategy implementation, as well as provide basis for estimating the needs in external development assistance. Thus, the assessment of WIS implementation costs will identify development areas that require external assistance while facilitating relevant dialogue between the Government and the international donor community.

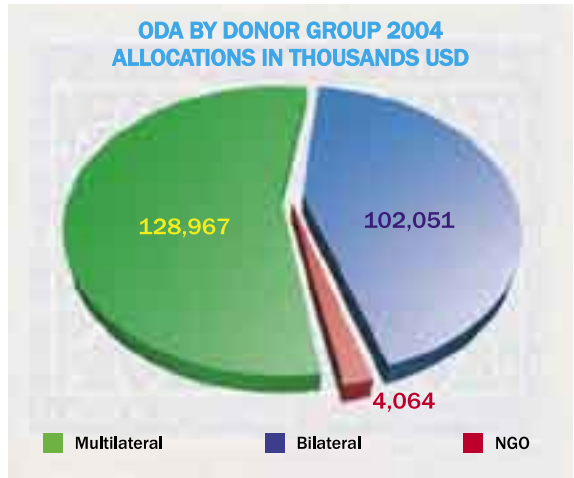
Successful fulfillment of the above objectives requires creation of national capacities and platform for more effective foreign aid coordination and management. Adequate platform to secure transparent, interactive and on-line information for better aid management and coordination is being created under the initiative of UNDP using

contemporary information and communication technologies and relevant off-line activities. Such activities may include regular stakeholder meetings on aid coordination, preparation of analytical reports, data collection and posting on the Internet. Adherent web-enabled free-source database will provide users with the capacity to carry out a wide range of queering, filtering, analytical reporting, chatting and geographical mapping of aid.

ODA by Donor Group

From the total amount of loans and grants committed in 2004, 54.9% was provided by multilateral sources, 43.4% by bilateral and 1.7% by NGOs. ADB, IBRD, and IDA remained the leading multilateral donor agencies, while the main bilateral development partner was Kreditanstalt fur Wiederaufbau.

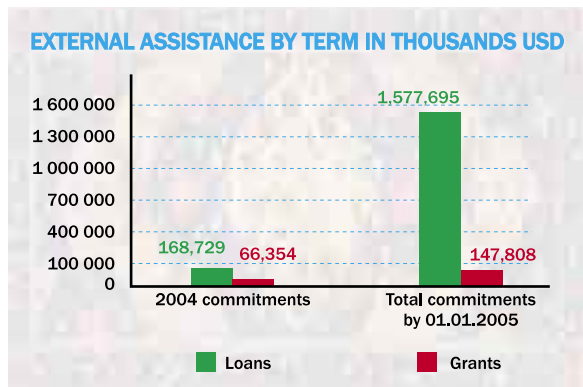
Loans accounted for 72% of ODA committed in 2004, whereas technical assistance grants represent 28%. Share of loans in total ODA account for 91% as of the end of 2004.



Source: Summary of active commitments. Report for 2004-2005. Development Assistance to Uzbekistan.

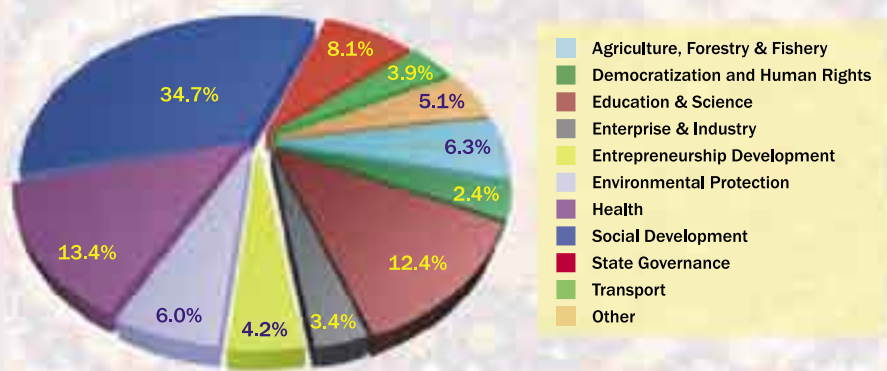
Focus of Technical Assistance

Distribution of allocations by sectors illustrates that improvement of quality of life remains a priority area for assistance. Social development, health, education and science sectors received over 60% of total technical assistance in 2004. Allocations for economic development exceeded 17%. Good Governance, including democratization and human rights, received 10.5% of total technical assistance. Environmental issues remained among priority areas for external aid allocation and were provided with more than 6% of total grants.



Source: Summary of Active Commitments (loans and grants). Report for 2004-2005. Development Assistance to Uzbekistan.

DISTRIBUTION OF GRANTS BY SECTORS AS OF THE END OF 2004



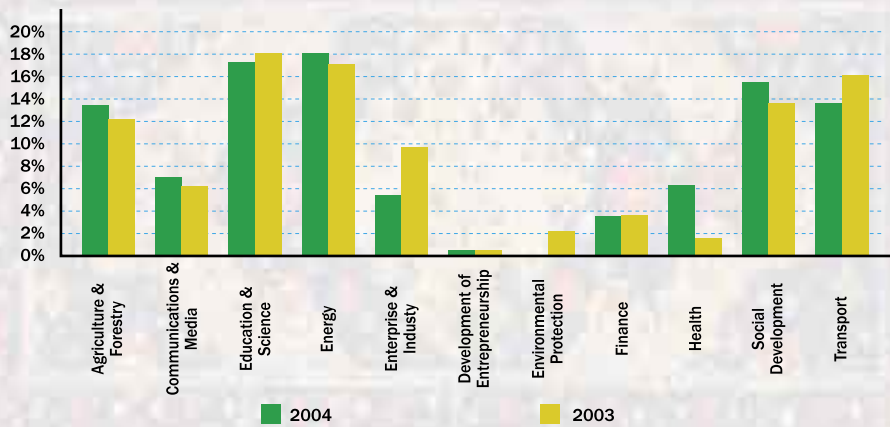
Source: Summary of External Assistance Projects by Sectors. Report for 2004-2005. Development Assistance to Uzbekistan.

"Other" includes Trade and Commerce, Natural Resources, Communications and Media, Finance and Energy.

Focus of Loans

The priority sectors of Uzbekistan's economy, development and enhancement of which will facilitate overall development of the country (Agriculture, Energy, Transport and Industries), seemed to be the main focus of development partners. 61% of loans were distributed for economic development by the end of 2004. Allocations for social development, health and education sectors accounted for 39% of total loans by the end of 2004.

DISTRIBUTION OF LOANS BY SECTORS AS PERCENTAGE OF TOTAL LOAN COMMITMENTS



Source: Summary of External Assistance Projects by Sectors. Reports for 2003-2004 and 2004-2005. Development Assistance to Uzbekistan.

Progress Towards Achievement of MDGs in Uzbekistan

GOALS/TARGETS	WILL THE GOAL/TARGET BE MET?				STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improving	Weak
LIVING STANDARDS AND MALNUTRITION Reduce poverty by half by 2015.		X					X	
QUALITY EDUCATION Improve the quality of primary and basic secondary education, while maintaining universal access.	X					X		
GENDER EQUALITY Achieve gender equality in primary and general secondary and vocational education by 2005.	ACHIEVED					X		
Improve gender balance in higher education by 2015.	X							
CHILD MORTALITY Reduce by two-thirds the under-five mortality rate by 2015.		X				X		
MATERNAL HEALTH Reduce maternal mortality ratio by one-third by 2015.		X				X		
HIV/AIDS Have halted by 2015 and begun to reverse the spread of HIV/AIDS.			X				X	
TB and MALARIA Have halted by 2015 and begun to reverse the incidence of tuberculosis and malaria.		X				X		
ENVIRONMENTAL SUSTAINABILITY Reverse the loss of environmental resources by 2015.		X				X		
Access to an improved water source and sanitation by 2015.								

Capacity for Monitoring and Reporting MDG Progress

Goal	Data gathering			Quality of Survey Information			Statistical Analysis			Statistics in Policy-Making			Monitoring and evaluation		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Living Standards and Malnutrition			X	X				X			X			X	
Quality of Education		X		X					X		X			X	
Gender Equality			X		X		X				X				X
Child Mortality		X		X			X			X			X		
Maternal Health		X		X				X			X		X		
HIV/AIDS			X		X			X			X				X
Malaria		X		X			X				X		X		
TB		X		X			X				X		X		
Environmental Sustainability		X		X			X			X					X

LIST OF POLICY DOCUMENTS

Goal 1

- Interim Welfare Improvement Strategy Paper for 2005-2010.

Goal 2

- Interim Welfare Improvement Strategy Paper for 2005-2010.
- National Plan of Actions for Education for All, 2002.
- State Program on Basic Education Development for 2004-2009.
- National Program on Personnel Training, 1997.
- Law of the Republic of Uzbekistan "On Education", 1997.

Goal 3

- Interim Welfare Improvement Strategy Paper for 2005-2010.
- Decree of the President of the Republic of Uzbekistan "On Additional Measures to Support Women's Committee of Uzbekistan," 2004.
- Beijing Platform of Action, 1998.
- CEDAW, National Action Plan, 2001.
- Decree of the President of the Republic of Uzbekistan "On Additional Measures on Strengthening Social Security of Women," 1999.
- Law of the Republic of Uzbekistan #760-I "On Additional Privileges for Women," 1999.
- Decree of the President of the Republic of Uzbekistan "On Measures to Enhance Women's Role in State Building of the Republic of Uzbekistan", 1995.

Goals 4 and 5

- Interim Welfare Improvement Strategy Paper for 2005-2010.
- State Program "Year of Health", 2005.
- Decree of the President of the Republic of Uzbekistan "On Measures to Develop the State System on Mother and Child Screening", 2004.
- Resolution of the Cabinet of Ministers #242 "On Measures to Implement Programs in Priority Areas to Increase Medical Culture of Families, Strengthen Women's Health and Contribute to the Healthy Generation", 2002.
- Resolution of the Cabinet of Ministers #32 "On Additional Measures to Strengthen Health of Mothers and Youth", 2002.
- State Program "Year of Mother and Child", 2001.
- State Program "Year of Healthy Generation", 2000.
- Decree of the President of the Republic of Uzbekistan "On State Program to Reform the Health Sector of the Republic of Uzbekistan", 1998.

Goal 6

- Interim Welfare Improvement Strategy Paper for 2005-2010.
- Strategic Program on Prevention and Eradication of Malaria for 2004-2008.
- Strategic Program on TB prevention and reduction in Uzbekistan for 2004-2008.
- Strategic Program on Response to HIV/AIDS Epidemics in the Republic of Uzbekistan for 2003-2006.
- Law of the Republic of Uzbekistan #215-II "On Protection of Population from Tuberculosis", 2001.
- Law of the Republic of Uzbekistan # 816-I "On HIV/AIDS prevention", 1999.

Goal 7

- Interim Welfare Improvement Strategy Paper for 2005-2010.
- Decree of the President of the Republic of Uzbekistan "On Priority Areas to Strengthen Agriculture Reforms", 2003.
- Environmental Performance Review, 2001.
- State Program on Environmental Protection and the Rational Use of Natural Resources for 1999-2005.
- National Action Program for Implementation of the UN Convention to Combat Desertification, 1999.
- National Environmental Health Action Plan, 1999.
- National Environmental Action Plan, 1998.
- National Biodiversity Action Plan, 1998.
- Declaration on the Problems of Sustainable Development of the Aral Sea Basin, 1995.

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<http://www.un.kz/img/docs/en/635.pdf>
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- Strategic program on Response to HIV/AIDS Epidemics in the Republic of Uzbekistan for 2003-2004.
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- Uzbekistan Country Profile, Global Malaria Report 2005.
- Women in National Parliaments, 2005. <http://www.jpu.org/wmn-e/world.htm>

International Conferences and World Summits

Millennium + 5 World Summit

New York, USA, 2005

Principle themes: Implementation of the UN Millennium Declaration

Paris High-Level Forum

Paris, France, 2005

Principle themes: Aid Harmonization and Alignment

Resulting documents: Paris Declaration on Aid Effectiveness

Beijing +10 Conference

New York, USA, 2005

Principle themes: Implementation of the Beijing Platform of Actions

Resulting documents: Commission on the Status of Women (final report)

Paris High-Level Forum

Paris, France, 2005

Principle themes: Aid Harmonization and Alignment

Resulting documents: Paris Declaration on Aid Effectiveness

World Summit on the Information Society

Geneva, Switzerland, 2003

Principle themes: Information society for all

Resulting documents: WSIS Declaration of Principles and Plan of Action

World Summit on Sustainable Development

Johannesburg, South Africa, 2002

Principle themes: Sustainable development

Resulting documents: Report of the World Summit on Sustainable Development

International Conference on Financing for Development

Monterrey, 2002

Principle themes: Key financial and development issues

Resulting documents: The Monterrey Consensus

World Conference against Racism, Racial Discrimination, Xenophobia and Related Intolerance

Durban, South Africa, 2001

Principle themes: Discrimination

Resulting documents: Durban Declaration and Program of Action

UN Millennium Summit

New York, USA, 2000

Principle themes: The role of the UN in the XXI century
Resulting documents: Millennium Declaration

The World Food Summit

Rome, Italy, 1996

Principle themes: Food security for all
Resulting documents: Rome Declaration on Food Security and Plan of Action

Fourth World Conference on Women

Beijing, China, September 1995

Principle themes: The advancement of and empowerment of women in all aspects of their lives
Resulting documents: Beijing Declaration and Platform for Action

World Summit for Social Development

Copenhagen, Denmark, March 1995

Principle themes: Eradication of poverty, expansion of productive employment and reduction of unemployment, and social integration
Resulting documents: Copenhagen Declaration on Social Development and Program of Action

International Conference on Population and Development

Cairo, Egypt, September 1994

Principle themes: Population, sustainable economic growth and sustainable development
Resulting documents: Program of Action

World Conference on Human Rights

Vienna, Austria, June 1993

Principle themes: Promotion and protection of human rights. Links between development, democracy and human rights
Resulting documents: Vienna Declaration and Program of Action

Global Millennium Development Goals

Goals and Targets	Indicators
Goal 1: Eradicate extreme poverty and hunger	
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1. Proportion of population below \$1 per day (PPP-values) 2. Poverty gap ratio [incidence x depth of poverty] 3. Share of poorest quintile in national consumption
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	4. Prevalence of underweight children (under-five years of age) 5. Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 3: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	6. Net enrolment ratio in primary education 7. Proportion of pupils starting grade 1 who reach grade 5 8. Literacy rate of 15-24 year olds
Goal 3: Promote gender equality and empower women	
Target 4: Eliminate gender disparity in primary and secondary education preferably by 2005 and to all levels of education no later than 2015	9. Ratio of girls to boys in primary, secondary and tertiary education 10. Ratio of literate females to males of 15-24 year olds 11. Share of women in wage employment in the non-agricultural sector 12. Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	13. Under-five mortality rate 14. Infant mortality rate 15. Proportion of 1 year old children immunised against measles
Goal 5: Improve maternal health	
Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio	16. Maternal mortality ratio 17. Proportion of births attended by skilled health personnel
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 7: Have halted by 2015, and begun to reverse, the spread of HIV/AIDS	18. HIV prevalence among 15-24 year old pregnant women 19. Contraceptive prevalence rate 20. Number of children orphaned by HIV/AIDS
Target 8: Have halted by 2015, and begun to reverse, the incidence of malaria and other major diseases	21. Prevalence and death rates associated with malaria 22. Proportion of population in malaria risk areas using effective malaria prevention and treatment measures 23. Prevalence and death rates associated with tuberculosis 24. Proportion of TB cases detected and cured under DOTS (Directly Observed Treatment Short Course)

Goal 7: Ensure environmental sustainability

Target 9: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources

- 25. Proportion of land area covered by forest
- 26. Land area protected to maintain biological diversity
- 27. GDP per unit of energy use (as proxy for energy efficiency)
- 28. Carbon dioxide emissions (per capita)
[Plus two figures of global atmospheric pollution: ozone depletion and the accumulation of global warming gases]

Target 10: Halve, by 2015, the proportion of people without sustainable access to safe drinking water

- 29. Proportion of population with sustainable access to an improved water source

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

- 30. Proportion of people with access to improved sanitation
- 31. Proportion of people with access to secure tenure
[Urban/rural disaggregation of several of the above indicators may be relevant for monitoring improvement in the lives of slum dwellers]

Goal 8. Develop a global partnership for development

Target 12: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system.

Target 13: Address the special needs of the least developed countries.

Target 14: Address the special needs of landlocked developing countries and small island developing States

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

Official development assistance

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

Market access

- 38. Proportion of total developed country imports (by value and excluding arms) from developing countries and from LDCs, admitted free of duty (UNCTAD, WTO, WB)
 - 39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries (UNCTAD, WTO, WB)
 - 40. Agricultural support estimate for OECD countries as percentage of their GDP (OECD)
 - 41. Proportion of ODA provided to help build trade capacity (OECD, WTO)
- Debt sustainability
- 42. Total number of countries that have reached their Heavily Indebted Poor Countries Initiative (HIPC) decision points and number that have reached their HIPC completion points (cumulative) (IMF - World Bank)
 - 43. Debt relief committed under HIPC initiative (IMF-World Bank)
 - 44. Debt service as a percentage of exports of goods and services (IMF-World Bank)

<p>Target 16: In cooperation with developing countries, develop and implement strategies for decent and productive work for youth</p>	<p>45. Unemployment rate of young people aged 15-24 years, each sex and total (ILO)</p>
<p>Target 17: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p>	<p>46. Proportion of population with access to affordable essential drugs on a sustainable basis (WHO)</p>
<p>Target 18: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</p>	<p>47. Telephone lines and cellular subscribers per 100 population (ITU)</p> <p>48. Personal computers in use per 100 population and Internet users per 100 population (ITU)</p>

ACRONYMS

ADB	– Asian Development Bank
AIDS	– Acquired Immunodeficiency Syndrome
BCG	– Bacillus Calmette-Guérin (anti-tuberculosis vaccine)
CCA	– Common Country Assessment
CEDAW	– Convention on the Elimination of Discrimination against Women
CIS	– Commonwealth of Independent Countries
CRC	– Convention on the Rights of the Child
DFID	– United Kingdom Department for International Development
DHS	– Demographic Health Survey
DOTS	– Directly Observed Therapy Course
DTP3	– Diphtheria Tetanus Pertussis Vaccine
GDI	– Gender-related Development Index
GECU	– Gender Equality Coordination Group
GAR	– General Abortion Ratio
GDP	– Gross Development Product
GFATM	– Global Fund to Fight AIDS, TB and Malaria
GNI	– Gross National Income
GTZ	– German Agency on Technical Cooperation
HDI	– Human Development Index
HDR	– Human Development Report
HIV	– Human Immunodeficiency Virus
IBRD	– International Bank for Reconstruction and Development
ICESCR	– International Covenant on Economic, Social and Cultural Rights
IDA	– International Development Association
IDU	– Injecting Drug Users
IFC	– International Finance Corporation
IMR	– Infant Mortality Rate
I-WISP	– Interim Welfare Improvement Strategy Paper
JICA	– Japan International Cooperation Agency
LBD	– Life Birth Definition
MDGs	– Millennium Development Goals
MMR	– Maternal Mortality Rate
MOH	– Ministry of Health
MOPE	– Ministry of Public Education
NGO	– Non Governmental Organization
NPPT	– National Program for Personnel Training
ODA	– Official Development Assistance
OSCE	– Organization for Cooperation and Security in Europe
PPP	– Purchasing Power Parity
SSC	– State Committee on Statistics
TB	– Tuberculosis
UHES	– Uzbekistan Health Examination Survey
UN	– United Nations
UNDP	– United Nations Development Programme
UNESCO	– United Nations Education, Scientific and Cultural Organization
UNICEF	– United Nations Children’s Fund
UNFPA	– United Nations Population Fund
UNODC	– United Nations Office on Drugs and Crime
USAID	– United States Agency for International Development
U5MR	– Under-five Mortality Rate
WB	– World Bank
WHO	– World Health Organization

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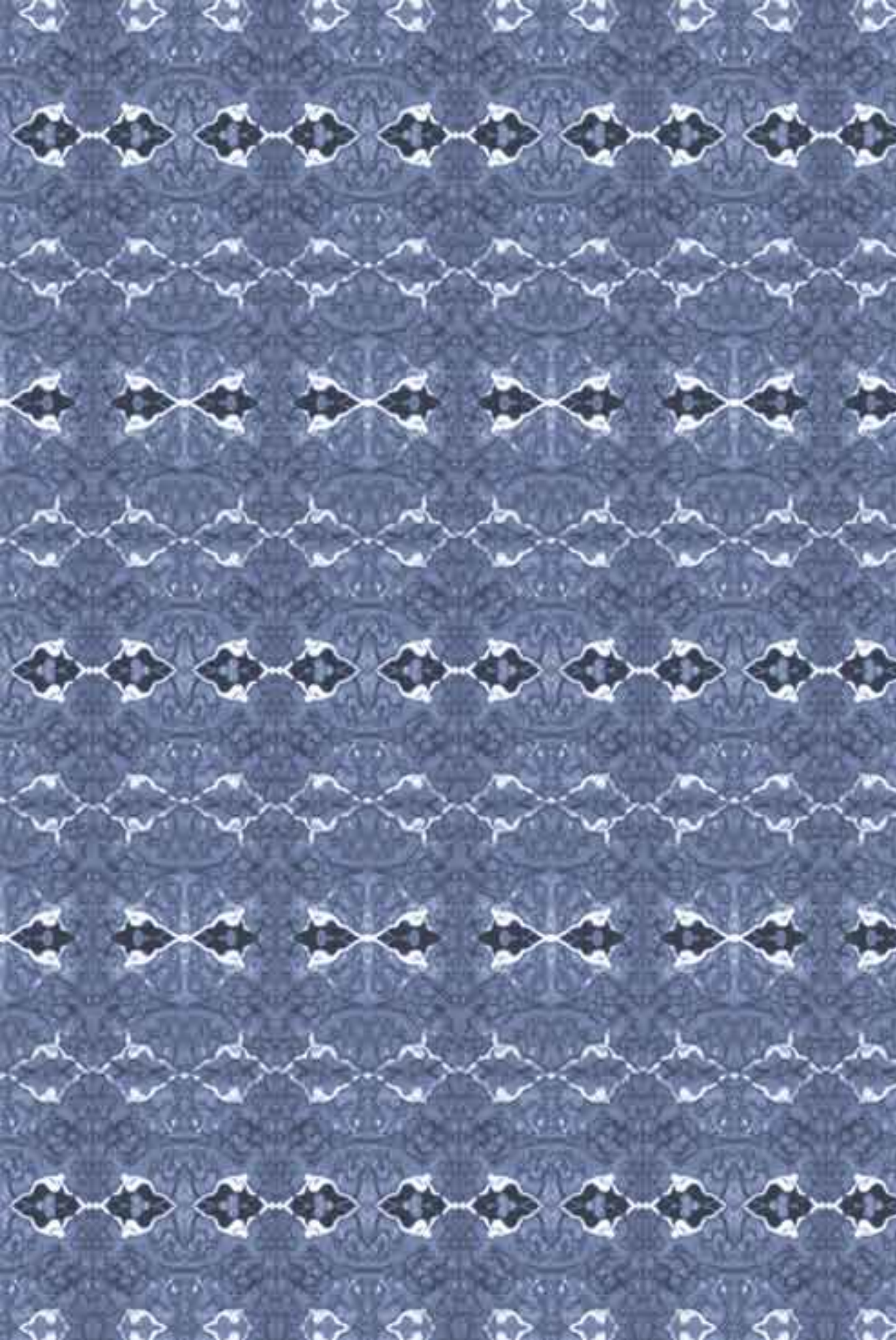
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