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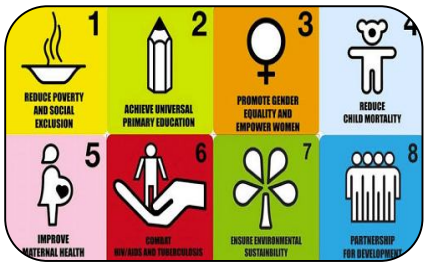
STATUS OF MILLENNIUM DEVELOPMENT GOALS: A CASE OF KYRGYZSTAN



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ABSTRACT

In September 2000 the highest-level representatives from 191 countries, including Kyrgyzstan, adopted the Millennium Declaration. By doing so, Kyrgyzstan, like other states, committed itself to eight key obligations: the Millennium Development Goals. To meet these obligations, Kyrgyzstan strives to radically ***reduce poverty*** *and to achieve* ***sustainable*** *human development through access to education and healthcare, gender equality, reduction of child mortality and improvement of maternal health, combat HIV/AIDS and ensure environmental sustainability. Kyrgyzstan has achieved significant progress in the implementation of the commitments envisaged in the Millennium Declaration. There have been significant successes in reducing extreme poverty. The economy is showing steady growth rates. While Kyrgyzstan enjoys economic growth, progress in delivering the benefits of economic growth to poor people needs to be accelerated. Still, almost half of children live in poverty (48.5%) and more than one child in eight suffers from extreme poverty and deprivation. Children growing up in poverty are less likely to do well in school, enjoy good health or get a good job later.* ***Despite of some achievements****, the indicators on infant mortality, under five mortality and maternal mortality remain unacceptably high. Concerted efforts and program investment are required to accelerate the desired mortality decline. It is crucial to take proactive and effective actions advocating on maternal and child health at all levels, focusing not only on medical causes and consequences, but also reaching out to the whole society and decision makers to achieve a concrete goal – saving women's and* ***newborns*** *lives.*

KEYWORDS: *Millennium Development Goals , maternal mortality.*

INTRODUCTION

In September 2000, the UN Headquarters hosted the Millennium Summit. It resulted in the approval of the Millennium Declaration, which was signed by the Kyrgyz Republic and 191 other countries. This declaration was aimed at promoting a global vision for improving the universal status of mankind in the areas of eradication of poverty, development of peace and security, protection of the environment, protection of human rights, and democracy. However, there are eight key commitments enshrined in the Millennium Declaration formed the Millennium Development Goals: 1) Eradicate extreme poverty and hunger; 2) Achieve universal secondary education; 3) Promote gender equality and empower women; 4) Reduce child mortality; 5) Improve maternal health; 6) Combat HIV/AIDS, malaria and other diseases; 7) Ensure environmental sustainability; and 8) Develop a global partnership for development. In **2000**, the Millennium Declaration set 2015 as the year by which the MDGs – or at least the overwhelming majority of them – should have been achieved. The year 2008 is the midpoint in this period. Therefore, the trends that exist now will, to a great extent, define the opportunities for achieving the Millennium Development Goals by 2015.

Goal one was to radically reduce the extreme poverty that targets to halve the extreme poverty level and the proportion of people who suffer fromundernourishment. In Kyrgyzfrom 2000-2007 was characterized by a consistent trend of poverty reduction. Of the three indicators, "percentage of population living in extreme poverty" showed the highest rate of decline. Extreme poverty decreased annually by an average of 4%, while the general poverty level decreased by an average of 3.8% annually.[1] Positive trends also included reductions in the depth and severity of poverty.[2]Though Kyrgyzstan was successful in reducing the extreme poverty level, progress on the other two indicators for this MDG was quite slow. In other words, the country has gone only one-third of the distance it needs to go to reach the target.[3] Nevertheless, there are no indications that the target values for the remaining two indicators cannot be reached.[4]

Goal two was to achieve the universal basic secondary education that targets to ensure that boys and girls alike will be able to completebasic secondary schooling.[5]Achieving the Millennium Development Goals and ensuring access to high-quality primary, secondary, and vocational education are the main priorities of the Country Development Strategy (CDS).[6] The level of literacy among the youth aged 15-24 is quite high (99.7%) and there is no gender imbalance.[7] Since the Kyrgyzstan gained its independence, the educational system has struggled with the difficulties associated with rebuilding the economy and the institutions of the society. Still, reforms were instituted that introduced a variety of educational program, multi-channeled financing, and revisions and improvements in training technologies. But efforts to ensure sustainable development in education and to focus policy in this area on the achievement of quality have failed.

The percentage of children receiving basic education (1-9 grades) increased by 1.2% from 2003-2006, reaching 96%, which confirms that school education covers practically all children aged 7-15. Nevertheless, there are some peculiarities about the regional and age breakdown. The southern regions of Jalal-Abad, Batken, and Osh have the worst indicators. Second, there is a trend of "escaping from low-quality education." In their desire to provide them with better education, some parents have started to transfer their children from rural schools to urban ones. This trend is most visible in the coverage ratio11 in Osh oblast, which is 89.2% and the city of Osh which is 105.9%[8].[9]One common issue is that some children do not attend the correct class for their age group. For example, a survey[10] showed that almost 17.1% of 11-yearolds go to primary school, even though they should be studying in secondary school.[11] This percentage is the same in all regions. From 2003 to 2007, the proportion of the national budget spent on education increased by an average of 1% annually and in 2007 it accounted for 27.2% of the budget. As the state policy of providing a high level of support for education is quite stable.[12] The largest share of educational expenditures during this period – more than 60.5% of the education budget – was allocated to secondary education.[13] Other expenditures were distributed between high and pre-school education.[14]

The expenditures of the country shows an increase also in terms of per pupil expenditures of the secondary educational level (in public secondary schools and secondary vocational schools). From 2003 to 2006 these expenditures grew by 75.5%, while the prices for educational services during the same period increased by only 29%. The increased spending per pupil is also explained by the fact that the size of this category of pupils fell during this period by 5.6%.The fact that higher education in the Kyrgyzstan is financially self-sufficient (only 12% of students were financed from the budget in 2007), spurs debates about whether it is necessary to redistribute budgetary funds from higher education institutions to secondary schools and pre-schools.[15]

Goal was to promote gender equality and empower women that target to eliminate gender disparities in employment andmanagerial opportunities. This goal is broadly formulated – it envisages not only expanded opportunities for women but also the evaluation of the positions of both sexes. The defined target narrows the formulation of the goal to a certain extent. As a result, the indicators that were proposed in the first report were more focused on the evaluation of the position of women. In was opined, the assessment of the access of women to assets would have significantly clarified the real rights and opportunities that men and women enjoy. The ratio between the average life expectancies of men and women is also important.[16]

The increasing percentage of women among university students is a direct consequence of processes that can be observed in the secondary education system. The decrease in the number of boys in the senior classes (caused by their departures to the vocational training system and the job market) automatically results in a decrease in the number of boys among new university students.[17] Boys also dominate among those who were expelled during their university studies.[18] In addition to the overall quantitative predominance of girls among university students, the recent trend is toward increased gender segregation by sector. Women account for the majority of students in education, vocational training program, and the humanities. However, they account for less than 25% of students in agriculture and only 7.4% in transportation.[19] Sectoral segregation in education serves a foundation for the reproduction of the traditional gender division of labor. Men represent over 90% of employees in the mining, construction, transportation, and communications industries; they also dominate in the production and distribution of electricity, gas, and water (77.8%).[20]

Women dominate in the education, healthcare and social services sectors. Salaries in these sectors are approximately 2.5 times lower than salaries in the traditionally "male" sectors listed above, providing for only 86% of the minimum consumer budget. Kyrgyzstan's legislation is yet not fully aligned with its international commitments on the protection of labor rights and, in particular, with the International Labour Organization (ILO) Convention Concerning Discrimination in Employment and Occupation No. 111, which states that the legislative establishment of a list of professions prohibited for women is direct discrimination.[21]

Legislative reforms are meant to improve the position of women by granting them unpaid maternity leave for up to 3 years, but the amount of maternity benefits that are financed from the state budget remains low. The responsibility of the employer in cases of an employee's temporary disability – which includes maternity leave – results in a lack of desire among the employees to recruit women.[22]

Economic crisis, changes in proprietary relations, reduction and privatization of certain social service organizations, as well an increase in the influence of conservative and religious groups have resulted in an increased burden on women. Various forms of self-employment and the use of female labor in the shadow economy are becoming widespread phenomena. These areas have practically no social support systems and they do not take into account family responsibilities; women working in family businesses do not enjoy legal and social protections. Other barriers to the empowerment of women are the high level of domestic violence and the persistent practice of abducting brides.[23]

Since women have limited access to business inputs, they are not well represented among entrepreneurs. Therefore, they are concentrated in small business, trade, and the informal sector of the economy. The disproportionate participation of women in the unpaid sector (in the family or in rural areas) makes them vulnerable. Women do their work not only at their principal place of occupation, but they also bear the main burden of working on agricultural plots, as well as raising and caring for their children and elderly and disabled relatives. Women spend 3.6 times more hours on domestic labor, and two times more hours raising children than men.[24] Poor families spend more time on domestic work and on working agricultural plots, because they are less likely to have timesaving equipment31. For these reasons, women have less of the free time necessary to get and improve qualifications and they spend less time at paid jobs. As a result, they get lower salaries.This situation is aggravated by the critical condition of services aimed at facilitating domestic work and care-taking activities. In early 1990, there were 1,696 kindergartens in Kyrgyzstan. Currently, there are 448 pre-school institutions in the country, which can take care of only 11 percent of the total number of children of pre-school age.[25] This has a serious impact on opportunities for women with children in terms of looking for jobs and developing their careers.All these factors are barriers to the implementation by women of their formally equal rights to employment and reduce their chances on the labor market.[26]

Goals four and five are to reduce the child mortality and improve maternal health that target to reduce the under-five mortality rate by two-thirds and to reduce the maternal mortality rate by three-quarters. The under-five child mortality rate was lower in 2003 than in 1990; among the causes for this decline that experts mention are internal and external labor migration, fewer marriages, and a decline in birth rates.[27] But data for the last 5 years show a steady trend towards increased child

mortality rates. The indicators for rural areas are almost twice as high as those for cities (54.5 per 1,000 and 27.7 per 1,000, respectively). In addition to increases in birth rates and migration, this increase was influenced by the adoption of the WHO is live birth criteria. Along with the moratorium on the administrative punishment of doctors for increased indicators,35 this measure resulted in a decreased gap between the official statistics on infant mortality and survey results on the issue. For example, in 1997 the official incidence of ***infantmortality*** was 33 per 1,000, while the survey data showed 120 per 1,000; in 2003 these figures were 21 per 1,000 and 61 per 1,000, respectively; in 2007 the numbers were 30.6 per 1,000 and approximately 38 per 1,000.[28]

Deaths during the peri-natal period account for the majority of cases of child mortality. In 2006, these types of cases accounted for 61% of the total number of deaths among children under 1 year old.[29] Causes include respiratory diseases (17%), congenital anomalies (11%), infectious disease and parasites (6%).[30] Mortality during this period is also related to undiagnosed problems during pregnancy, insufficient pre-natal and post-natal care, deficiencies in the qualifications of obstetrics staff members, and a lack of resuscitation services for newborns.[31]

The most important factor in reducing infant mortality is timely immunization against all major diseases. Kyrgyzstan has had considerable success in this area. More than 98.8% of children now receive vaccinations against measles. There have been no registered cases in recent years of polio and the incidences of diphtheria, measles and hepatitis B have significantly decreased. This has all been achieved due to a well-developed immunization system and significant assistance from international organizations. Infant and child mortality rates are also affected by general health status indicators: about 70% of children suffer from iodine deficiencies; and 32.9% suffer from Vitamin A deficiencies.[32]The official maternal mortality rate in Kyrgyzstan in 2007 was 51.9 cases per 100,000 live births, according to the NSC, and 62.3 cases per 100,000 live births, according to data from the Republican Medical and Information Center of the Ministry of Health. (For comparison,in Europe the maternal mortality rate is 15.05 cases per 100,00040). However, it is evident that these official statistics understate the true situation; according to survey data, the maternal mortality rate is 104 cases per 100,000 live births.[33]

This understatement of the maternal mortality rate is explained by the criminal responsibility of medical staff in such cases and the application of indicators which do not comply with international standards. “Wavy” annual change in the indicators also confirms deficiencies in data collection. Maternal deaths are very often not registered; instead diseases not related to the pregnancy are given as the cause of death. There have also been cases in which hospital records made no reference to the pregnancy at all. There has been a certain degree of sensitivity to the issue of infant mortality, manifested by the adoption of new criteria, the development of policy measures, and the consequent stabilization and increased reliability of indicators. The same approach should be taken with respect to maternal mortality.[34]

The system of statistical registration of maternal mortality includes the classification of deaths by cause.[35] The structure of maternal mortality is dominated by so called “preventable” factors.[36] The predominance of such causes suggests that: pregnant women have insufficient access to medical services; primary care medical staff was insufficiently qualified in pregnancy management and early detection of complications; and obstetricians are insufficiently qualified in safe delivery and first aid.[37]

Another reason for the increase in maternal mortality becomes evident while analyzing another indicator: share of births attended by qualified medical personnel. In 2007, 98.4% of births were attended by qualified medical personal, slightly lower than the basic value for this indicator. It should be mentioned that the survey data and official data are considerably different. According to the cluster survey, only 76 percent of women were assisted by qualified staff during the delivery.[38] But these statistics do not reflect problems with the quality and accessibility of medical care, which is especially important for female citizens of remote and rural areas. Access to medical services is increased by informal payments for childbirth.[39]

An important factor that can affect maternal mortality is family planning with contraceptives. Currently, one-third of pregnancies in Kyrgyzstan are unplanned. This is aggravated by cases of anemia

and undernourishment. According to official data, only 35.9% of women aged 15-49 in Kyrgyzstan use contraceptives. The most popular contraceptives are IUDs; only 5.8% use condoms. There are regional differences in contraceptive awareness and use: in the northern regions the rates of use are higher.[40]

Goal six was to combat HIV/AIDS, malaria and other diseases that target to halt and begin to reverse the spread of HIV\AIDS**&**to halt and begin to reverse the incidence of malaria andother major diseases. The Kyrgyzstan pays a great deal of attention to the prevention of HIV/AIDS, malaria and tuberculosis. As mentioned above, the CDS sets the achievement of the Millennium Development Goals (more specifically, of Goal 6) as one of the objectives of the healthcare system. Therefore, the matrix of CDS monitoring and evaluation indicators includes the following indicators, which can also be used to evaluate progress toward achieving MDG 6: a) number of newly detected cases of HIV/AIDS; b) incidence of malaria; and c) incidence of tuberculosis.

In addition, the reduction of the incidence of (and mortality from) tuberculosis, the spread of HIV/AIDS, and drug addiction are included as indicators in the Manas Taalimi health sector reform program. It **should be** noted that the national program "Improved health of the population of the Kyrgyzstan" for 2004-2010 also includes such targets as reduction of the incidence of tuberculosis, decrease of the level of negative medical social consequences resulting from the use of drugs, and reduction of infectious diseases, including HIV.

HIV/AIDS

There has been a steady increase in newly detected cases of HIV/AIDS in the Kyrgyzstan since 2003. From 2003 to 2007, the average annual growth in the number of HIV-infected people was 32.7%. The highest level of this indicator was observed in 2007 (409 cases, 67.6% higher than the level in 2006).[41] According to official data, 1,479 people in Kyrgyzstan were infected with HIV/AIDS as of January 1, 2008 (this figure included foreign citizens[42]).

The majority of people living with HIV(PLHIV) – 51% of officially registered cases[43] – are concentrated in Osh oblast and the city of Osh. It should be noted that the rate of new cases of HIV in Osh and Osh oblast has been increasing since 2003, reaching 37% in 2007. The smallest numbers of cases of HIV were recorded in Talas oblast (four) and Naryn oblast (two). It should be noted that the majority of people infected with HIV (77.4) are aged 25 - 39. In other words, the infection is registered mostly among young people. While males constitute the majority of PLHIV (78.7%), the share of women is growing. In 2006, 18.9% of PLHIV were women; in 2007, the number was 21.3%. Among people infected with HIV through sexual intercourse (about 24 percent of PLHIV), the majority (72% in the country overall and 81% in Osh oblast) are women. The majority of those women are not part of high risk groups; they were infected by their husbands, who were drug users.[44]

The majority of PLHIV in Kyrgyzstan (about 72%) were infected while injecting narcotics. Transmission of HIV from mother to child accounts for about 1% of infections. And transmission during hospital treatments accounts for about 3 percent of infections.[45] The majority of HIV infections are registered among users of narcotics (about 7.4% of drug users have HIV). The prevalence of AIDS among prison inmates is also high (3.5%); members of this group should also be viewed as potential injection drug users.[46] This program is based on a comprehensive approach to the problem of HIV/AIDS, which envisages the formulation of a state policy based on a sector wide approach, as well as improved coordination in the area of HIV/AIDS[47] prevention.[48]

Drug addiction

As mentioned above, the spread of HIV in Kyrgyzstan is directly linked to the increase in the number of injection drug users. According to the official data, as of the end of 2007, there were 8,734 officially registered drug users in the Republic, a 38% increase since 200357. The majority of drug addicts (95%) are intravenous drug users. Drug addiction is more common in urban areas than in rural ones. Up to 75% of the total number of officially registered drug users live in urban areas and 93% of drug users are men; this proportion has remained unchanged since 2003.[49]

Tuberculosis

Although significant efforts have been undertaken to combat tuberculosis in the country, the situation remains unfavorable. According to WHO criteria, the incidence of tuberculosis, which exceeds 100 cases per 100,000, is at epidemic level.[50] Nevertheless, since 2003, there has been a decrease in the incidence of tuberculosis and a stabilization of the situation. Due to anti-tuberculosis measures undertaken as parts of national program, as well as the application of the DOTS60 strategy in all the regions of the Republic, the quality of tuberculosis diagnosis and treatment has improved, which has contributed to a reduction in the main epidemiologic indicators. In 2007, there were 115.5 cases of tuberculosis per 100,000 – 16.5% less than in 2003. There has also been a decline in tuberculosis mortality rates: in 2007, the rate was 11.2 cases per 100,000; this was almost 1.5 times less than the rate in 200361. (Most people who die of tuberculosis – 76.4 percent in 2007 – have chronic tuberculosis). The incidence of tuberculosis among children has also decreased from 49 cases per 100,000 in 2005 to 42.8 cases per 100,000 in 2007.A high tuberculosis incidence and mortality level was observed in Bishkek and in Chui oblast. This can be explained by the high level of migration to the capital from other regions of the country by Kyrgyz citizens, including representatives of at-risk groups.[51] In addition, the incidence of tuberculosis in urban areas is significantly higher than in rural areas.[52]

Malaria

In recent years, epidemics and outbreaks of malaria were registered in the southern and northern regions of the country. The epidemics occurred in the south in 2002, created a serious problem for the region (there were over 2,700 cases registered). Starting in 2003, there was a decrease in the incidence of malaria and, in 2007, there were only 96 cases registered in the whole country. But the dynamics remain unstable, since in 2005 and 2006, the number of cases were significantly higher than in 2004 (in 2005 – 2.3 times higher; in 2006 – 3.2 times higher). During the period under review, the highest rate was recorded in 2006 in Bishkek – there were 16.6 cases of malaria per 100,000 citizens. This can be explained by the destruction of irrigation systems and the construction of new residential areas in marshlands near the city.

Within the regional strategy "From combating to eradication of malaria in the European region of the WHO for 2006-2015,"[53] which has been adopted by the Kyrgyzstan, the country committed to implement all possible measures to fight malaria epidemics. The Republic is currently implementing the 2006-2010 National Strategic Plan to Combat Malaria.[54] Since 2006, the Kyrgyzstan has been involved in a project implemented by the Global Fund Against AIDS, Tuberculosis, and Malaria (GFATM) called "Control of malaria[55]in Kyrgyzstan."[56]

Brucellosis

Another matter of concern is the increased incidence of brucellosis. The number of brucellosis cases per 100,000 increased by 54% from 2003 to 2007. The average annual increase in the incidence of brucellosis from 2003 to 2007 was 11.4%, though in 2006 and 2007 there was a reduction in these growth rates (the rate of growth was less than 1% in 2007).[57]

Goal seven was to ensure the environmental sustainability that target to integrate the principles of sustainable developmentinto country policies & program and reverse the loss of environmental resources**; and to** halve the proportion of people without sustainable access to safe drinking water **and** to ensure the significant improvement in the living conditions of the population**.** The social and economic development of Kyrgyzstan depends, to a great extent, on the consumption of natural resources. Therefore, the shift to sustainable development is of urgent importance. The society in general understands that meeting the demands of the present generation should not harm future generations by destroying the environment. Nevertheless, for individuals and some businesses, the preservation of the environment has not become an imperative for action.

The Kyrgyzstan is among 2,000 priority ecological regions on the planet. The largest ecosystems in the country, in terms of area, are unique alpine and subalpine meadows (17.4% of the country's

territory) and mid-mountain and high-altitude steppes (26.5%). The majority of natural ecosystems have preserved their self-regulating capacity for restoring bio-resources and ensuring ecological equilibrium. Nevertheless, there are visible indications of substantial degradation, especially in areas of human activity. Further exploitation of these systems in the current manner will result in the loss of their capacity to self-regulate. Kyrgyzstan has a large variety of forests, which, in terms of concentration, do not have analogs in other countries of the region. Its nut wood and fir-tree forests are of global importance as the largest preserved areas of relict forests. Forests cover 4.32% (864,900 hectares) of the overall territory of the country, according to official data.[58] There is a clear tendency of forest aging in Kyrgyzstan, which is far ahead the tendency of restoration. This is particularly typical for fir tree forests, which demonstrate weak natural renovation. This problem enjoys significant attention from the Government. Ensuring biodiversity and preservation of forested areas are priorities in the National Action Plan on the Development of the Forest Sector for 2006-201075. According to the plan, the average annual area to be improved and restored is 3,000 hectares. The President issued Decree No 331, dated June 28, 2006, which prohibited felling, processing and selling valuable types of trees growing on forest fund areas.[59]

Kyrgyzstan is also characterized by a high diversity of flora and fauna – it has about 2 percent of the world flora and 3 percent of the world fauna. Observations show a clear deterioration of species diversity: out of all species of mammals, 27.4 percent are included in the Red Book, which lists endangered species; of all the species of birds, 15.6% are included.[60] The Kyrgyzstan has never produced – and is not now producing – any ozone-depleting substances, equipment, or goods, which are subject to the Montreal Protocol. But it does import them. The country has approved a state program for the reduction of the use of ozone-depleting substances for the period of 2008-2010 (phase two)[61]; this program includes a schedule for terminating the use of ozone-depleting substances during this period. Currently, the consumption of all ozone-depleting substances79 is decreasing. In 2003 the consumption was 61.36 metric tons, but by 2006 it had decreased to 25.4 (a 60% decrease).[62] This resulted in the reduction of indicators of per capita consumption of ozone-depleting substances from 12.2 grams per person to 4.9 grams per person.[63]

Goal was to develop a global partnership for development that targets to strengthen international cooperation to support thecountry's capacity development**; to** develop and implement strategies to create decent andproductive work for youthand in cooperation with the private sector, make availablethe benefits of new technologies, especially in the areas of information and communications MDG 8 was aimed at the creation of new mechanisms of global partnership for the purpose of political, social and economic development. This goal is applicable to both industrialized and developing countries. The regional report81 mentioned that this goal requires developed countries to reduce the debt burdens of developing ones, and to provide them with necessary assistance and better access to technologies and markets. The same report also says that the situation in the poorer countries of Central Asia poses a development challenge for the international community, but despite this, the international community does not pay as much attention to Central Asia as it does to other vulnerable regions of the world. The report also stresses that assistance from the international community should be matched by a complete willingness on Central Asia's part to help itself to make cooperation with international community for the development of the country capacity[64], to access of youth to decent and productive work[65] and to integration in the international information space.[66]

[1]However, it was recognize that the level of poverty in the country is still significant. The poverty lines in use in Kyrgyzstan are very low: in 2007 the poverty line was KGS 963 per month and the extreme poverty line was KGS 640. In 2007, 35 percent of people in Kyrgyzstan (1,829,000 individuals) were living in poverty and 6.6 percent (344,900 individuals) were living in extreme poverty.

[2]These two indicators demonstrate how low the incomes of the poor are compared to the poverty line.

[3]This lack of correspondence on various interlinked indicators of one MDG testifies to the following: The extreme poverty line is at low level; therefore the share of the population falling under this category is relatively small. It

should be noted that the distribution of the population of the Kyrgyzstan is skewed towards poverty, which means that a small increase in the level of the poverty line would result in a substantial increase in the share of the population counted as extremely poor. It should be mentioned that the third indicator depends on the structure of the population's consumption and, therefore, cannot be used as a clear target in the process of poverty reduction.

[4]However, the main engine for poverty reduction was the growth of private consumption; the average rate of growth in private consumption from 2003 to 2007 was 17%.The growth of private consumption can be explained mainly by a factor that is external to the national economy: remittances from emigrants, which increased dramatically during this period. In 2003, the volume of remittances was only $154 million, or 6.9 percent of the GDP. In 2007, remittances were more than $1 billion, or about 27% of the GDP. This meant that the level of consumption in Kyrgyzstan was 20% higher than GDP of that year. The second most influential poverty reduction factor was the increase of the GDP, which grew by an average of 5% annually. The contribution of budgetary policy to poverty reduction was less significant; in real terms, per capita social security expenditures grew by 1.5% annually. The low contribution of social expenditures to poverty reduction was confirmed by the data from the sample household survey, which was first conducted in 1996, and showed that social transfers accounted for only 7.3% of nominal cash revenues. The figure was the same in 2006. Unfortunately, the sharp growth of prices that has been recorded in Kyrgyzstan since 2007 has threatened to push the majority of the population back into poverty. If price growth in 2007 were higher than the consumer price index by 5%, no progress in poverty reduction would have been observed.

[5]The mentality and traditions of the Kyrgyz people put a great deal of value on education, an attitude that was reinforced during the Soviet era. The Kyrgyzstan has long been characterized by a high level of literacy. Knowledge is considered not only a precondition for future professional success, but also as valuable in itself. Although problems with finding employment after graduation from vocational training schools have forced some young people to reconsider their attitudes in the last 15 years, the dominant view is still that education is important.

[6]The matrix of monitoring and evaluation indicators for the CDS includes indicators meant to monitor progress toward the achievement of this goal. The current values for these indicators are presented in Figure 4. The CDS also includes other indicators relating to the provision of universal basic secondary education, such as "growth of public expenditures on basic education," "number of rehabilitated schools in rural areas," and "share of first grade pupils who reach the fifth grade."

[7]National Statistical Committee, population census data for 1999.

[8]If the indicator exceeds 100 percent, this means that the number of children in schools is more than the number of children living in the territory of the city.

[9]An analysis of the percentage of children of each educational-age level that attend school shows that, upon completion of primary school, up to 9% of children drop out and after the ninth class, another 29% drop out. These children leave school because they don't want to continue their studies, or because of their parents' financial difficulties, or because their parents' intention to teach them a profession at an early age. There is practically no gender imbalance before the ninth class, but it increases in the most advanced classes, in which there are 8.6% more girls than boys. This means that among pupils who have completed secondary education, there are more girls than boys.

[10]Cluster multi-indicator survey, the Kyrgyz Republic, 2006. Final Report. National Statistical Committee, UNICEF, 2007, Kyrgyzstan, Bishkek, p. 62.

[11]Here the net educational coverage ratio is used. It differs from the gross coverage ratio in that it does not count all children of a certain educational level, but only those who correspond to this level in terms of age.

[12]MDG Progress report, Bishkek 2003, p. 18.

[13]This is an average indicator, which unites the expenditures on all secondary specialized establishments: technical schools and professional lyceums.

[14]Primary education: 1rst –4th classes, basic education – 5^{th} - 9^{th} classes, secondary education – 10^{th} –11^{th} classes.

[15]The existing multi-channel system of financing educational establishments results in high differentiation among secondary schools. The biggest differences are between urban and rural, public and private schools. This means that, during the current period of national development, which is characterized by significant social stratification, the government has been unable to ensure relative equality of opportunities for children in terms of their access to education. **The efforts** of the Government to improve the quality of education, establish financial incentives for academic staff, and enhance schools' material resources enjoy financial and technical support from the donor community. Currently, there are several donor-funded educational projects being implemented in the country. Each project financed by an international organization is aimed at solving specific issues and supports the

improvement of indicators relevant components. **For example,** since 2005, the Asian Development Bank has been financing the Secondary Education Project, which has three components: modernizing the curriculum and assessing the quality of education; strengthening and supporting teaching as a profession; and rehabilitating priority schools in rural areas. Another project is the Rural Education project, which has been financed by the World Bank since 2005. It has five components: improvement of the system of incentives for teachers; school sub-grants to improve training; textbooks and training materials; appraisal of pupils; budgeting; and strategic planning in education.

[16]In recent years, significant attention has been paid to the empowerment of women and the achievement of equality between men and women. For example, the Country Development Strategy (CDS) has undergone a gender analysis. Based on the results of this analysis, a number of interventions were introduced in the relevant sections and an additional section, the "Policy of achieving gender equality," was formulated. When the CDS was drafted, there were no women in parliament and women were under-represented at high levels of the public administration, so specific attention was paid to the issues of political representation of women. An important achievement was the introduction of special temporary measures to the CDS matrix and the establishment of the target of 30% for the share of women among the deputies of the Parliament. Due to temporary special measures included in electoral legislation, the share of women among the deputies of the Jogorku Kenesh has increased from zero to 26.6% since 2005. In terms of the ratio of salaries of women to the salaries of men, in recent years this indicator has shown some positive dynamics, though increased horizontal and **vertical segregation** in the labor market make this indicator's basic value of 1996 non-achievable, not to mention the complete leveling of the salaries of men and women that is its target. The share of women in the economically active population has been steadily declining. Without special policy measures to create better opportunities for women (increased access to resources, support for female entrepreneurship, increased numbers of women in non-agrarian sectors, etc.) the achievement of the target indicator by 2015 will be problematic

[17]Information from the Ministry of education: currently 58 percent of boys from poor families leave school after the ninth class.

[18]The prevailing dynamics of growth and the absence of policy measures aimed at promoting equal access to education may, within the next several years, produce a gap between the educational levels of women and men. This gap may have some demographic consequences, since differences in educational levels have impacts on marriage and birth rates.

[19]Girls account for 82.5 percent of students in education, 69 percent in the vocational training programmes and 64 percent in the humanities. Women and men in the Kyrgyz Republic. Gender-disaggregated statistics, Bishkek, 2007, pp. 72-73.

[20]Women account for 72.5 percent of employees in the educational sector, and 76.2 percent of employees in the healthcare sector and delivery of social services. Gender-disaggregated statistics, Bishkek, 2007, p. 24.

[21]The occupational segregation is one of the causes of the existing gap in the indicator of the difference in the average salaries of men and women. Despite the fact that, during the past two years this indicator showed a decline in the size of the gap between men's salaries and women's salaries, resulting from annual increases in salaries of government employees, one can hardly expect significant progress on this indicator given increased segregation in professional education and the labor market. The situation is also aggravated by the fact that the sectors in which female labor resources are most concentrated are mostly financed from the state budget and are, therefore, more protected from market forces; therefore the salaries in these sectors remain lower than those in market sectors. The second cause of the existing gap between the salaries of men and women is that women seldom occupy high-level managerial positions, where the salaries are bigger. This is the case even for traditionally "female" sectors: the average salary of a woman working in education is only **78.5%** of the average salary of a man working in the same sector; in healthcare and the delivery of social services, the number is **89.2%.** Women's low salaries are very often not considered a serious problem, since the stereotype is that the majority of women have access to other resources through their husbands and family members. But this stereotype does not take into account the fact that the number of single mothers, divorced women and women who live in unregistered marriages is increasing. According to statistical data, about one-third of children in Kyrgyzstan are born in marriages which are not officially **registered.** The concentration of men in technical specialties is one of the reasons they are three times more likely to be injured on the job and ten times more likely to die on **the job.** This has an impact on the life expectancy indicator: for men, the average life expectancy is 63.5 years; for women, it is 72. The gap is over 8.5 years and has shown consistent growth (in 2002 it was 7.5 years). The share of women in the economically active population shows a stable, declining trend due to the specific position of

women in the labor market. The level of unemployment among women in all age groups is more than 1.5 times higher than the level of unemployment **among men.** Women spend more time searching for jobs and they also accounted for the majority of people who were officially looking for a job for more than one year. This can be explained by the complications involved in reconciling a career with having children.

[22]Employers, i.e., those engaged in individual labor activity, farming enterprises, etc., are obliged to pay a maternity benefit in the amount of 100 percent of salary during the first 10 days of maternity leave. Starting from the eleventh day; the benefits are paid from the national budget. Cf. Regulation on the payment of maternity and temporary disability benefits, approved by the Resolution of the Government of the Kyrgyz Republic, August 14, 2006, № 576.

[23]Alternative Report to the Committee on CEDAW and the materials on the compliance with the provisions of the Convention on the Elimination of all Forms of Discrimination Against Women in the Kyrgyz Republic, NGO Council, Bishkek, 2008, pp. 15-19.

[24]Alternative Report to the Committee on CEDAW and the materials on the compliance with the provisions of the Convention on the Elimination of all Forms of Discrimination Against Women in the Kyrgyz Republic, NGO Council, Bishkek, 2008, p 170.

[25]Women and men in the Kyrgyz Republic. Gender-disaggregated statistics, Bishkek, 2007 p. 29.

[26]Absence of effective action on gender issues has been caused, to a considerable degree, by the long-term problem of under-representation of women in the government. The reduction of the number of women in managerial positions in government culminated in the parliamentary elections of 2005, when there were no women among the elected deputies. This situation posed a threat to the future of the country, something that both civil society and the highest political authorities recognized, prompting the introduction of a proportional electoral system and a package of special measures in the new version of the Electoral Code. In the 2007 parliamentary elections, women representing three different political parties claimed 24 of the 90 seats in parliament (26.6 percent of the seats). The Constitutional and Supreme courts are now headed by women. Women have also become better represented in the executive branch. Still, overall, women occupy only 17 percent 33 of high-ranking civil service positions.

[27]The Kyrgyz Republic. *MDG Progress report, UNDP, Bishkek,* 2003.

[28]The steady increase in the infant mortality indicator is explained not only by the change in the registration criteria, but also by the overall socio-economic situation in the country. This is confirmed by the recent increase in child mortality at home or just after admission to a hospital, which illustrates the material capacities of parents and medical institutions to provide timely aid to children.

[29]Level of life of the population of the Kyrgyz Republic, NSC, pp. 10-11.

[30]Women and men in the Kyrgyzstan. Gender-disaggregated statistics, Bishkek, 2007 p. 52.

[31]The fact that child and infant mortality rates are several times higher in Bishkek and Osh than in other parts of Kyrgyzstan supports the idea that there is insufficient access to high-quality medical services for children; parents bring children from remote regions to the cities for treatment and difficult cases very often result in fatal outcomes. The increasing number of internal migrants who live in very difficult conditions also contributes to the decline in this indicator in cities.

[32]A review of the issues related to infant and child mortality shows a tendency to search for the causes in the child and maternal health sectors and to develop policy measures aimed at the public health sector. But it should be noted that this problem cannot be solved without a broader review of causes and development of policy measures in other sectors. According to surveys38 on ensuring safe pregnancies, the influence of medical aspects accounts for only around 10 percent of all the factors which impact this indicator. Mortality rates are also influenced by indicators of child poverty. According to the integrated sample household survey of 2006, among the total number of children under 17 years old, 48.5 percent lived in poverty – and 12 percent of those lived in extreme poverty. The fact that 95 percent of children in rural areas have poor access to pre-school has a direct bearing on the problem: small children are being taken care of by their older brothers and sisters; sometimes they are left without any care at all. This situation results in an increase in casualties among children and also has a negative impact on their physical and mental development.

[33]Multi-indicator cluster survey, NSC, UNICEF, 2006, p. 14.

[34]The existing system of registration and analysis of maternal mortality cases does not provide the answers to key questions such as: What social groups did the dead women belong to? Why did she die? What prophylactic medical measures could have been taken to save her life? Regional differences in maternal mortality rates also require additional study. For example, the low maternal mortality in Osh oblast (26 cases per 100,000) and the very high rate in the city of Osh (100.6 cases per 100,000), can be easily explained: the difficult cases are brought

to Osh from remote regions. However, in other cases, the traditional link between maternal mortality and poverty is not as visible.

[35]Women and men in the Kyrgyz Republic. Gender-disaggregated statistics, Bishkek, 2007 p. 31.

[36]Such as *hestosis* – severe gestational toxicosis (23 percent); and obstetrical hemorrhages – bleeding during pregnancy (20 percent).

[37]According to the experts, one of the causes of the increased maternal mortality rates is the growing number of childbirth complications. Though the interval between the deliveries has increased compared to 1990, nevertheless, it is too short among 11% of women.

[38]In the poorest and the richest quintiles, this assistance was offered to 60.1 percent and 96.3 percent of women respectively. Multi-indicator cluster survey, NSC, UNICEF, 2006, p. 15.

[39]Increased internal migration has resulted in a growing number of women who are not registered at their places of residence. Consequently, these women also do not register with medical establishments. In accordance with the law "On mandatory social guarantees," within the framework of the Manas Taalimi programme, a woman should be registered regardless of whether she has a residence permit or not. But the level of awareness of this provision among the population is very low. Another issue is a shortage of qualified personnel. Some regions lack neonatologists and obstetrician/gynecologists. For example, in Batken oblast, there are only two obstetrician/gynecologists. The number of people suffering from diseases of the blood and the blood-making organs has doubled since 1990; 92.4% of these people suffer from iron deficiency anemia. Cases of anemia have been registered among about 60% of women of reproductive age. The highest incidence was observed in Jalal-Abad oblast.

[40]In general, the level of awareness – especially in rural areas – of family planning methods, preventative reproductive healthcare, and safe contraception is insufficient. There are only 21 pilot "healthy schools," mainly in the capital, which have special lessons to discuss reproductive health issues. Such initiatives are especially useful in a society that, due to stereotypes, lacks the tradition of discussing such issues in the family and in which the subjects of sex and reproduction are taboo. There is also a shortage of literature on healthy lifestyles, family planning, and parenting. For all these reasons, the number of abortions is still high and abortions account for 10% of all registered cases of maternal mortality. The officially registered decline of abortions45 is explained by the increased number of private clinics that perform abortions but do not register them with statistical agencies. There are also a number of non-medical factors that influence maternal mortality, such as early marriages. Statistical data on early marriages became available only recently. In the last three years, there were 11-12 officially registered marriages with brides younger than 16, and about 300 cases in which the bride was younger than 17. Early marriages like these will result in problems with the women's health. They will also limit the educational and professional training opportunities for both the mothers and their children; there is a direct link between a mother's level of education and the health and literacy of her children. The increased maternal mortality rate and the status of reproductive health are also influenced by the heavy workload placed on pregnant women in Kyrgyzstan. They continue to do domestic work and take care of family members, combining this with income-generating activity in the informal sector of the economy. The state support officially provided to working mothers is ineffective. Despite the provision in Article 307 of the Labor Code, the timing and duration of maternity leave depend on the subjective attitude of the employer to issues of maternity, in general, and to the specific female employee, in particular, rather than on the legislation. The maternity benefit that is part of the social benefits package offered by the Ministry of Labor and Social Development is only KGS 700. Because the economic environment is difficult and women are scared of losing their jobs, in reality, women do not take advantage of their maternity leave.

[41]Data from Republican AIDS Association.

[42]According to experts, the real number of PLHIV in the Kyrgyz Republic is over 4,500. Source: "Evaluation and forecasting of national epidemics of AIDS, SPECTRum, 2007.

[43]Data from the National Statistical Committee.

[44]Country report on compliance with UNGASS: January 2006 – December 2007, the Kyrgyz Republic, Source: http://data.unaids.org/ pub/Report/2008/kyrgyzstan_2008_country_progress_report_ru.pdf.

[45]Data from Republican AIDS Association.

[46]The Government conducts significant HIV/AIDS prevention activities. In 2007, the Kyrgyz Republic established a new National Inter-sectoral Coordination Committee on socially important and extremely dangerous diseases (it deals with HIV/AIDS, tuberculosis and malaria). The State Program on the Prevention of HIV/AIDS for 2006-2010 was approved and is being implemented (before 2006, two state programs on HIV/AIDS were already implemented).

[47]The State Program for prevention of HIV/AIDS epidemics and its social and economic consequences in the Kyrgyz Republic in 2006-2010.
[48]The country has established sustainable partnerships between governmental, non-governmental and international organizations, including UNAIDS, UNDP, WHO, UNFPA, USAID, UNODC, Project Potential, and the Central Asian HIV/AIDS Control Project. Currently, over 60 NGOs are involved in the implementation of the State Program on the Prevention of HIV/AIDS. A substantial number of prophylactic measures are undertaken within the HIV/AIDS component of the Global Fund Aganist AIDS, Tuberculosis, and Malaria (GFATM). In order to detect cases of HIV transmission from mother to child in a timely fashion, all registered pregnant women should undergo HIV tests, with their consent. The normative and legal framework has also undergone substantial changes, since it was aligned with international standards. These standards aim to protect PLHIV and the vulnerable population from discrimination and stigmatization.
[49]Considerable activities are undertaken in the Republic with donor support to slow the spread of drug addiction and to reduce the hazards of drug use. As part of the effort to combat HIV in Kyrgyzstan, there are needle exchange and substitution treatment program involving over 400 injection drug users. The State Program on HIV/AIDS Prevention also pays considerable attention to the increasing number of injection drug users. Its program includes a strategy to reduce injection drug users' vulnerability to HIV/AIDS. The Kyrgyzstan has many non-governmental organizations established by drug users, HIV-infected people, and sex workers to assist drug users, HIV-infected people, and sex workers.
[50]Tuberculosis-III" National Programme for 2006-2010.
[51]Information from the National Physiology Center on the implementation of National Programme of the Kyrgyz Republic Tuberculosis-III for 2006 – 2010.
[52]Unfortunately, in 2007, both in the Republic, in general, and in some regions of the country, in particular, the number of neglect cases of tuberculosis increased. This can be explained by a low level of awareness of tuberculosis among the population and late detection of new cases. Currently, the Republic is implementing the National Program on Tuberculosis-III for 2006-2010. The main objectives of this program are the further reduction of the tuberculosis incidence and mortality level, the stabilization of the epidemiological situation, and the establishment of full control over this disease on the territory of the Republic. The program envisages the pilot introduction of the DOTS PLUS strategy, which allows the treatment of resistant forms of tuberculosis. In the Kyrgyzstan, diseases of the respiratory organs take a dominating place in the structure of incidence63, which creates an unfavorable situation, given the difficult epidemiological situation with tuberculosis. So in 2003, a Kyrgyz-Finnish program on pulmonary health launched a pilot introduction of the Practical Approach to Lung Health (PAL) program. This strategy was created by the WHO for the countries that use the DOTS program. The PAL strategy puts an emphasis on detection of tuberculosis and the early diagnosis and correct treatment of other respiratory infections. In order to perform active surveillance of vulnerable groups of the population, tuberculin diagnostics and fluorography have been introduced in all regions of the country.
[53]Source: http://www.euro.who.int/document/e88840r.pdf
[54]This plan is aimed at improving anti-malaria efforts by organizing systematic and sustainable measures among the population and assisting those suffering from the disease. The plan's main objectives include: prevention of the spread of tropical malaria in the Republic; further reduction of the incidence and prevalence of malaria (to a level below 5 cases per 100,000 people); prevention of deaths from malaria; and shift from combating to eradication of malaria by 2013.
[55]Ministry of healthcare of the Kyrgyz Republic.
[56]This project envisages a number of strengthened anti-malaria measures, such as application of insecticides, distribution of antimosquito covers and curtains, workshops for medical staff, and the distribution of educational brochures and booklets to the general population.
[57]Data from the National Statistical Committee.
[58]Source – State Agency on environmental protection and forestry.
[59]Decree of the President of the Kyrgyz Republic No. 331, dated June 28, 2006.
[60]Source: Institute of Soils and Biology of the National Academy of Science.
[61]Resolution of the Government of the KR No. 374, dated July 11, 2008.
[62]Source: Ozone Center.
[63]Other indicators of air pollution, such as the volumes of CO2 emissions and the emissions of other greenhouse gases do not show any stable dynamics. From 2003 to 2005, Kyrgyzstan produced an average of 2.23 tons per person of CO2 equivalent and 1.6 tons per person of other greenhouse gases. Kyrgyzstan is one of the richest countries in the Central Asia in terms of water resources. In 2006, the country's total water intake from natural

sources amounted to 8,007 m3 and consumption of water per capita was 25 m3. In general, water intake from natural sources is increasing throughout the country. There has not been a great deal of progress on addressing the urgent problem of access to safe drinking water in the country, but the trends are positive. More than 1,749 kilometers of water pipelines were commissioned during 2003-2006. In 2007, 93 percent of the population had access to potable water. This is already above the target of 90 percent by 2015. Therefore, additional access to potable water is annually ensured to an average of 3.6 percent of the population (over 145,000 people). Although these quantitative indicators portray a positive picture, in terms of quality, access to water is still a challenge. According to estimates, 15 percent of water supply systems use open sources, a number that is constantly increasing. Another concern is the contamination of water sources, especially in rural areas. About 11 percent of water sources in the country do not meet sanitary and hygiene norms in terms of microbiological parameters. It should also be noted that, with respect to regional differences, the situation in is less favorable. The most difficult situations, in terms of access to potable water, exist in Naryn oblast, a mountainous region where only 59.5 percent of residents have access to potable water, and Osh oblast, an area with a high population density, where only 75.1 percent of residents have access to potable water. Compared to access to drinking water, the improvement of the population's access to sewerage is a more challenging task. From 2003 to 2006, only 2 km of sewerage networks were commissioned. Due to insufficient volume of repair and rehabilitation works, the existing structures regularly do not function properly. The situation is aggravated by the fact that increased domestic migration has resulted in a high concentration of population in Bishkek and the country's other large cities. The newly constructed residential areas around the capital and the towns of Chui oblast do not have adequate drainage systems. Starting in 2006, the process of deterioration in this area was reversed and there was even some improvement – partly due to more active intervention by the Government of the Kyrgyz Republic. The CMCC approved and actively implement an action plan to achieve the goals of the International Year of Sanitation. Nevertheless, the achievement of the target indicator for improved sewerage and drainage systems looks problematic at the moment.

[64]After the collapse of the Soviet Union, the Kyrgyz Republic had to solve serious economic and social problems. Therefore, it resorted to substantial external borrowing. By 2007, the country's foreign debt exceeded its GDP (its debt was 101.9 percent of its GDP in 2000). This situation was aggravated by the country's lack of experience with foreign debt management and, in particular, a lack of strict control and monitoring of project implementation, weaknesses in the designs of external aid projects, and a lack of efficiency criteria. The government institutions were also unable to cope with the foreign debt issues. The Government of the Kyrgyz Republic twice applied to the Paris Club of creditors. The rescheduling of the foreign debt in 2005 allowed the Kyrgyz Republic to solve the problem of servicing the debt it owed to bilateral creditors, achieve a substantial savings of budgetary funds for a long period (until 2020), and qualify for better terms and conditions on its foreign debt. The country's external debt fell to 53 percent in 2007. It should be noted that the Government and the donors made substantial efforts to harmonize external aid procedures. One important achievement was the approval of the Joint Country Assistance Strategy by the major donors to the Kyrgyz Republic. An assessment of the dynamics of indicators based on the dynamics of external debt reduction shows that the target value will be reached in 2013, and the ratio of external debt service payments as a share of exports in recent years is less than 8 percent.

[65]The first progress report mentioned that unemployment is becoming an urgent problem for youth, but there was no quantitative target for youth employment (due to statistical problems). The basic policy documents, such as the CDS and the National Population Employment Program until 2010, mention that the problem of youth employment is serious, but they also do not provide quantitative targets for addressing it. Starting in 2003, the level of unemployment among 15- to 24-year-olds improved, modestly: in 2003, it was 16.4%; in 2006, it reached 14.6%. But these figures are both still significantly higher than the official total unemployment rate, which was 8.1 percent in 2005. The CDS set the goal of reducing youth unemployment to 4.7 percent. Therefore, the dynamics of the indicator unemployment among youth should correspond to the dynamics of the basic indicator or be ahead of it.

[66]Communications operators in the Kyrgyz Republic provide basic telephone services using wirelines, networks and mobile communications, which together cover more than 95 percent of the country's population. In cities and towns, there are Internet cafes and dial-up Internet connections; mobile and telephone communication services are becoming increasingly available. The level of access to telecommunication services available to the urban population in the Republic is characterized as high and is constantly growing, creating more and more opportunities to use stationary and mobile telephone communications and access to the Internet via dial-up connections, home networks, broadband connections and mobile terminals (Figure 20). At the same time, there is a significant "digital divide" between urban areas – especially Bishkek – and the rest of the country. This gap is

quite visible even when comparing Bishkek with Osh, Kyrgyzstan's second city. The calculation of the indicator "number of personal computers in use and number of Internet users per 100 people" is difficult because of the statistical errors involved in trying to register only computers that are really in use. Therefore, to evaluate access to information and communication technologies, it is more appropriate to use the indicator "number of employees using computers in their work activities per 1,000 employed people". This indicator has increased steadily over time.