

United Nations

MILLENNIUM DEVELOPMENT GOALS IN KAZAKHSTAN

2002



“To build such future and not to go astray, we must have a clear vision of what we actually want. When speaking about a long-term period, I, as the Head of State suggest the following as the mission of our country:

- *to build an independent, prosperous and politically stable Kazakhstan with its inherent national unity, social justice and economic well-being of the entire population*
- *prosperity, security and raising the living standards of all the Kazakhstanis*

Such are key words to characterize Kazakhstan we all want to build. In process of our advancement into the 21st century they must remain our guides.”

Nursultan Nazarbaev
President of the Republic of Kazakhstan
“Kazakhstan-2030,” 1997

“The United Nations Millennium Declaration embodies a large number of specific commitments aimed at improving the lot of humanity in the new century.”

“(The implementation of the commitments) will require hard decisions and courageous reforms in all States and all areas of policy, ranging from cuts in energy consumption and carbon emissions,... to more transparent and accountable governance and the reallocation of public resources towards projects that benefit the neediest groups in society, as opposed to the most influential.”

Kofi Annan
UN Secretary - General
“Road Map Towards Implementation
of the UN Millennium Declaration,” 2001

Foreword by the Prime Minister of the Republic of Kazakhstan

Dear Ladies and Gentlemen!

In 2000 in New York, together with other world leaders, the President of Kazakhstan added his signature to the Millennium Declaration.

The Millennium Development Goals, set forth in the Declaration, in many ways are harmonious to Kazakhstan national priorities and objectives, which are in the process of being realized.

11 years of independence have been a long journey for our country. Political, economic and social reforms have been successively implemented. Our achievements in the areas of institution building and democracy development are considerable. Further, Kazakhstan is now acknowledged as a state with a market economy. Our country is a full member of the international community and a recognized leader of global integration processes.

Kazakhstan has entered the new millennium with confidence. The economy has been experiencing growth over the last number of years. We are fully aware that economic success must be felt by every citizen of our nation.

Today, more than 70 per cent of the state budget is allocated for social spending. Poverty levels and unemployment are steadily declining. The programme on the social development of rural areas has been adopted.

A significant amount remains to be done to successively realize the national strategy “Kazakhstan - 2030. Prosperity, Security Improvement of Welfare of the Citizens of Kazakhstan.”

This publication provides an overview of the significant achievements of Kazakhstan. I am confident that this report will be of interest to and useful for state bodies, international partners, public and political organizations. I hope that the report will serve as an additional impetus for further constructive activity of all parties concerned for the good of Kazakhstan and its people.

I avail myself with this opportunity to express my gratitude to the UN System for its support to this publication.



Imangaly Tasmagambetov

Foreword by the UN Resident Coordinator

Millennium Development Goals (MDGs) outline some of the most important objectives of development. They help to set priorities around some of the most pressing issues of human development. They help to focus national and international priority-setting by limiting the number of goals and targets, keeping them stable over time, and offer an opportunity to communicate clearly with broad audiences. Each goal is associated with specific targets and each target measured with particular indicators. It allows us to keep track of progress in each goal.

The baseline year for MDGs is 1990. The achievement is targeted for the year 2015. For Kazakhstan and other countries that emerged out of the Soviet dissolution, this baseline creates a difficult point of departure as compared to other developing countries, since they had to build young nations from ground up, transitioning to democratic market economies out of communism, which required the dismantling of almost all the institutions and building completely new ones in their place. However, Kazakhstan's impressive economic growth and the emerging national capacity out of its first decade of political and economic transition, gives us high hopes that MDGs will be mostly achieved in this country.

For Kazakhstan, MDGs form a useful set of internationally accepted milestones that closely map to its long-term vision of Kazakhstan 2030, with convenient check points at its mid-term, the year 2015. You will note in the report that all the goals are covered by existing national strategies, policies and programs of Kazakhstan. Our aim with this report is to bring to the decision makers and the stakeholders a ready collection of information so that they can determine where we are in Kazakhstan with regard to the seven MDGs, the extent of further work needed before the year 2015 and what instruments are available nationally as well as internationally for their attainment.

As the UN System in Kazakhstan, we will be supplementing this brief, informative report with a series of more in-depth publications with a view to providing more analysis and solution alternatives so that a more informed approach to the attainment of MDGs in Kazakhstan happens in the years to come.

I would like to record my appreciation to our many national counterparts throughout Kazakhstan and to the UN System colleagues whose joint work made it possible to issue the Kazakhstan MDG Report among the first of its kind in the CIS. As the UN System, we consider ourselves privileged to cooperate with capable partners in Kazakhstan and have every hope that together we will attain and surpass the Millennium Development Goals on the way to realizing Kazakhstan 2030 to its fullest extent.



Fikret Akcura

List of Millennium Development Goals and Targets	1
Introduction	2
Kazakhstan - Development Context	4
Millennium Development Goals and National Goals and Targets	8
Millennium Development Goals in Kazakhstan	
Goal 1: Eradicate extreme poverty and hunger	12
Goal 2: Achieve universal primary education	24
Goal 3: Promote gender equality and empower women	28
Goal 4: Reduce child mortality	34
Goal 5: Improve maternal health	40
Goal 6: Combat HIV/AIDS and other diseases	46
Goal 7: Ensure environmental sustainability	56
Goal 8: Develop global partnership for development	68
Annex I. Summary of Progress Towards the MDGs in Kazakhstan	72
Annex II. Capacity for Monitoring and Reporting MDG Progress	73
Annex III. International Conferences and World Summits of 1990s	74
Annex IV. List of Millennium Development Goals, Targets and Indicators	75
References	76

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

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

Goal 2: Achieve universal primary education

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

Goal 3: Promote gender equality and empower women

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

Goal 4: Reduce child mortality

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

Goal 5: Improve maternal health

Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

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

Target 7: Halt, by 2015, and begin to reverse the spread of HIV/AIDS

Target 8: Halt, by 2015, and begin to reverse the incidence of malaria and other major diseases

Goal 7: Ensure environmental sustainability

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

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

Target 11: Achieve, by 2020, a significant improvement in the lives of at least 100 million slum dwellers

What are the Millennium Development Goals (MDGs)?

POVERTY, HUNGER, LACK OF SAFE DRINKING WATER, INEQUALITIES IN ACCESS TO EDUCATION AND HEALTH SERVICES, SPREAD OF HIV/AIDS, SHORTAGE OF SAFE WATER, CLIMATE CHANGE...

In the era of rapid globalization, these problems are no longer of individual concern to countries but rather have become a common challenge for all of humanity.

At the threshold of the new millennium, 147 heads of state and government convened at the United Nations General Assembly to develop a joint approach and strategy to tackle the world's common compelling problems. This largest-ever gathering of world leaders adopted the Millennium Declaration, which is now signed by 191 countries, including Kazakhstan.

Building on the decisions of the world summits and international conferences of the 1990s, the Millennium Declaration expresses the common vision and agreement within the international community on plans of action for the new millennium.

The Declaration contains a set of key development goals that set a path towards a world free of poverty and the misery associated with poverty:

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

The above set of goals is known as the Millennium Development Goals (MDGs).

It is also very important that the Declaration establishes concrete measures for judging performance towards the MDGs through 11 inter-related numerical and time-bound development targets and 31 indicators.

The Millennium Declaration seeks to create an environment conducive to development and free of poverty both at the national and global levels, and contains a goal, which represents a partnership between the developed and the developing countries:

- 8** **GOAL 8** - Develop global partnership for development

The Millennium Declaration brings clarity to the roles and responsibilities of key partners: governments, international organizations, citizens, civil society organizations and the private sector.

Covering all major areas related to the well-being of people, the Millennium Development Goals, if achieved, will make the world a better and safer place for its population of 7 billion, as projected for 2015.

Why and how are the MDGs monitored?

Regular monitoring and progress reviews in terms of achievements, trends and shortfalls are vital for ensuring that the goals do not just remain on paper but are systematically put into action.

The MDGs are already accepted by all governments, and as such, can become a part of national development strategies and be used for assessment of policy and programme impact. By becoming national objectives, the Millennium Development Goals can help increase coherence and consistency of national programmes and policies.

At the global level the UN Secretary General reports annually to the General Assembly on the global progress towards the MDGs.

At the national level, reports like this one review a country's implementation of each of the Millennium Development Goals, helping to highlight major problems that need to be addressed.

What is this Report about?

This document was prepared jointly by the Government of Kazakhstan and the UN System working in the country.

In words, tables and charts this report describes the status of the Millennium Development Goals in Kazakhstan, the country's position in reaching those goals by the year 2015 and what remains to be done. This report is not about bureaucratic details, voluminous analyses or policy recommendations.

We attempted to make this publication as user friendly as possible so that wide sections of civil society and decision makers at many levels can easily relate to the MDGs and their meaning and significance.

To add perspective for the reader, many of the tables and charts facilitate comparison of Kazakhstan's situation with neighboring countries, some other CIS countries, as well as with selected developing and developed countries.

We also tried to provide linkages between the MDGs and the goals/targets set in national policies and strategies.

In the Annex to this report you can find brief references to the World Summits and International Conferences that were held in the 1990s and served as a basis for the Millennium Declaration.

We hope that this report will help government departments, universities, NGOs and donors see how their own work supports the MDGs. Through better coordination and collaboration we should achieve the MDGs in Kazakhstan.

1. In the past ten years, Kazakhstan has made considerable progress in implementing complex political, economic and social reforms to establish a democratic state with a market economy.

While the country has not experienced political disturbances during the transition period, it has faced numerous economic, social and environmental challenges.

2. The first few years of Kazakhstan's independence were characterized by an economic decline (mostly due to the destabilizing force of disintegration of the Soviet Union): by 1995 real GDP dropped to 61.4 % of its 1990 level. This economic deterioration exceeds the losses experienced during the Great Depression of the 1930s.

The wide-ranging inflation observed in the early 1990s peaked at an annual rate of 1,975 % in 1994 and since then has continuously decreased and fell to levels of 7.6 % in 1998 and 8.3 % in 1999.

The economy began to slowly recover in real terms in 1996. However, economic growth during 1996-1998 was modest due to weak world commodity markets and the Russian financial crisis.

From 1999 the country has enjoyed a period of steady economic growth demonstrated by the following annual GDP increases: 2.7% in 1999, 9.8 % in 2000 and 13.5% in 2001.

Real GDP growth (as a % of the previous year)

1996	1997	1998	1999	2000	2001
100.5	100.7	98.1	102.7	109.8	113.5

Source: Agency on Statistics

This rapid growth was primarily driven by favorable world oil and minerals prices as well as growing export volumes.

3. Economic recession in the early and mid 1990s led to a dramatic rise in poverty, rising unemployment rates, growing income disparities, uneven regional development and declines in health care and educational services.

In 1998 almost half of the country's rural population and over a third of its urban population had incomes below the subsistence minimum. In 2001, approximately one third of rural citizens and over one fifth of the urban population still lived at levels below the subsistence minimum. Women were disproportionately affected by unemployment and poverty.

Moreover, the country's demographic statistics show a disturbing pattern. In the period from 1990 to 1998 the average life expectancy decreased from 68.3 to 64.4 years. In addition to high level of emigration, the birth rate in Kazakhstan fell from its 1990 level of 22 births per 1000 to 14 per 1000 in 1999 (the lowest level since World War II). The general mortality rate in Kazakhstan by 1999 was 26 % higher than what it was in 1991.

4. Kazakhstan's transition problems have been reflected in its decline in development rankings. In 1990 Kazakhstan was among countries with high human development, ranking 54th out of 173 countries in UNDP's Global Human Development report. Since then Kazakhstan's ranking has fallen. In 1992 the Human Development (HD) rank dropped to 61, then to its nadir of 93 in 1995. In the recent Global Human Development Report (2002) Kazakhstan occupies the 79th position.

5. As a consequence of the extreme scarcity of public resources during transition, spending on the social safety net as a share of GDP fell by over a third from 11.2 % in 1992 to 6.6 % in 1996. Although new forms of social protection have been introduced, such as unemployment assistance, there has been a general decline in program beneficiaries due to tightened eligibility criteria. The real value of social allowances has declined substantially.

The tightness of public resources has also been felt in the education and health sectors. Between 1990 and 1995, government spending for education, as a percentage of the state budget, dropped by more than 50 percent. Public expenditures on health, as a percent of GDP, also reduced by about a half.

In 1999, despite the recent growth of GDP and a declining population, Kazakhstan's social sector expenditure per capita remained low both by international standards and in comparison with some other states in transition:

State expenditure, USD per capita, 1999				
Country	Education	Health	Pensions(both social security and welfare payments)	Other social expenditures
Kazakhstan	40	29	87	10
Hungary	183	337	394	240
Poland	68	181	534	189

Source: World Bank

Currently, education and basic health services, unemployment benefits and other social assistance are funded mainly from local budgets. Social expenditures per capita, and hence the quality and quantity of public services, significantly vary among the oblasts because of their differing abilities to mobilize resources. Thus, the population across the country, especially the poor, have unequal access to social services.

6. According to official statistics, the economic recovery of the past two years has had a positive impact on Kazakhstan's social developments:

Key income-poverty indicators						
	1996	1997	1998	1999	2000	2001
Real GDP growth (% over previous year)	100.5	100.7	98.1	102.7	109.8	113.5
Proportion of people with income below subsistence minimum (%)	34.6	38.3	39.0	34.5	31.8	28.4
Proportion of people with income below food basket cost (%)		12.7	16.2	14.5	11.7	11.3
Gap in income of 10% the richest 10% the poorest		10.2	11.3	11.0	11.9	11.3
Income inequality (Gini coefficient)	0.319	0.338	0.347	0.340	0.343	0.348
Unemployment rate		13.0%	13.1%	13.8%	12.8%	10.4%

Source: Agency on Statistics

Whether measured by “income below subsistence minimum” or by “income below food basket cost,” the proportion of poor in Kazakhstan's population has diminished with the first indicator showing the larger reduction.

The unemployment rate, which increased during the economic depression of the early years of transition, has been falling during the past two years.

Income inequality between the richest 10% and poorest 10% of the population has not changed after a drastic rise. The gap, which was four-fold in the pre-transition years, increased to the extreme level of 11 times in 1998 where it remained in 2001.

7. While economic growth is a necessary condition for sustained poverty alleviation, in itself it is not sufficient. Alongside economic growth the government has several important responsibilities, such as investing the increased revenues wisely and ensuring that vulnerable sections of the population do not fall below a decent standard of living.

Government spending reflects social and economic priorities as well as the commitment to specific policies and programmes. One of the areas that the government needs to pay attention to is the social sphere where investment is needed to enhance the social safety net, improve healthcare and education.

In his speech at the World Summit on Sustainable Development in September 2002, President Nazarbayev noted that in the economic sphere, thanks to successful implementation of reforms, Kazakhstan has achieved marked results in its development and has attained a path towards sustainable development. The President pointed out that over the past three years, GDP has grown 35 %, with more than 70 % of the state budget being spent on social services.

8. Ten years after independence, Kazakhstan is still suffering from poor Soviet-era environmental practices and in some respects the situation is even worse now. The Aral Sea shrank by half in less than a generation. A similar catastrophe is possible for Balkhash Lake. Currently, desert areas comprise 66 % of Kazakhstan's total territory. Other pressing environmental issues include: shortage of water resources and forests, air pollution in urban areas, increasing environmental degradation related to oil and mining activities, pollution due to industrial and municipal solid waste and pollution of water bodies with wastewater.

9. During the initial years of independence, national policies were aimed primarily at political reforms and macro-economic stabilization. Starting in 1996 more policies supporting human development began to be introduced in Kazakhstan. The President has been increasingly addressing the government, parliament, heads of oblast administrations and citizens in general, emphasizing the importance of social development, placing it at the top of Kazakhstan's national development agenda.

In 1997, the President launched the long-term national strategy “Kazakhstan 2030. Prosperity, Security and Improvement of Welfare of the Citizens of Kazakhstan.” The strategy identified seven national priorities for the period to the year 2030:

- National security. Ensure development of Kazakhstan as an independent sovereign state preserving its complete territorial integrity;
- Safeguard and strengthen domestic political stability and national unity;
- Economic growth based on an open market economy with high levels of foreign investments and internal savings. Achieve realistic and sustainable rates of economic growth;
- Health, education and well-being of the citizens of Kazakhstan. Consistently improve living standards, health, education and opportunities of Kazakhstanis and improve the natural environment in the country;
- Energy resources. Effectively utilize energy resources of Kazakhstan through rapid increases in extracting and exploring oil and gas with the aim of gaining revenues to engender stable economic growth and improve living standards;
- Infrastructure and particularly transport and communications. Develop these key sectors to enhance national security, political stability and economic growth; and
- Professional government. Establish an effective professional corps of civil servants and state-owned formations of Kazakhstan loyal to the cause they serve and capable of acting as representatives of people in achieving national priorities.

In December 2001, the government adopted the “Strategic Plan of Development of the Republic of Kazakhstan up to 2010.” This comprehensive document identifies national goals within the various spheres and presents the following social strategies:

- Demographic strategy;
- Strategy of educational reform;
- Strategy of health care reform; and
- Strategy of employment and social protection of the population

10. Immediately after gaining independence, Kazakhstan has become an active participant in global processes and initiatives. The Republic has acceded to international conventions on a broad spectrum of issues, facilitating representatives of the state to take part in multilateral forums that address world and regional concerns. The Millennium Declaration is one of the many multilateral initiatives that Kazakhstan has actively participated in. President Nazarbayev, along with other world leaders, signed the Millennium Declaration in September 2000 in New York.

11. Kazakhstan started to receive external assistance in 1992, immediately following its independence. Due to the economic crises, Kazakhstan was not able to generate sufficient internal resources to launch the necessary reforms. As a result, aid has been useful to support the country's transition to a democratic society and market-based economy. During the initial stages of cooperation, the government was receptive to strategies proposed by donors. With the initiation of Kazakhstan 2030, the interest of the government to receive assistance in line with the national development strategy and the influence of the government on development assistance programming have become stronger.

The majority of external aid provided to Kazakhstan comes from multilateral sources. The UN System accounts for a considerable portion of the country's development assistance.

The main directions of the UN System's work in Kazakhstan have stemmed from the Millennium Declaration, decisions adopted at the World Summits and International Conferences of the 1990s, and which cover a wide spectrum of issues related to sustainable human development and are in line with the national development priorities of Kazakhstan.

The UN System will continue to support Kazakhstan in the realization of its national plans and implementation of its international commitments, including the ones spelled out in the Millennium Declaration.

MILLENNIUM		
Development Goals	Development Targets	Goals
Goal 1: Eradicate extreme poverty and hunger	Reduce by 50 % the proportion of people whose income is less than one dollar a day - by 2015	Health, education and well-being of Kazakhstan citizens Ensure the growth of real income of the population Introduce the system of social insurance Promote employment for socially vulnerable strata of the population
	Reduce by 50% the proportion of people who suffer from hunger - by 2015	Improvement of nutrition Improve welfare of rural population by increased productivity and profitability of agrarian production
Goal 2: Achieve universal primary education	Ensure all children, boys and girls alike, will be able to complete a full course of primary schooling - by 2015	Improve access of the population to quality education at all levels and stages Ensure the constitutional right of citizens to complete compulsory secondary education and improve the quality of such education
Goal 3: Promote gender equality and empower women	Eliminate gender disparity in primary and secondary education preferably by 2005 and at all levels of education no later than 2015	To create conditions and develop effective mechanisms to increase women's participation and role in the social and political life, and to advance their status
Goal 4: Reduce child mortality	Reduce by 65 % the under-five mortality rate - by 2015	Improvement of health of women and children
Goal 5: Improve maternal health	Reduce by 75 % the maternal mortality ratio - by 2015	Improvement of health of women and children

KAZAKHSTAN

Policy Documents	Targets	Policy Documents
<p>Kazakhstan 2030 - Long-Term Priority 4</p> <p>Kazakhstan 2010 - Strategy of Employment and Social Protection</p>	<p>Reduce by year 2005 proportion of people with income less than subsistence minimum level to 20-25 %</p> <p>Between 2002 and 2005, reduce proportion of people with income less than subsistence minimum level by 30 %</p> <p>By end 2005 reduce proportion of people with income less than subsistence minimum level to 18 %</p>	<p>Government Programme (2002-2004)</p> <p>Draft State Programme for Poverty Reduction (2003-2005)</p> <p>Draft State Programme for Poverty Reduction (2003-2005)</p>
<p>Kazakhstan 2030 - Long-Term Priority 4</p> <p>Kazakhstan 2010 - Agro-Industrial Policy</p>	<p>Improvement of children's health through quality and balanced nutrition</p> <p>Ensure food security of Kazakhstan</p> <p>Quality and balanced nutrition of the population</p>	<p>State Programme "Health of Nation" (1998-2008)</p> <p>State Agro-industrial Programme (2003-2005)</p> <p>Integrated Programme "Healthy Lifestyle" (1999-2010)</p>
<p>Kazakhstan 2010 - Strategy of Educational Reform</p> <p>State Programme "Education" (2000-2005)</p>	<p>By 2010, all children of school age, including those in need of specialized teaching, shall pass through the programme of secondary school</p>	<p>Kazakhstan 2010</p>
<p>National Action Plan on Improving the Status of Women in the Republic of Kazakhstan, 1999</p>		
<p>Kazakhstan 2030 - Long-Term Priority 4</p>	<p>By 2005, reduce infant mortality from 20 to 19 per thousand live births</p> <p>Immunization of not less than 95% of population, who require vaccination</p> <p>Reduction of maternal, infant and child morbidity and mortality</p>	<p>Draft State Programme for Poverty Reduction (2003-2005)</p> <p>State Programme "Health of Nation" (1998-2008)</p> <p>National Program on Mother and Child Health Protection (2001-2005)</p>
<p>Kazakhstan 2030 - Long-Term Priority 4</p>	<p>Reduction of maternal mortality and prenatal morbidity</p> <p>By 2005, reduce maternal mortality from 60.9 to 50.6 per 100 thousand live births</p>	<p>State Programme "Health of Nation" (1998-2005)</p> <p>Draft State Programme for Poverty Reduction (2003-2005)</p>

MILLENNIUM		
Development Goals	Development Targets	Goals
Goal 6: Combat HIV/AIDS, malaria and other diseases	Stop spread of HIV/AIDS - by 2015	Primary health care institutions shall provide quality services in reproductive health, prevention and treatment of HIV/AIDS
	Stop spread of malaria and other major diseases - by 2015	Effective health care system to improve health status of population through increased availability of qualitative health care for broad strata of the population, strengthened disease prevention measures through health promotion and protection
		Strengthen prevention of socially significant diseases and diseases dangerous to people
Goal 7: Ensure environmental sustainability	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	Reducing the number of facilities polluting the environment and inflicting ecological damage
	Reduce proportion of people without sustainable access to safe drinking water - by 2015	Utilization of pure water and healthy foods Improve monitoring of the environment and status of water supply Ensure sustainable supply of fresh water of guaranteed quality
	Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers	Health, education and well-being of Kazakhstan Citizens Improve welfare of rural population

KAZAKHSTAN

Policy Documents	Targets	Policy Documents
Kazakhstan 2010 - Section XIV	<p>By 2005, the level of awareness of consumers of injection drugs and persons dealing with commercial sex and young people on the ways of HIV/AIDS prophylaxis shall reach 99%</p> <p>By 2005, the HIV prevalence among injecting drug users should not exceed 5%; proportion of sexual transmission of HIV should not exceed 20% of total number of HIV cases</p>	State Programme on Counteracting the AIDS Epidemic in the RK (2001-2005)
Kazakhstan 2010 - Strategy of Health Reform	By 2010, reduce tuberculosis mortality by half	Kazakhstan 2010
Kazakhstan 2010 - Strategy of Health Reform	<p>Between 2000 and 2005, reduce TB mortality from 26 per 100,000 to 23</p> <p>By 2005, incidence of TB less than 160 per 100,000</p>	<p>Draft State Programme for Poverty Reduction (2003-2005)</p> <p>Draft State Programme for Poverty Reduction (2003-2005)</p>
Kazakhstan 2030 - Long-Term priority 4		
<p>Kazakhstan 2030 - Long-Term Priority 4</p> <p>Kazakhstan 2010 - Strategy of Health Reform</p> <p>National Programme "Fresh Water" (2002-2010)</p>	By 2005, reduce number of people without access to potable water from 15% to 6% in urban areas and from 29% to 15% in rural areas	Draft State Programme for Poverty Reduction (2003-2005)
<p>Kazakhstan 2030 - Long-Term Priority 4</p> <p>Kazakhstan 2010 - Agro-Industrial Policy</p>	Solve housing problems of wide strata of population	Programme of Long-term Funding of Housing Construction and Development of Mortgage System (2000-2003)

1

ERADICATE EXTREME POVERTY AND HUNGER



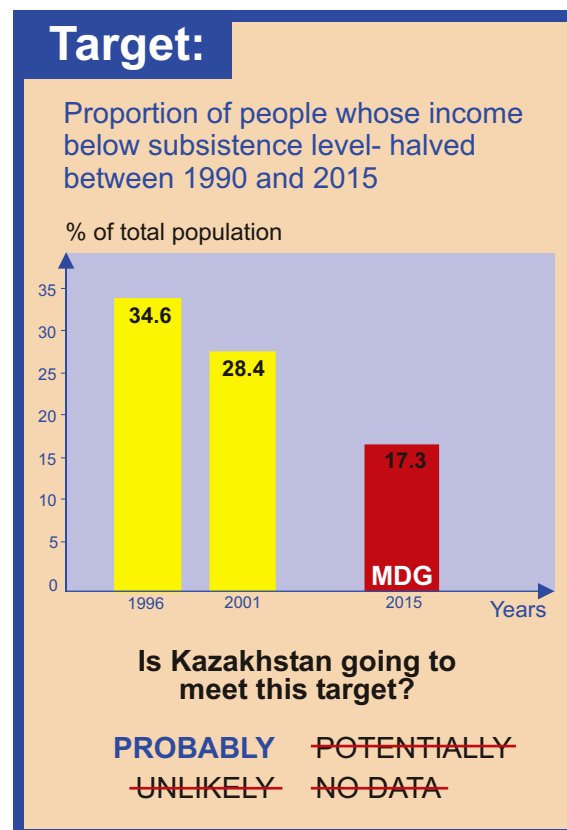
What's more surprising - the fact that we now live in a world where almost 25% of population live in an absolute poverty? Or the fact that for the first time ever, we possess the wealth, technology and knowledge to create a poverty - free world in less than a generation?



Target 1:

Reduce by 50% the proportion of people whose income is less than one dollar a day - by 2015

People are considered poor if their consumption or income is less than some minimum level necessary to meet basic needs. This minimum level is usually called the "poverty line." What is necessary to satisfy basic needs varies from one country to another and many countries identify their own national poverty line.



What is the poverty line in Kazakhstan?

In Kazakhstan, the principal income poverty indicators are the **minimum subsistence level** and the poverty line.

Kazakhstan's minimum subsistence level equals the value of the minimal consumption basket, which is comprised 70% of foodstuff and 30% of other goods and services. Expenditure on utilities, transport and medicine comprise a considerable proportion of the budget of low-income households. Obviously, these expenses were not fully taken into account when defining the consumption basket and assigning only 30% to non-food items.

The **poverty line** is used for identifying those groups of the population who need state social assistance. The government sets the poverty line for the republic and the individual oblasts. In 2001, the poverty line was set at 38% of the minimum subsistence level and in 2002 at 40%.

The main poverty definition used in local studies and surveys is based on the subsistence minimum, without referring to the international poverty lines of \$1 and \$2 per person PPP (see box).

Why one dollar?

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.

For Central Asian countries, the World Bank proposed that a poverty line of \$2.15/day PPP is more appropriate, given that the climate in the region necessitates additional expenditure on heating fuel, winter clothing and food.

What is the status to date?

Official data do not allow a proper assessment of how poverty has changed in Kazakhstan over the past 10 years.

The available data demonstrates that the proportion of people who live below the subsistence minimum decreased from 35 to 28% of total population:

	1996	1997	1998	1999	2000	2001
% of population below subsistence minimum	34.6	38.3	39	34.5	31.8	28.4
Real GDP growth (% of previous year)	100.5	100.7	98.1	102.7	109.8	113.5

Source: Agency on Statistics

As we can see from the table, poverty appears to be falling since 1998 in line with the growing economy. However, it is distressing that almost one third of the population still lives below the subsistence minimum.

The draft State Programme for Poverty Reduction (2003-2005) sets a target of reducing the number of poor by 2005 to 18% of the total population. Reaching this target would be comparable with reducing the number of poor by half relative to 1996 levels.

The drop in the number of people below the subsistence minimum witnessed since 1998 does not match the dynamics of other poverty indicators, which remain quite alarming. For instance, the poorest population - defined as those with income below the food basket cost, was only reduced from 12.7% in 1997 to 11.3% in 2001.

According to some estimates, the gap in incomes of the richest 10% and the poorest 10% was 4-fold in the pre-transition years but by 1998 had reached 11 times and remained at this level in 2001.

Who and where are the poor?

In the former Soviet Union, low-income groups consisted of single mothers with many children, pensioners and disabled people. Presently, the poor also includes people who are able to work and do actually work. This addition results from the newly cascading problems of unemployment, low wages, delays in payment of salaries and the decrease of real incomes.

As of January 2002, the poor in Kazakhstan are the following:

- a) Largest group (52%) children and adolescents under age of 18;
- b) Second group (24%) pensioners;
- c) Third group (13%) unemployed; and
- d) Fourth group (11%) working citizens

It is worth noting that according to the draft Programme for Poverty Reduction (2003-2005) about 46% of poor households are families with more than three children. This appears especially problematic given the state policy of encouraging rapid population growth in Kazakhstan.

Poverty distribution across the country is very uneven showing wide variations from oblast to oblast. However, as a general rule, poverty is more widespread in rural areas and small towns.

In 2001, the lowest percentage of the poor was registered in Northern Kazakhstan (10%) while half the population in Zhambyl and Mangystau oblasts lived in poverty.

Paradoxically, Atyrau and Mangystau oblasts, whose production per capita are the highest in the country, have the second and third largest proportions of poor people. The most acute poverty situation is in rural areas of Mangystau oblast where almost everyone had incomes less than the subsistence minimum.

Poverty distribution by oblast, 2001

	Population below subsistence minimum					
	Total		Urban		Rural	
	%	thousands	%	thousands	%	thousands
Kazakhstan	28.4	4,104.8	20.4	1,631.3	38.0	2,473.5
Akmola Oblast	20.4	150.1	18.6	64.4	21.8	85.7
Aktobe Oblast	29.4	197.3	18.4	67.1	45.3	130.2
Almaty Oblast	39.3	612.6	35.0	155.5	41.1	457.1
Atyrau Oblast	41.0	183.7	36.4	94.1	48.2	89.6
West Kazakhstan Oblast	28.3	170.7	25.2	63.1	30.3	107.6
Zhambyl Oblast	48.4	474.7	41.0	185.6	53.4	289.1
Karaganda Oblast	22.5	306.2	20.4	229.4	30.7	76.8
Kostanai Oblast	26.2	249.1	14.1	73.7	39.4	175.4
Kyzyl Orda Oblast	38.5	233.0	33.0	119.8	47.3	113.2
Mangystau Oblast	46.2	151.4	34.6	87.4	95.5	64.0
South-Kazakhstan Oblast	38.4	780.4	28.0	207.1	44.1	573.2
Pavlodar Oblast	16.1	123.3	11.8	59.7	21.9	63.6
North-Kazakhstan Oblast	10.0	69.7	4.6	11.6	13.6	58.1
East-Kazakhstan Oblas	22.1	330.1	16.0	140.3	30.6	189.8
Astana City	2.2	10.3	2.2	10.3	-	-
Almaty City	5.5	62.3	5.5	62.3	-	-

Source: Agency on Statistics

*Calculated per mid-year population levels in 2001

What are the main challenges?

The draft State Programme on Poverty Reduction (2003-2005) identifies the main economic and social causes of poverty to be:

- Unemployment;
- Low wages, pensions and social assistance allowances;
- Degradation of the physical infrastructure resulting in social alienation of the poor residing in remote areas;
- Shrinking access to free health care;
- Reduction of the number of regular and vocational schools in rural areas; and
- Low effectiveness of the targeted social assistance provided by the state

If the government is successful in implementing the strategies that have been devised to address the above problems, there should be tangible improvements in Kazakhstan's poverty situation by 2005. Based on the evidence, greatest attention should be devoted to rural development.

What is being done in Kazakhstan to eradicate poverty?

Recognizing poverty as one of the country's most prominent problems, the government has undertaken considerable efforts in designing and implementing pro-poor policies.

The Law "On Subsistence Minimum" (1999) established the poverty line as a criterion for targeted assistance.

The Programme for Poverty and Unemployment Reduction for 2000-2002 was the first national programme devoted to poverty reduction. The programme tried to decrease poverty by providing social assistance to the poor and reducing the level of unemployment. The Programme focused primarily on income poverty and did not take into account other dimensions of poverty such as health and education services, environmental problems, gender equality, etc.

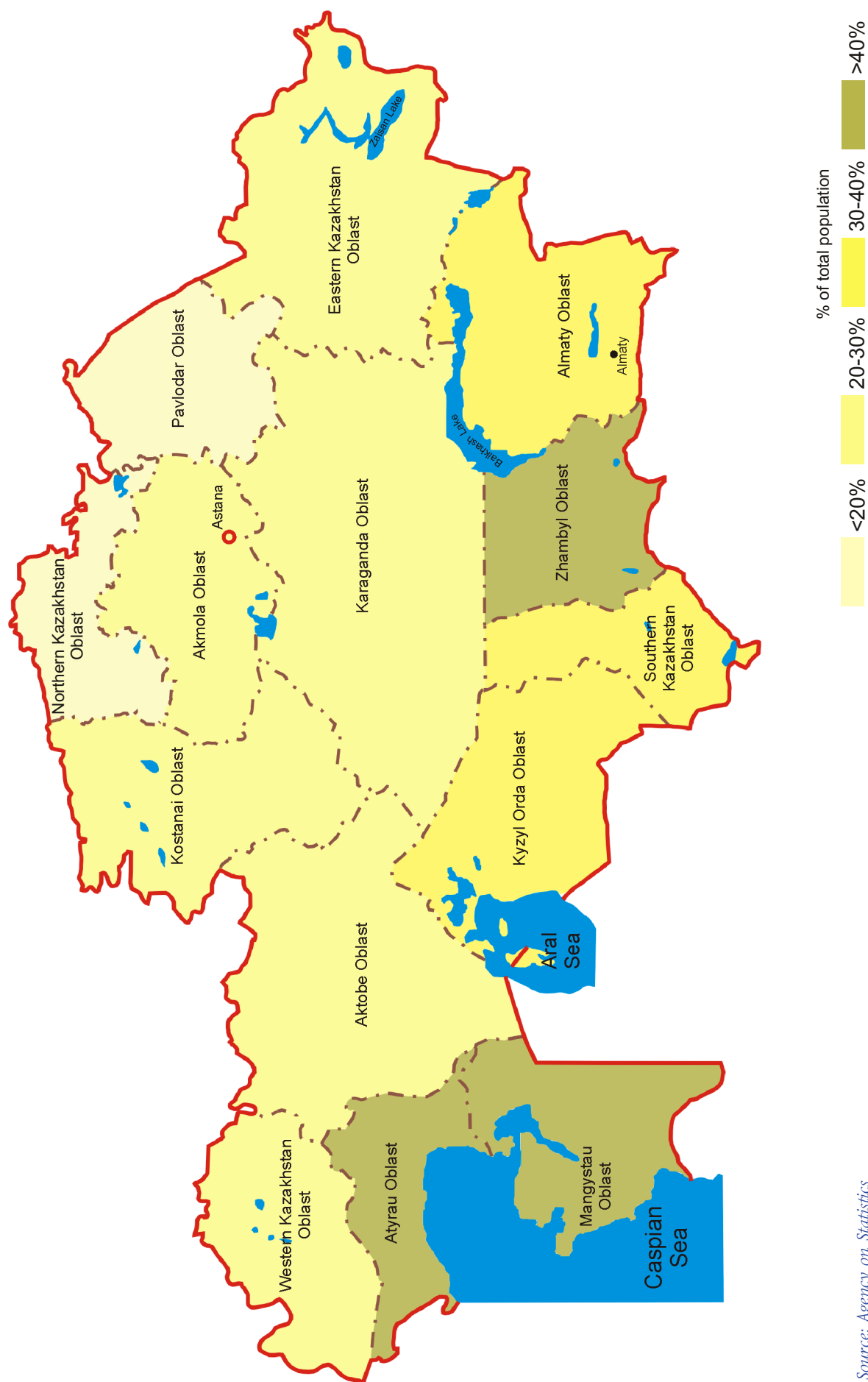
The Law "On State Targeted Social Assistance" (2002) established mechanisms for provision of targeted state social assistance.

The draft State Programme for Poverty Reduction for 2003-2005 seeks to alleviate poverty through productive employment and increases in real income. In addition, the programme aims to improve access to health and educational services for the poor, improve targeting of special protection and promote the effectiveness of the state's pro-poor services management with the involvement of social institutions in decision-making.

Currently, there are 75 state and sectoral programmes under implementation that are directly or indirectly related to poverty reduction and the well-being of the population. Coordination of these would greatly improve the chances of success.

Chaired by UNDP, the UN Theme Group on Poverty Reduction is a tool for coordination of UN assistance provided to the government in its anti-poverty efforts.

Poverty distribution by oblast, 2001



Source: Agency on Statistics

Malnutrition is one of the causes of the high incidence of anemia. Anaemia is recognized as one of the leading health problems in Kazakhstan

Target 2:

Reduce by 50% the proportion of people who suffer from hunger - by 2015

Although there is no direct evidence of hunger in Kazakhstan, there are high prevalences of micronutrient deficiencies, including iron and iodine, which are termed as “*hidden hunger*.” Thus, a more appropriate target for Kazakhstan would be to “*halve the number of people lacking balanced nutrition.*”

Malnutrition reduces energy and mental concentration and can present serious risks to people's health and, in the most severe cases, survival. Malnutrition is one of the causes of the high incidence of anemia, which is recognized as one of the leading health problems in Kazakhstan.

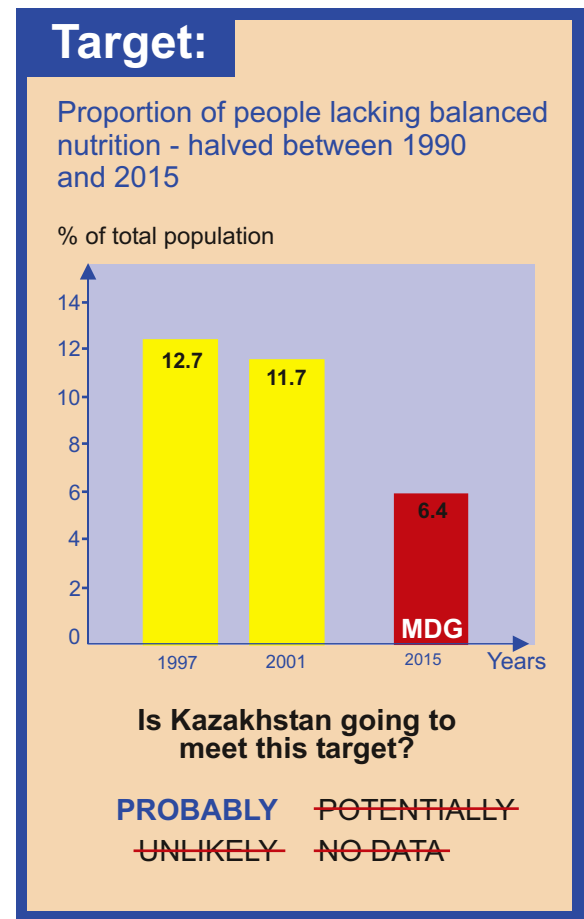
Anemia damages immune mechanisms. In childhood, anemia can result in a lower level of development and educational attainment. In adulthood, it can lead to chronic illnesses and low productivity, both of which may reduce individual and national earning potential.

According to the WHO, iodine deficiency disorders (IDD) are the most widespread noninfectious human disease. Insufficient consumption of iodine with food and water causes iodine deficiency disorders. In pregnant women, lack of iodine can cause the child's mental retardation, leading to a potential loss of 10-15 IQ points throughout the spectrum of intelligence. The cognitive deficit may condemn children to a life of sub-optimal learning, and consequently reduced earnings, productivity and standard of living. In turn, the country suffers in its economic development and competitiveness.

What is the status to date?

According to the UN Food and Agriculture Organization, the average number of undernourished people in Kazakhstan in 1997-1999 was approximately 1,700,000, which comprised about 11 % of the total population.

The data, which can provide estimates on malnutrition in Kazakhstan, is scarce and mostly focused on children. It can be assumed that people whose income is below the food basket cost are most likely to suffer from inadequate nutrition.



Percent of population whose income is below food basket cost

	1997	1998	1999	2000	2001
% of people with income below food basket cost	12.7	16.2	14.5	11.7	11.3

Source: Agency on Statistics

As the above table illustrates, over the five-year period the proportion of people with income below food basket cost was reduced only marginally compared with 1997 levels.

At the oblast level, it is disturbing that over 20% of the population in Atyrau oblast and more than 25% in Mangystau oblast seem to lack balanced nutrition:

Distribution of people living below food basket cost, 2001

	% of total population		% of total population
Akmola Oblast	6.5	Kostanai Oblast	13.4
Aktobe Oblast	12.9	Kyzyl Orda Oblast	11.8
Almaty Oblast	17.8	Mangystau Oblast	25.6
Atyrau Oblast	20.9	Pavlodar Oblast	5.6
East-Kazakhstan Oblast	9.1	North-Kazakhstan Oblast	2.8
Zhambyl Oblast	17.0	South-Kazakhstan Oblast	14.3
West-Kazakhstan Oblast	9.8	Astana City	0.9
Karaganda Oblast	8.3	Almaty City	0.9

Source: Agency on Statistics

Another indicator used internationally that is also recommended for monitoring this Millennium Development Target is the prevalence of underweight children (under five years of age).

The assessment of nutritional status is based on the concept that children's height and weight should correspond to their age. The World Health Organization reasons that in a healthy, well-nourished population, the deviation from the normal distribution of height/weight/age should be less than 3 %.

In Kazakhstan while the numbers in the richest 20% of population in 1995 were at the level of industrialized countries, the situation with the poorest 20% is worrying: the percentage of children with low height-for-age was 10 times and with low weight-for-age was almost 4 times higher than in the richest group.

The statistics for 1995 and 1999 show that impressive progress has been made in reducing average children's malnutrition in Kazakhstan. There are no disaggregated data available, however, for changes in values for poorest and richest groups.

Child malnutrition (percent of children aged under 5)

	Low weight-for-height	Low height-for-age	Low weight-for-age
1995	3.3	15.8	-
1999	1.8	9.7	4.2

Sources: 1995- Demographic and Health Survey, 1995
1999- A Decade of Transition, UNICEF

As for regional differences, a larger percentage of children with low height and weight in comparison to their age reside in the Western part, whereas more children with low weight for height were registered in the central region of the country.

Child malnutrition by region, 1999

	Low weight-for-height	Low height-for-age	Low weight-for age
Almaty	2.3	6.8	4.5
South	2.3	7.8	3.9
West	1.8	17.9	6.7
Central	5.5	12.5	3.4
North	0.0	9.2	5.7
East	0.0	9.0	0.8
Kazakhstan - average	1.8	9.7	4.2

Source: Kazakhstan Demographic and Health Survey, 1999

The “Hidden Hunger” - micronutrient deficiencies

The documented signs and symptoms of micronutrient malnutrition among the population of Kazakhstan have consistently demonstrated one underlying cause: the common diet of the population provides inadequate levels of iodine, iron and, most likely, Vitamin A.

Iron Deficiency Anemia

For decades, anemia has been considered one of Kazakhstan's most pressing public health problems. In the 1995 Kazakhstan Demographic Health Survey, half of women (49%) and 69% of children under the age of three suffered from some degree of anemia. The study revealed that the highest rates of anemia are in areas close to the Aral Sea. These areas are characterized by severe agrochemical pollution and other environmental and socio-economic problems.

There was some improvement in the situation reflected in the 1999 Kazakhstan Demographic and Health Survey, where 36% of women had some degree of anemia as compared to 49% in 1995. There was marked improvement in South Kazakhstan, which showed a decline from 50% to 25%. In 1999, North and West Kazakhstan still maintained the highest proportion of anemia at 49% and 46%, respectively.

Anemia among women, by region

Region	Percentage of women (15-49) with anemia							
	1995 Demographic Health Survey				1999 Demographic Health Survey			
	Severe	Moderate	Mild	Total	Severe	Moderate	Mild	Total
Almaty City	1.1	9.4	27.7	38.2	0.7	6.1	17.0	23.8
South Kazakhstan	0.8	10.6	38.9	50.3	0.2	6.6	18.5	25.3
West Kazakhstan	2.5	16.4	40.0	58.9	3.1	11.1	31.5	45.7
Central Kazakhstan	0.7	8.0	35.1	43.8	1.1	6.3	30.0	37.4
North Kazakhstan	1.1	9.5	36.8	47.4	1.9	8.3	39.2	49.4
East Kazakhstan					0.9	7.3	18.6	26.8
Kazakhstan	1.1	10.6	37.1	48.8	1.2	7.7	26.6	35.5

Source: Kazakhstan Demographic and Health Survey 1995, 1999

According to the data of the Agency on Statistics, for the year 2000, the prevalence of anemia among pregnant women served in antenatal clinics was 60.3 %. Rates were highest in Mangystau (89.9%) and Aktubinsk (80.0%).

Percentage and number of pregnant women with anemia*, 2000

Oblast	Percentage* of pregnant women with anemia	Estimated Number* of pregnant women with anemia
Akmola	42.9	4,597
Aktubinsk	80.0	7,992
Almaty	52.5	11,792
Atyrau	53.1	4,584
East-Kazakhstan	57.6	9,513
Zhambyl	47.0	6,968
West-Kazakhstan	67.2	5,094
Karaganda	48.2	7,995
Kostanai	39.0	3,694
Kyzyl-Orda	61.4	8,287
Mangystau	89.9	6,298
Pavlodar	69.0	5,904
North-Kazakhstan	52.5	3,793
South-Kazakhstan	75.2	38,302
Almaty City	53.9	8,574
Astana City	49.7	2,032
Kazakhstan	60.3	135,419

Source: Agency on Statistics

* Among women observed at the antenatal clinics only

Iodine Deficiency Disorders (IDD)

All of Kazakhstan is subject to moderate iodine deficiency, and 20-30% of the republic's population (up to 70% in some districts) suffer from endemic goiter. In 1999, the research of the Institute of Nutrition summarized the current magnitude of iodine deficiency disorders in Kazakhstan. The findings revealed a general IDD prevalence among the women of reproductive age ranging from 52-67% in the southern and eastern regions of Kazakhstan; 61% in the northern region and from the western region. The same research showed that 59% of respondents knew about the need to use iodized salt but only 42 % bought it.

The 1999 Demographic and Health Survey of Kazakhstan reported that only 29% of households used adequately iodized salt, the carried out tests also demonstrated that iodine deficiency persisted in the country.

What are the main challenges?

Poverty and low household income can be viewed as the main causes of inadequate intake of food. Child malnutrition can also be associated with poor maternal health, improper feeding practices and infectious diseases. Thus, the problem of malnutrition is closely connected with the problems of poverty and health.

In addressing anemia, a future plan should include wheat flour fortification to provide a basic amount of additional iron consumption for the population. The fortification component should be coordinated with distribution of iron /folate supplements to augment the iron intake among especially vulnerable groups, particularly anemic pregnant women. Dietary education of the public as well as general public health service approaches should also be considered as supportive elements.

The nutritional need for iodine is met by consumption of iodine-rich food (mainly seafood) or products enriched with iodine. Iodized salt is the most effective product for mass prevention of iodine deficiency disorders.

In line with UNICEF/WHO recommendations and international best practices, the national policy for IDD elimination in Kazakhstan is based on universal salt iodization. If carried out well, this strategy is sufficient by itself.

What is being done in Kazakhstan to provide balanced nutrition?

The Concept of Healthy Lifestyle and Healthy Nutrition was adopted in Kazakhstan in 1999.

One of the priorities of the National Environmental Hygiene Action Plan, 2000 is to ensure adequate nutrition and food safety.

The Health Care Reform Strategy contained in “Kazakhstan 2010” also stipulates that nutrition programmes for children under 5, pregnant women and breastfeeding mothers will be developed in Kazakhstan.

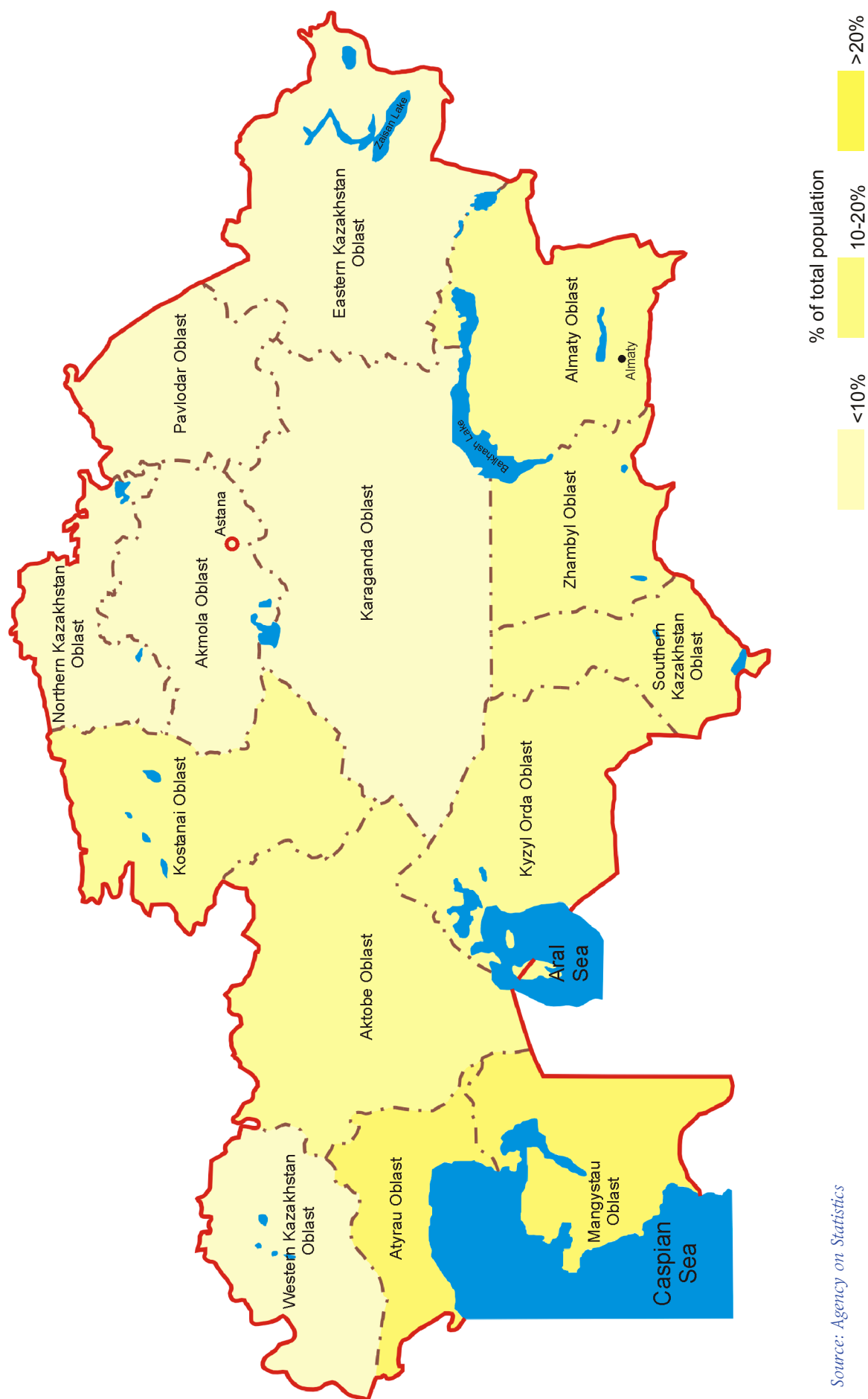
Moreover, special efforts are being made to increase food production since the majority of Kazakhstan's poor live in rural areas and depend directly or indirectly on agriculture for their livelihoods.

The Programme on Agriculture Development 2000-2005 sets the target of achieving economic growth in competitive agricultural sectors and ensuring stable production of main agricultural products.

The agro-industrial policy contained in the Strategic Plan of Development “Kazakhstan 2010” set a goal of improving the welfare of the rural population through increased productivity and profitability of agrarian production, creation and support of employment in the rural areas as well as through countryside industrialization. In June 2002, the State Programme on Food and Agriculture for 2003-2005 was adopted. The Programme is directed towards ensuring the food security of Kazakhstan, based on the development of effective agro-industrial systems and the production of competitive products.

National poverty reduction policies mentioned in relation to Target 1 should also have a positive impact on the nutrition status of the population.

Distribution of people with income below food basket cost, 2001



2

ACHIEVE UNIVERSAL PRIMARY EDUCATION



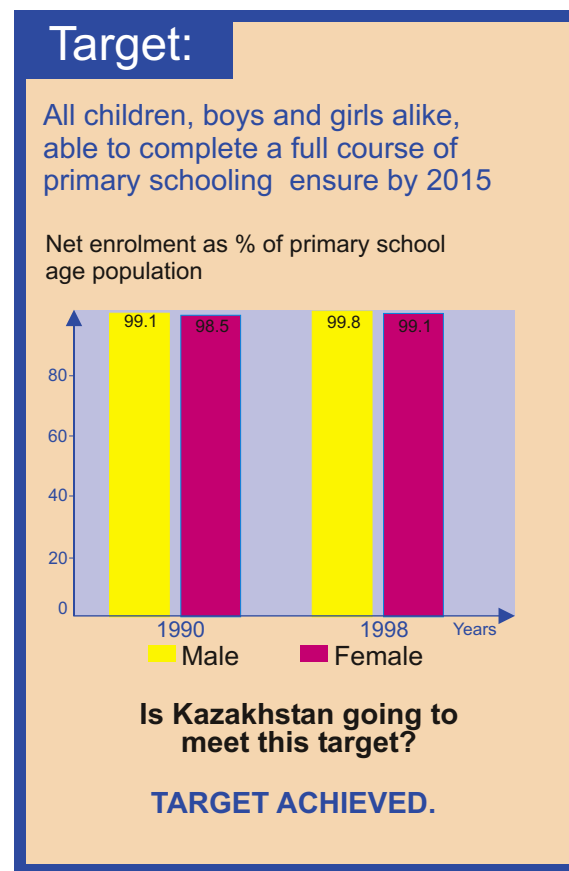
Education is a fundamental right for all people, women and men, of all ages, throughout our world.
Education can help to ensure a safer, healthier, more prosperous and environmentally sound world.
World Declaration on Education for All, 1990

Target 3:

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

Universal secondary education in Kazakhstan was achieved during Soviet times. The right to free secondary education in public educational institutions is guaranteed by the Constitution of Kazakhstan. Moreover, both primary and secondary schooling are compulsory.

The Strategic Plan of Development "Kazakhstan 2010" defines the national goal in education **"to improve access of the population to quality education at all levels and stages"**, as was set in "Kazakhstan 2030."



What is the status to date?

As primary education is compulsory, official rates of enrolment remain nearly universal. Equal access is ensured to both girls and boys:

Net primary education enrolment as % of primary school age population

	1990	1991	1992	1993	1994	1995	1996	1997	1998
Total:	98.8	98.6	99.3	99.4	99.6	99.4	99.1	99.7	99.5
Male	99.1	98.8	99.1	99.8	99.6	99.1	98.5	99.9	99.8
Female	98.5	98.3	99.5	99.1	99.6	99.7	99.7	99.6	99.1

Source: Education for All 2000, Kazakhstan Country Report

One can note, however, that rates of enrolment in secondary school, inclusive of primary school data, are somewhat lower:

Secondary education enrolment as % of population of 7-15-year-olds

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
94.6	93.9	94.1	93.8	94.2	94.4	94.7	94.2	94.3	94.2

Source: "A Decade of Transition", UNICEF

High registration rates, however, do not always translate into the same level of attendance.

According to the President's directive, from 1997 a re-concentrated effort has been implemented to ensure full enrolment of school age children. As a result of the measures taken, the majority of children are now back in schools. According to the data of the Ministry of Education and Science, in 1997 there were approximately 27,000 registered drop-outs; during the 2001-2002 academic year, 3,675 pupils were delinquent in attending school: out of them 3,072 have been re-integrated into the school system, 603 continue to be truant.

Close to 75% of the registered cases of non-attendance are linked to either family problems or directly to poverty. Poor households often cannot afford clothing, school lunches and transport expenses.

In 1999, a survey of learning achievements in primary education was conducted in Kazakhstan as well as in 55 other developing countries. The results of the survey for Kazakhstan were as follows: 78% for literacy, 81% for numeracy and 75% for life skills. These were close to the UNESCO target of 80 percent for developing countries.

The survey revealed that the two main factors affecting learning achievements were language and geography. Children taught in Russian did significantly better (except in numeracy) than those taught in Kazakh. Children in rural areas lagged behind pupils in urban schools. These differences highlight the need to address the problems of quality of education in the national language and in rural areas.

After a large-scale optimization of educational institutions in 1996-1997, access to schooling has become more difficult for children in rural areas. Despite an increase in the number of schools by 136 over the last three years, 492 settlements in the country have no schools at all and 977 villages lack basic schools, as of 2002. As a result, to attend school about 30,000 pupils currently have to travel to neighboring settlements.

In the countries of Western Europe, the average public expenditure on education is about 5% of GDP. Precisely comparable figures do not exist for Kazakhstan. However, one can infer from the existing statistics that expenditures on education have not been anywhere close to the 1990 level, which exceeded 5% of GDP.

Public expenditure on education (% of GDP), 1999

Turkmenistan	5.4
Poland	5.1
Hungary	5.1
Kazakhstan	3.9
Russia	3.2

Source: TransMONEE Database, UNICEF

Education expenditure as % of GDP

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
5.7	3.5	2.1	4.7	3.2	3.5	3.4	3.4	3.0	3.9

Sources: 1990-1998 figures from "Education For All 2000," Kazakhstan Country Report
1999 figure from National Human Development Report, 2000

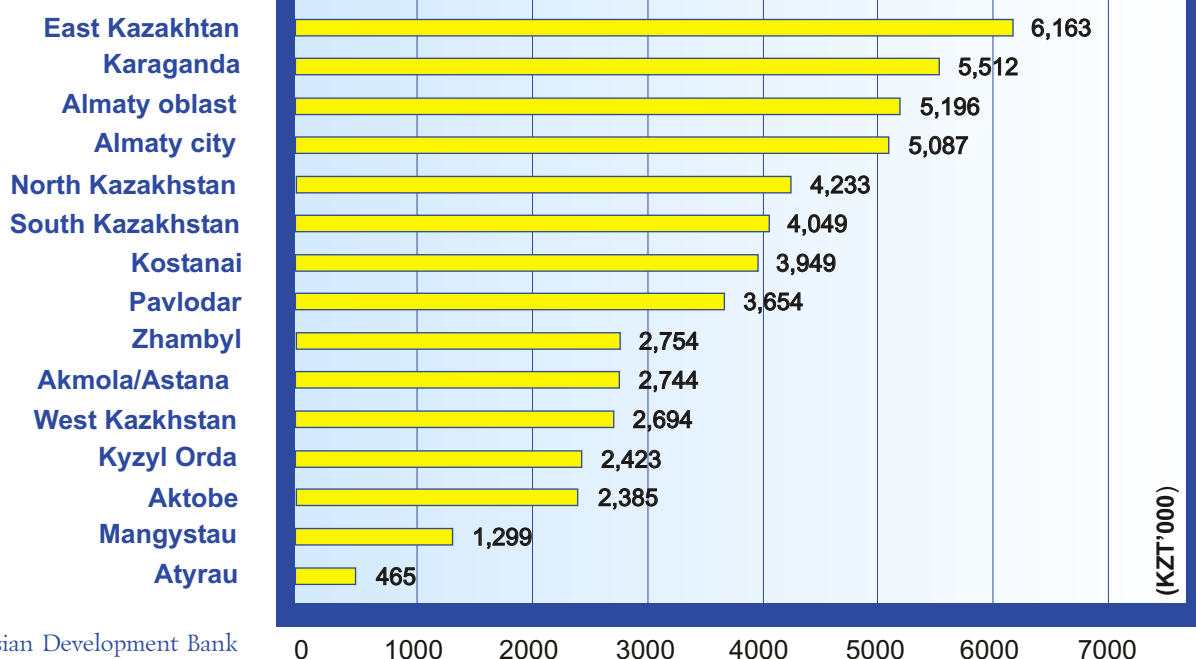
Currently, the national budget covers only a portion of basic secondary education. The bulk of educational expenses, about 75 % of total government expenditure, is now funded from local budgets. However, there is significant amount of variation in spending among the oblasts. For example, in 1998 Eastern Kazakhstan oblast spent the largest sum of money on education while Atyrau oblast spent the least about 7.5 times less than the national average (see graph on next page).

What are the main challenges?

Education is a fundamental human right. Moreover, education is the primary investment into the future of the nation. It is distressing that in Kazakhstan equity in access to education appears to be diminishing, especially for children in rural areas, those from poor families and those in need of special education.

Education is one of the principle ingredients for a well-functioning economy. It is especially vital in maintaining the country's comparative advantage and international competitiveness. Although defined as one of the national priorities in "Kazakhstan 2030," education simply fails to receive the necessary financing for its full potential to be realized. Underfunding of the educational sector seriously threatens the quality of education: lack of textbooks, supportive learning materials and equipment, deteriorating school facilities, lack of qualified teachers and outdated teaching methods compromise learning achievements.

Education expenditures by oblast, 1998



Source: Asian Development Bank

According to the Ministry of Education and Science, the system has a deficit of almost 4 thousand teachers in the school system due to a significant outflow of specialists in the 90's. Further, the existing pay range and low status of teachers does not make the profession attractive for young people.

What is being done in Kazakhstan to improve access to quality education?

Over a dozen national policies related to education were developed and adopted in Kazakhstan over the past decade. Only the central ones are listed below.

The Law on Education adopted in 1999 lays down rules and principles for the functioning of the educational system in Kazakhstan, identifies rights and obligations of citizens and states the social guarantees for those employed in the education sector.

The main goal of the State Programme "Education" for 2000-2005 is the creation of an effective educational system providing broad access to quality education.

The aim of the State Programme of the President of Kazakhstan on Computerization of Secondary Schools for 1997-2002 is computerization of secondary schools, namely the introduction and utilization of computer technologies in the learning process in schools.

The State Programme "Daryn" is focused on gifted children and was designed to support and facilitate the development of their talents.

The Strategy of Educational Reform, elaborated in "Kazakhstan 2010" identified the following strategic actions:

- Improvement of quality of education;
- Introduction of measures providing equal access to education;
- Creation of conditions for development of partnerships in the system of education;
- Ensuring unity of upbringing and education;
- Promotion of integration between education and science;
- Securing mobilization of resources and increasing effectiveness of the educational system;
- Improvement of educational management; and
- Effective financial system

3

PROMOTE GENDER EQUALITY AND EMPOWER WOMEN



State Parties shall take in all fields, in particular in political, social, economic and cultural fields, all appropriate measures to ensure the full development and advancement of women, for the purpose of guaranteeing them the exercise and enjoyment of human rights and fundamental freedoms on a basis of equality with men

Convention on the Elimination of All Forms of Discrimination against Women, Article 3

Target 4:

Eliminate gender disparity in primary and secondary education - by 2005; and at all levels of education - no later than 2015

Target:

Gender disparity in primary and secondary education eliminated by 2005 and at all levels of education by 2015

Is Kazakhstan going to meet this target?

TARGET ACHIEVED.

3

For Kazakhstan, this particular Millennium Development target does not represent a challenge since it was achieved, like in other CIS countries, during Soviet times.

Gender disparities present in Kazakhstan lie in different spheres - primarily in economic and political participation. These areas represent the real challenge for Kazakhstan.

What is the status to date?

Women and Education

The right to free secondary education in public educational institutions irrespective of gender is guaranteed by the Constitution of Kazakhstan. Secondary education is compulsory. Furthermore, both men and women who wish to continue education at university level have equal rights to apply for and receive, on a competitive basis, state grants and credits.

The data demonstrates that while male and female enrolment are about equal in general secondary schooling, the female enrolment rate tends to increase at higher levels of education:

Female ratio in the total school population, 1998-2000

Secondary Schools	Universities	Post-graduate schools
49 - 51	53 - 54	54 - 60

Source: *Women and Men of Kazakhstan 2001, Agency on Statistics*

Literacy rates, equally high for both men and women, grew at the same rate compared with the 1990 level.

Despite the supportive legal structure providing for the equal rights of men and women, there are visible disparities. Women have more difficulty finding employment; they often receive lower wages than men for the same type of work, and have trouble breaking into areas of male-dominated activities.

Literacy rate

Year	Age 15-24		Age 15 and over	
	Women	Men	Women	Men
1990	99.5	99.5	97.5	97.5
1998	99.9	99.9	98.9	98.4

Source: Education for All 2000, Kazakhstan Country Report

Women in Wage Employment

In accordance with Article 14, para 2 of the Constitution of the Republic of Kazakhstan, no one shall be subject to any discrimination for reasons of origin, social, property status, occupation, sex, race, nationality, language, attitude towards religion, convictions, place of residence or any other circumstances. Moreover, according to Chapter 4 of the Law of the RK on Law, everyone has an equal right in realization of the right to work. No one can be limited in his/her labor rights or will have any advantages in realization of such rights, under no circumstances not related to skills and expertise of a person and results of his/her work. However, there are disparities between legislation and the common practice.

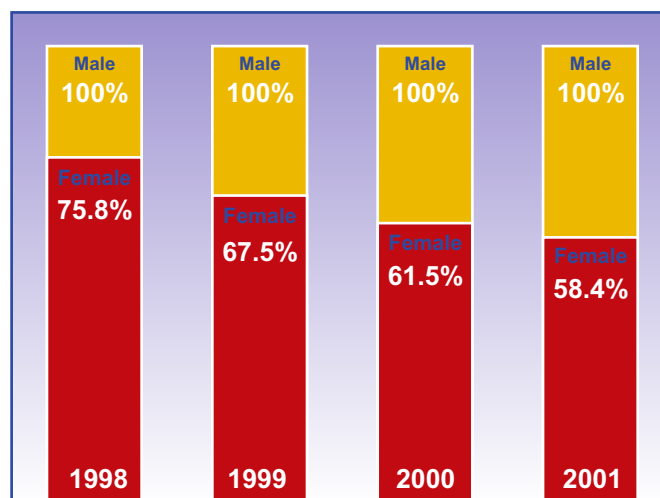
In the year 2000, women formed about 42% of the total population engaged in wage employment. Out of the total number of working women, 5 % were reported to be involved in the agricultural sector.

Although women are employed in virtually all spheres of the economy, they seem to be predominantly engaged in sectors with lower wages and salaries: health, education, social services, cultural sector.

The average earnings of women compared to men have been continuously diminishing:

Women's average earnings as % of men's

1998	1999	2000	2001
75.8	67.5	61.5	58.4



Source: draft Programme for Poverty Reduction (2003-2005)

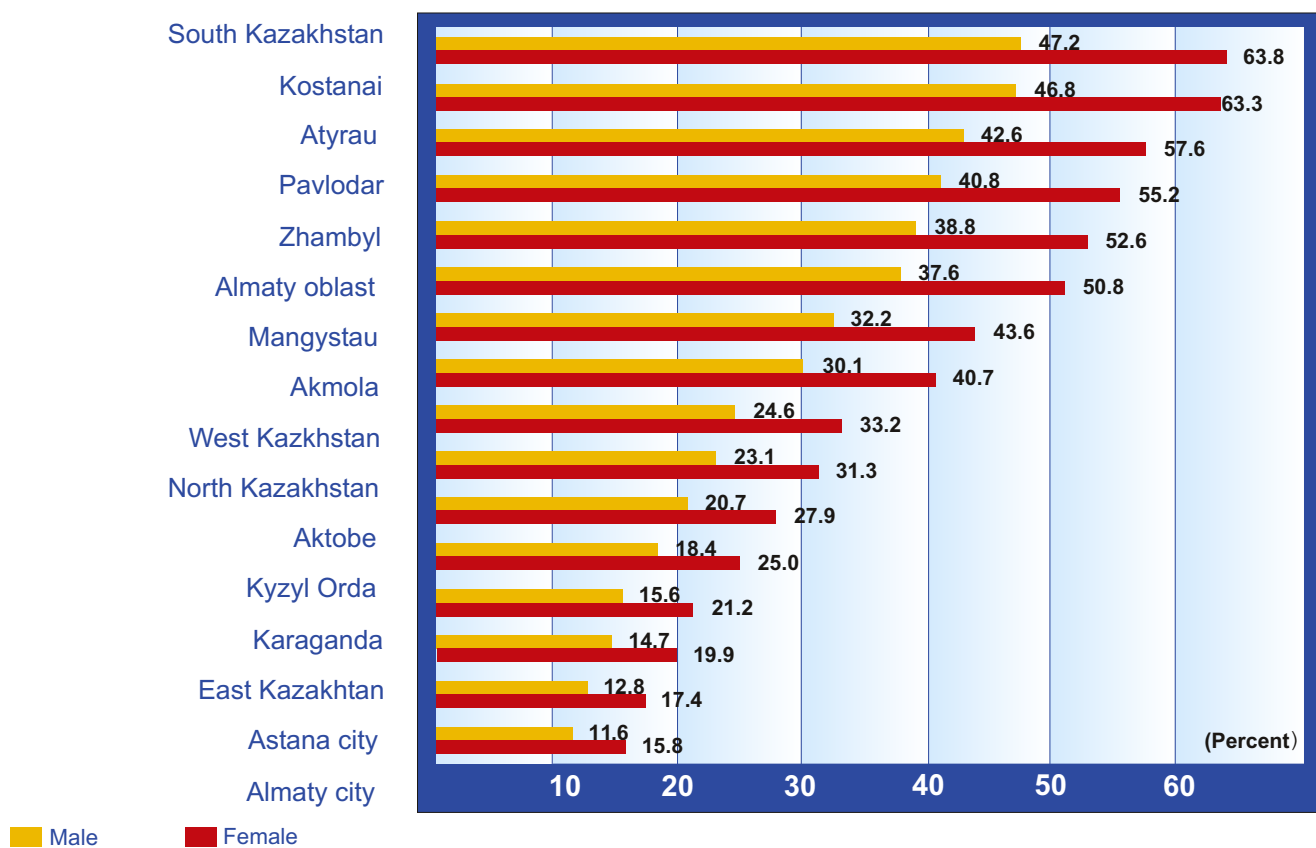
Unemployment also afflicts women more than men. According to official data, in 1999 the level of female unemployment was 1.5 times higher than male unemployment.

Women and Poverty

Given lower wages and higher levels of unemployment, it is not surprising that poverty is more identified with women in Kazakhstan.

In 1999, in Kazakhstan there were 1.1 million more poor women than men. It is also noteworthy that the proportion of poor women is larger than men's in each oblast of Kazakhstan. The highest level of poor women was registered in South Kazakhstan and Kostanai oblasts, where over 60 per cent of female population lived below the subsistence minimum:

Share of population below subsistence minimum by oblast and gender, 1999



Source: NHDR 2000

Women in Power

Despite high educational attainments, the female presence in high-level and well-paid positions in Kazakhstan is disproportionately weak.

Representation of women in decision-making bodies is low. For example, the proportion of women parliamentarians was as low as 15 % in 1995 and then declined to barely 11%.

Women - members of parliament

Year of convocation	Senate		Majilis (lower chamber)		Parliament (both chambers)	
	Number	% of total	Number	% of total	Number	% of total
1995	8	18.1	9	13.4	17	14.9
1999	5	12.8	8	10.4	13	11.2

Source: *Women of Kazakhstan, 2000, National Commission on Family and Women & Feminist League*

The political activity of Kazakhstani women has grown significantly in recent years. According to a sociological survey of the Ministry of Culture, Information and Public Concert, 72% of women participated in the 1999 Parliamentary and Maslikhat elections.

The Democratic Party of Women of Kazakhstan (currently EI Dana), formed in 2000 and not represented in the Parliament, occupies one of the leading positions among political parties of Kazakhstan.

Women NGOs play a big role in the social and political life of the country. They account for 13.5 % of all Kazakhstan's NGOs, which signifies the growing involvement of women in the process of democratization in the country.

Women in national parliaments, % of total

Country	1995	1999
China	21	22
Hungary	11	8
India	7	8
Norway	39	36
Poland	13	13
Russia	13	10
Sweden	40	43
Turkmenistan	18	18
Uzbekistan	6	6

Source: UN Stat. Division Millennium Indicators Database

What are the main challenges?

The main factors negatively affecting the status of women in Kazakhstan are: the on-going economic and social transition in the country and the persistence of traditional stereotypes of roles of women and men in society.

Increases in poverty and unemployment, declining health and educational services disproportionately affect rural and older women and female-headed households.

The stereotype that a woman's role is no more than that of a mother and wife is still widespread in society. Women are often believed to be unreliable and ineffective employees because they spend much time and effort carrying out family and household functions.

In addition to a general lack of employment opportunities for both sexes, there exists discrimination in the recruitment and dismissal of women - employers are often reluctant to hire women because of maternity leave provisions and also because women traditionally take sick leave to take care of children. Again, these prejudices depress demographic growth and directly contradict the state policy of higher population.

What is being done in Kazakhstan to promote gender equality and empower women?

The National Commission on Family and Women under the President was established in Kazakhstan in 1998 to serve as a consultative board to work on the protection of family interests and improvement of conditions for women's participation in political, social, economic and cultural aspects of the country.

The National Action Plan on Improving the Status of Women, initiated in 1999, focuses on four main directions: improvement of women's health, promotion of women's active participation, economic advancement of women and elimination of discrimination against women.

The Gender Concept is currently in its final stage of development. Initiated by the National Commission on Family and Women, the Concept is sought as a foundation for ensuring that principles of gender equality are adhered to in the course of state policy implementation.

As a party to the Convention on the Elimination of All Forms of Discrimination against Women (CEDAW), in the year 2000, the Government of Kazakhstan submitted its initial report on the implementation of CEDAW. After considering the report, the UN CEDAW committee among other recommendations urged the Government to adopt as soon as possible the draft Law on Equal Opportunities. As a party to the above Convention, Kazakhstan undertakes measures against trafficking. Currently, the Government is submitting to the Parliament a draft Law "On Changes and Alternation to Selected Policy Documents of the RK on the Issues of Fight against Trafficking."

Led by UNIFEM, the UN Theme Group on Gender actively supports the implementation of the UN Convention on Elimination of Discrimination against Women in Kazakhstan.

UN Agencies and the donor community also carry out a wide range of projects aimed at improving the status of women and their empowerment in Kazakhstan's society.

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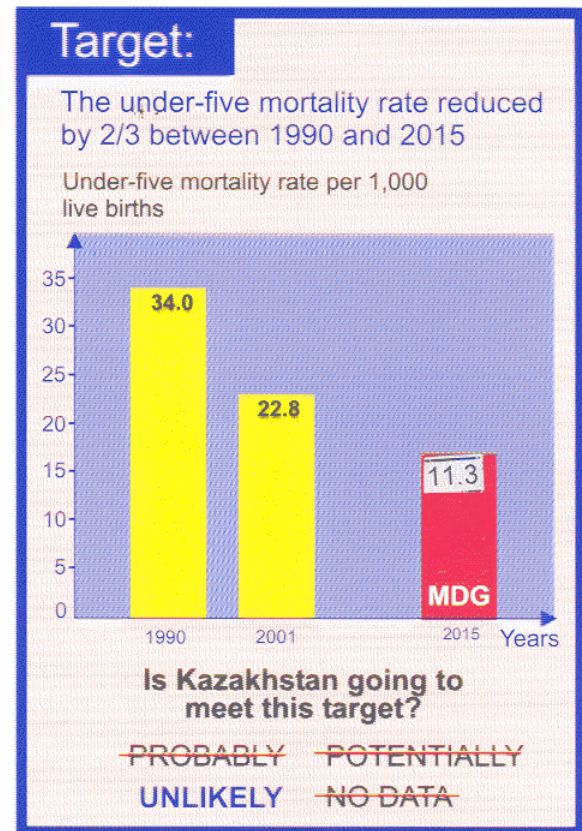
REDUCE CHILD MORTALITY



1. States Parties recognize that every child has the inherent right to life.
 2. States Parties shall ensure to the maximum extent possible the survival and development of the child.
- Convention on the Rights of the Child, Article 6

Target 5:

Reduce by 65%
the under-five
mortality rate -
by 2015



Kazakhstan, 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 Kazakhstan would be significantly higher if the international definition were used. The data available, however, is based on the locally adopted definition.

Kazakhstan has started preparation for adoption of the WHO recommended definition of live birth. A number of policy documents have been adopted to support introduction and implementation of pilot projects at the regional level.

What is the status to date?

The under-five mortality rank, calculated by UNICEF, is a critical indicator of well-being of children in a country. In 2001, as in 1998, Kazakhstan was ranked 83rd in the world. Norway, Sweden, Switzerland and Singapore, showing the best results in 2001, shared 187th place, while Sierra Leone was ranked 1st.

In Kazakhstan, the infant mortality rate (IMR) after the 1993 peak of 28 deaths per 1,000 live births, fell to 19.4 in 2001.

*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.

Deaths of children under age of one per 1,000 live births

1990	1991	1992	1993	1994	1995	1997	1998	1999	2000	2001
26.4	27.4	26.2	28.0	27.2	27.3	24.2	21.4	20.2	19.6	19.4

Source: Ministry of Health

National averages hide wide regional disparities: in 1997, the infant mortality rates in the oblasts ranged from 19.5 in Almaty Oblast to 41 in Mangystau Oblast.

Infant mortality rates

Years	Official rate	Survey-based rate
1984-1989	29.6	54.9
1989-1994	26.8	49.7
1994-1999	25.2	61.9

Source: "A Decade of Transition," UNICEF

There are also striking differences between the official rates and those derived from the Demographic and Health Survey, based on women's answers on their fertility history.

As can be seen from the table, the survey-based rate is (a) almost twice as high; and (b) shows an increasing trend as opposed to the steady decrease portrayed officially.

As for the causes of infant mortality, the main cause is perinatal conditions related to foetal growth, problems during delivery or immediately afterwards (pre-maturity, asphyxia, trauma and intra-uterine infections). Acute respiratory infections account for about 30% of the total and are the second cause of infant mortality. Congenital anomalies account for 20 % of IMR and are the third major cause of infant deaths.

The draft State Programme for Poverty Reduction for 2003-2005 sets a target of reducing infant mortality by 2005 down to 18.6 per thousand live births. This is to be one of the main performance indicators of the Programme.

Starting from the mid-1990s, official data on under-five mortality rate also display a declining pattern:

Under-5 mortality rate per 1,000 live births

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
34.0	35.0	33.4	36.0	35.3	36.5	33.2	32.6	28.9	26.8	25.4	22.8

Source: 1990-2000 figures from TransMONEE 2002 Database, UNICEF
2001 figure from Ministry of Health

However, acute respiratory infections as well as diarrheal diseases continue to be the main challenges to children's survival.

Diseases of the respiratory system are the predominant cause of childhood morbidity in Kazakhstan. According to the National Program on Mother & Child Health Protection, about 2 million children annually are diagnosed with acute respiratory diseases.

Up to 80 % of children in rural areas are rachitic, suffer from anemia and/or psycho-physical retardation.

Other major ailments that widely affect children are infectious and parasitic diseases, including acute intestinal diseases, diseases of the nervous and sensitive systems and diseases of the digestive system.

As for vaccine-preventable diseases, there were outbreaks of diphtheria in 1994-1995 and measles in 1993-1994. In the last few years, a major diphtheria epidemic has been controlled and the incidence of and mortality from measles have been greatly reduced. One major achievement is the elimination of poliomyelitis - the country was certified polio-free in June 2002. Currently, measures directed at the elimination of measles are being implemented.

In the early 1990s, immunization rates sharply declined compared with Soviet times due to the disruption of the vaccine supply. The situation since then has improved greatly: in 2000, the standard vaccination program against six main infections covered about 97% of the child population. The State Programme "Health of Nation" sets a target of not less than 95% coverage of the population, including children, who require immunization.

Immunization coverage, %

Year	BCG	DPT3	Polio3	Measles	Mumps	Hepatitis B
1995	90	93	94	95	13	
2001	98.3	95.8	96.7	99.8	100.8	97.4

Source: Ministry of Health and UNICEF (assorted data)

What are the main challenges?

The fact that the majority of infant deaths occur in the early neonatal period and of which 50% are preventable suggests that the quality of perinatal services needs to be improved. These include perinatal care of the fetus, diagnosis of pathologies at the perinatal period and the knowledge and skills of personnel in the field of obstetrics and neonatal care in general.

A significant share of child deaths is associated with high rates of infectious pathology in the late neonatal and post neonatal periods. This points to problems in the area of prevention and treatment of infectious pathology in children in the first year of life.

During the transition period, the number of public medical organizations, including ambulances and polyclinic facilities, shrank by more than 60 per cent. Introduction of a range of paid services has resulted in considerable restrictions of access to medical services for a significant portion of the population.

Low access to primary health care is a risk-factor causing child mortality in rural areas. It also identifies the problems associated with non-availability of feldscher-midwifery units and rural doctors' ambulatories in rural areas .

Public health care in rural areas was in the gravest situation after a dramatic reduction during 1990-2000 of the number of paramedics, midwifery stations and hospitals. Currently, according to the Ministry of Health, primary paramedical units have been restored in all but 6 settlements.

Nevertheless, growing inequalities in access to health services, predominantly affecting children from poor families and in rural areas, represents a serious concern. Access to public health care is even more important for the poor because the rich now have the means to use privately provided medical services.

Public expenditure on health (% of GDP) in some countries in transition

Country	1998
Poland	4.2
Hungary	5.2
Lithuania	4.9
Russia	3.7
Turkmenistan	3.4
Uzbekistan	3.3
Kazakhstan	1.9

Source: TransMONEE database, UNICEF

Adequate funding of public health care and efficient management of resources is vital to supply necessary health care. However, in Kazakhstan the health sector has been severely neglected.

In the European Union, for example the average public expenditure on health care systems is about 6 % of GDP, while in Kazakhstan during the transition period it remained at around 2%.

Public expenditure on health as % of GDP

1990	1991	1992	1993	1994	1995	1996	1998	1999	2000
3.3	4.4	2.1	2.5	2.0	2.0	2.7	1.9	2.1	1.9

Source: TransMONEE 2002 Database, UNICEF

According to the draft State Programme on Poverty reduction for 2003-2005, the quality of health care is still poor, especially in the public sector. For the general population the cost of medical services is high, the information on free medical services is insufficient, the incentives to provide free services are low and the opportunities for the population to choose specialists and treatment methods are limited. Private health care is under-utilized.

Besides challenges related directly to health care and healthy lifestyle, there are other issues that prove to be critical for the health status of a population in general and children in particular. These determinants are: level of income, level of education of people/parents, environment, quality of drinking water, etc. - all those covered by the Millennium Development Goals (as well as many others).

What is being done in Kazakhstan to reduce child mortality?

The first international Human Rights instrument that Kazakhstan acceded to was the Convention on the Rights of the Child, which is the principal children's treaty encompassing a full range of civil, political, economic, social and cultural rights. One of the four central principles enshrined in the Convention is children's right to life, survival and development.

The State Programme "Health of Nation", adopted in 1998 is designed to rectify the unfavorable epidemiological situation in the country, to radically improve the quality of health services and to increase its volume and to ensure the fulfillment of the Constitutional right of citizens to health protection.

By now, the first set of measures directed at the short-term targets, determined by the State Programme "Health of Nation" has been completed: a difficult epidemiological situation in the country has been surmounted, the quality of medical services has been improved and the volume of health services provided to the population has increased. The realization of the adopted Concept of Improvement of Health Sector Funding should allow the creation of an optimal organizational structure and funding model of the health sector that will guarantee access to and quality of medical services.

A draft Decree of the President that will amend the State Programme “Health of Nation” has been developed. The draft decree envisages further improvements of the following medical services: oncology, neurosurgery, cardio surgery, ambulance, mother and child health. In addition, measures for the improvement of prevention of tuberculosis, arterial hypertension, vaccination and supply of modern medical equipment are also delineated.

The main goals of the National Programme on Mother and Child Health Protection for 2001-2005 are the creation of enabling conditions for protection and improvement of life, the health of mother and child and the prevention and reduction of their morbidity.

The Law of the Republic of Kazakhstan “On the Right of the Child in the Republic of Kazakhstan” adopted in August 2002 regulates the fulfillment of the main rights and interests of the child guaranteed by the Constitution. Among its provisions, the Law stipulates that the right to health protection is one of the main rights of a child.

The Law “On Social, Medical and Pedagogical Correction Support to Handicapped Children” (2002) aims to create an effective support system for handicapped children and the prevention of child disablement.

The Government and UNICEF work together through the UNICEF Mother and Child Survival, Development and Protection Programme to promote the survival and protection of newborns and women. Among many other activities, UNICEF implements projects aimed at promoting universal access to safe immunization services and reducing the incidence and duration of the most common childhood diseases. In advancing the adoption of the WHO accepted definition of live birth in Kazakhstan, UNICEF jointly with national counterparts and USAID/CDC started two pilot projects in 2002.

5

IMPROVE MATERNAL HEALTH



Good health is a state of complete physical, mental and social well-being, and not merely the absence of disease or infirmity.
WHO definition of health

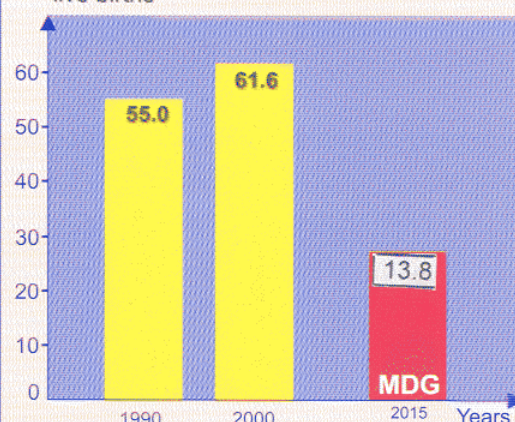
Target 6:

Reduce by 75%
the maternal
mortality ratio -
by 2015

Target:

The maternal mortality ratio reduced
by 3/4 between 1990 and 2015

Maternal mortality rate per 100,000
live births



Is Kazakhstan going to
meet this target?

~~PROBABLY~~ ~~POTENTIALLY~~
~~UNLIKELY~~ ~~NO DATA~~

Maternal mortality reflects not only a woman's access to and use of essential health care services during pregnancy and child birth, but also broader underlying socio-economic factors. These factors include women's general health and nutritional status, access to reproductive health care services including family planning, as well as maternal educational, social and economic status.

The **maternal mortality** ratio is the annual number of maternal deaths per 100,000 live births. Maternal deaths include those during pregnancy or within 42 days after termination of the pregnancy.

What is the status to date?

Different sources of data on maternal mortality in Kazakhstan show differing numbers. Both sets of data provided here (see next page), however, indicate that over the past decade the maternal mortality rate has remained disturbingly high. For comparison, in 1995 the maternal mortality rates in Norway, US and South Korea were: 9, 15 and 20, respectively per 100,000 births.

Maternal mortality ratio (maternal deaths per 100,000 live births)

Source	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001
Ministry of Health		67.2	76.8	62.8	69.3	77.3	69.4	76.9	77.5	65.3	60.9	48.6
UNICEF	55.0	48.1	57.2	49.4	48.4	57.6	52.9	59.0	79.1	66.6	61.6	

According to data from the Ministry of Health (upper row), a decline in maternal mortality has been observed after 1998.

It is noteworthy that while the national average rate was dropping, the trends observed at the oblast level were divergent.

Maternal mortality rate by oblast

Oblast	1999	2000	2001
Akmola Oblast	83.6	68.4	39.2
Aktobe Oblast	71.2	61.3	42.5
Almaty Oblast	63.7	50.1	38.8
Atyrau Oblast	73.3	108.6	35.7
East Kazakhstan Oblast	102.3	71	72.9
Zhambyl Oblast	111.8	60.6	48.5
West Kazakhstan Oblast	39.7	26.9	88
Karaganda Oblast	52.2	43.9	31.2
Kostanai Oblast	75.3	92.9	9.4
Kzyl Orda Oblast	15.9	47.4	84.5
Mangystau Oblast	97.3	160.5	59.7
Pavlodar Oblast	68.6	22.7	56.6
North Kazakhstan Oblast	54.6	66.2	53.4
South Kazakhstan Oblast	65.5	51.3	57.0
Almaty City	19.5	66.4	27.5
Astana City	21.3	65.0	20.6

Source: Ministry of Health

According to the Ministry of Health, the rather wide fluctuations at the oblast level suggest that measures developed by the Ministry are not fully implemented in the regions.

The highest occurrence of maternal deaths, nearly a quarter, is registered among young women aged 21-24 years old.

The major cause of maternal mortality in 2001 was complications of pregnancies and deliveries - responsible for 29 % of all deaths.

An indicator adopted internationally as an indirect measure of the health system's potential to provide adequate access to essential health care for pregnant women is the proportion of births attended by skilled health personnel.

In Kazakhstan, numbers for this indicator have been historically high since most mothers give birth in maternity houses:

Births attended by skilled health personnel as % of all births

1990	1991	1992	1993	1994	1995	1996	1997	1998	1999
99.0	98.1	98.9	98.6	98.3	98.1	98.1	97.6	98.8	97.8

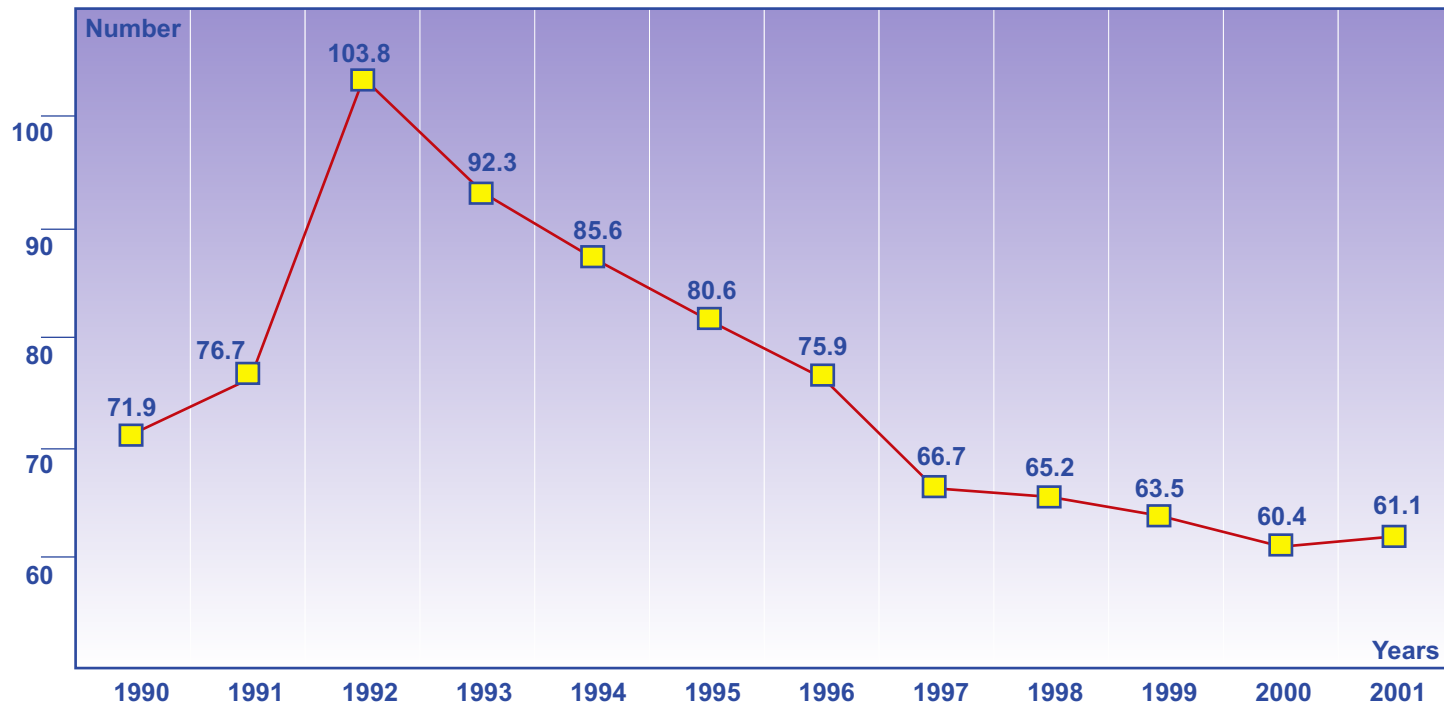
Source: "A Decade of Transition", UNICEF

Despite the fact that health services are provided to nearly all women during delivery, the levels of maternal mortality are alarmingly high. This may indicate problems with the quality of the provided medical care available at maternity houses. In addition to these problems, a significant role is played by the low health index for women of reproductive age. Provision of prenatal care for pregnant women is also extremely important.

In 2001, abortions were the second major cause of maternal deaths and accounted for 23.2% of maternal mortality. The highest abortion rate is observed among women aged 20-24 years old. Geographically, abortions appear to be more widespread in Almaty and the northern region of the country.

Even though the abortion rate per 100 live births in 2000 decreased compared with the early 1990s, it remains very high. For example, it is still three times higher than the EU average:

Abortions per 100 live and still births



Source: Ministry of Health

With respect to abortions per woman, in 2001 the number was 1.01. This represents a decrease by almost 50% compared with the early and mid-1990s, when the rate was 1.8 abortions per woman. Nevertheless, it still means that every woman in Kazakhstan will have on average one abortion in her life.

What are the main challenges?

Women's health status is critical for family and child welfare because women are the key figures in household health management, nutrition and childcare. The health of women bears important implications for the nation at large - both in the workplace and the community.

With regard to reproductive health, it is vital that women receive proper care (both in terms of access and quality) before, during and immediately after giving birth.

The fact that abortions are among the leading causes of maternal mortality can be explained by several factors that need to be addressed: some women are not adequately aware of family planning and safe delivery, do not have access to family planning services or cannot afford modern contraceptives to prevent unwanted pregnancy.

In a broader sense, women's health is affected by living conditions and lifestyles, which in turn are largely determined by social and economic conditions.

What is being done in Kazakhstan to reduce maternal mortality?

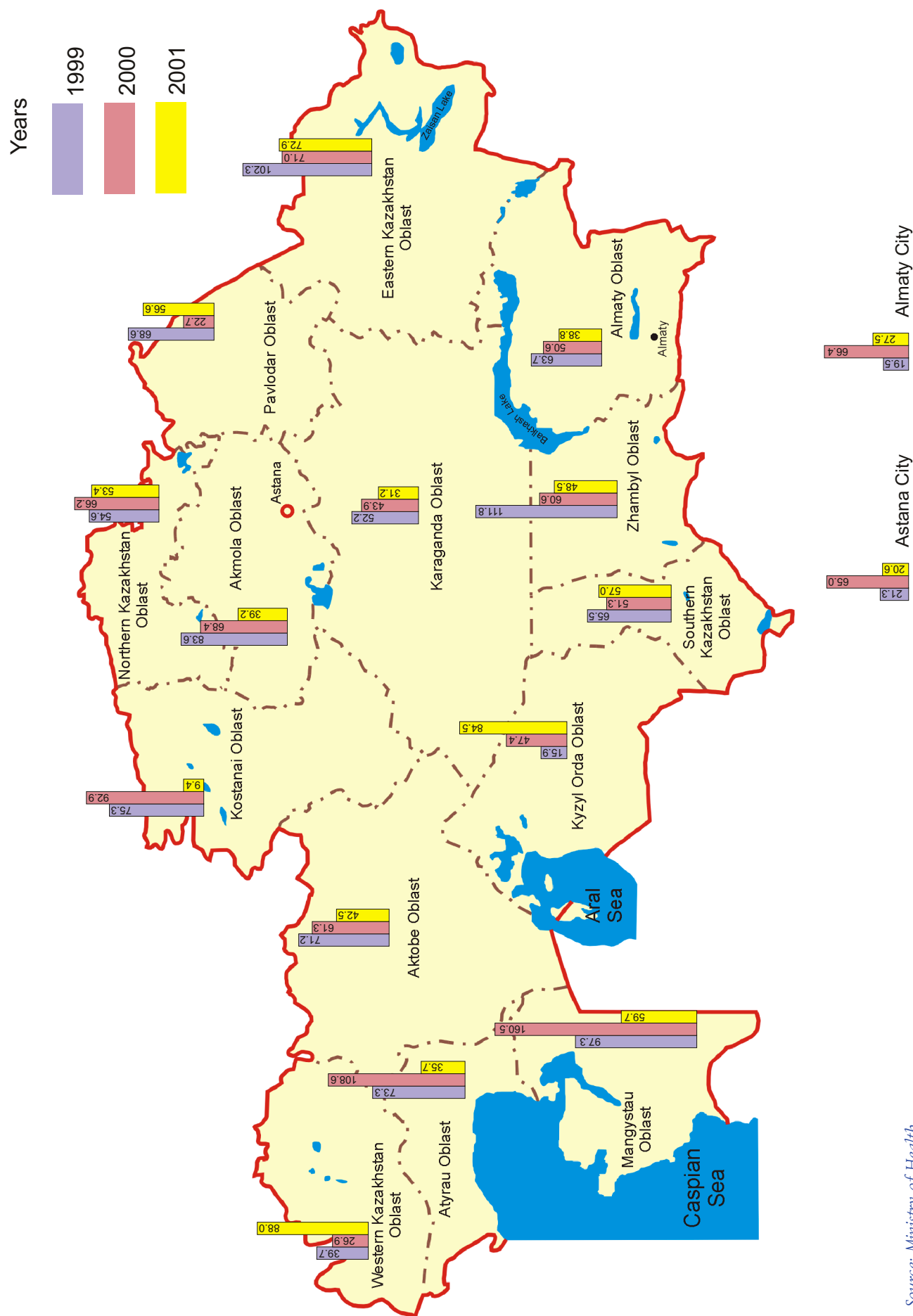
One of the central goals of the State Programme "Health of Nation is the reduction of maternal mortality and prenatal morbidity.

The main goals of the National Programme on Mother and Child Health Protection for 2001-2005 are the creation of enabling conditions for protection and improvement of life and health of mother and child, and the prevention and reduction of their morbidity.

The Government and UNICEF through the Mother and Child Survival, Development and Protection Programme promote the survival and protection of newborns and women. The programme seeks to improve the health and nutritional status of mothers through the development of a safe motherhood environment, including access to services and life skills knowledge.

The UNFPA programmes on reproductive health assisted the reduction in the level of abortions in the country, raised awareness among the population and, through training, improved the quality of reproductive health services provided to women.

Maternal mortality rate by oblast, 1999-2001



COMBAT HIV/AIDS AND OTHER DISEASES

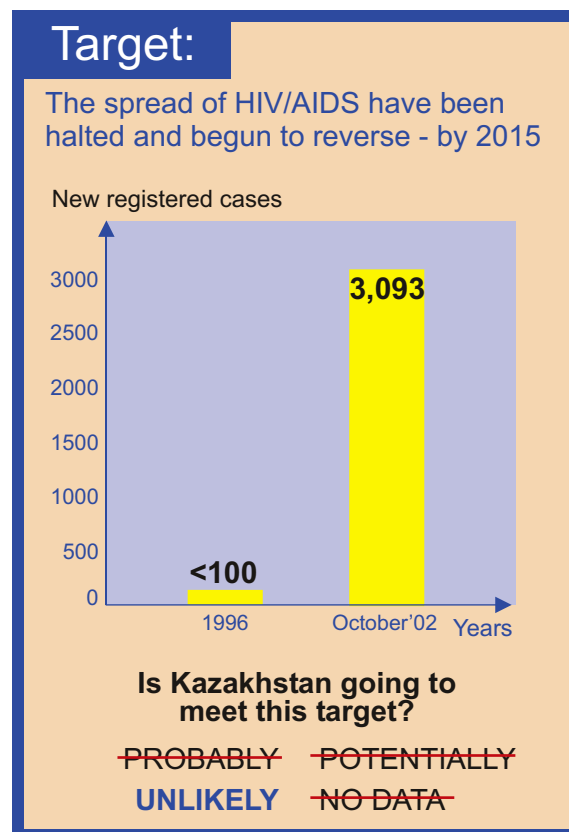


By the end of 2000, 36.1 million worldwide were living with HIV/AIDS, 90 % in developing countries.

*Declaration of Commitment on HIV/AIDS
June 2001*

Target 7:

The spread of HIV/AIDS - have stopped by 2015, and begun to reverse



People everywhere, rich and poor, without distinction to age, gender or race are affected by the HIV/AIDS epidemic. However, people in developing countries appear to be most affected and women, young adults and children, in particular girls, are the most vulnerable.

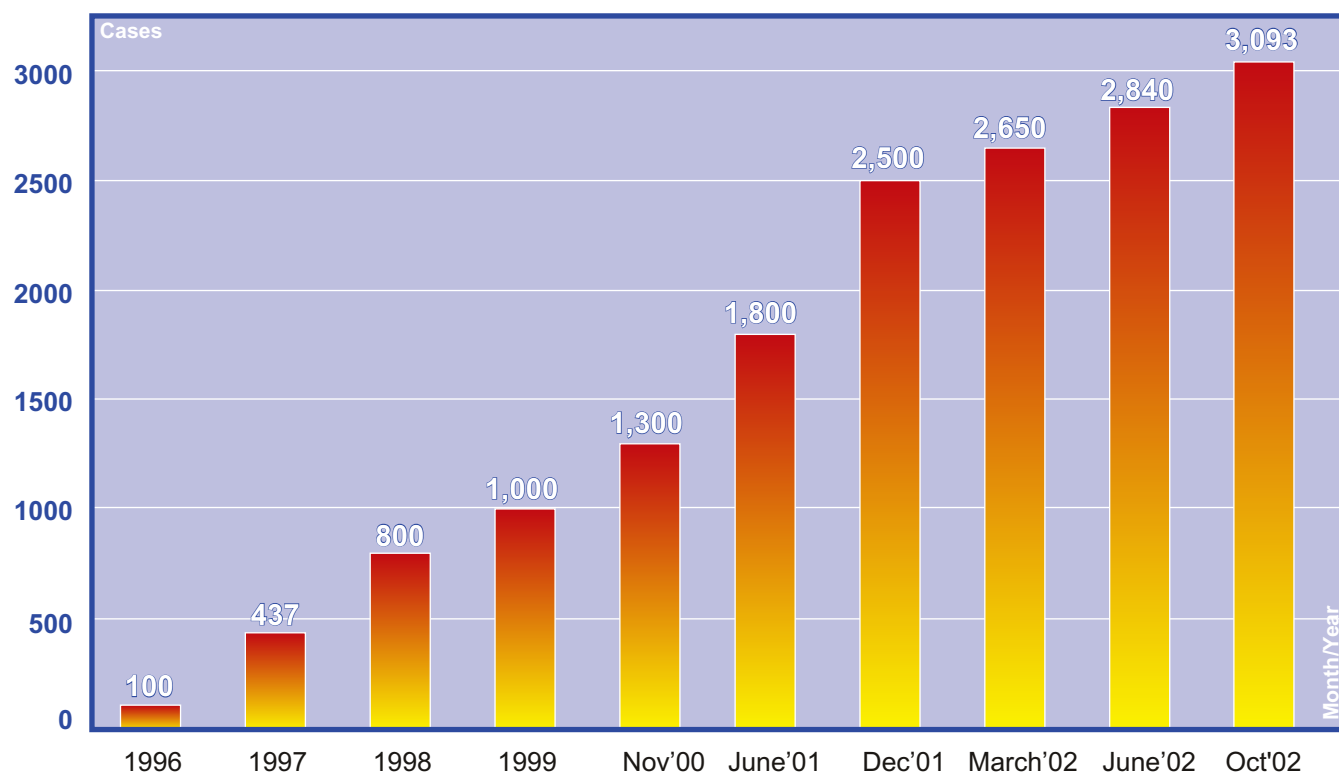
HIV/AIDS is now reversing or impeding development in many countries and should therefore be addressed in an integrated manner.

What is the status to date?

Compared with many other countries in the world, Kazakhstan has a relatively low prevalence of HIV. However, there is no reason for complacency, especially when one looks at the rate at which infection has been spreading since the first HIV case was registered in 1987.

By the beginning of the year 2000, there were registered cases in all oblasts of Kazakhstan. In total, 3,093 HIV-positive persons were registered nationwide by 1 October 2002. However, the real number is estimated to be closer to 23,000 cases. More than one third of the registered cases are in Karaganda oblast.

Registered HIV cases in Kazakhstan



Sources: 1996,2001- UNAIDS Assisted Response to HIV/AIDS,STI and Drug Abuse in Central Asian Countries,2000;
 1997 - 2000 - Kazakhstan Demographic and Health Survey,1999;
 3/2002 - AIDS Republican Center;
 6/2002 - Programme on Counteracting AIDS Epidemic for 2002-2005,Ministry of Education;
 10/2002 - AIDS Republican Center

The highest concentration of registered cases of HIV is observed in Karaganda, Pavlodar and South Kazakhstan oblasts. The epidemiological situation in Kostanay, East Kazakhstan, West Kazakhstan oblasts and the city of Almaty is of growing concern.

In 2001, the number of newly identified HIV carriers was 3.4 times higher than the previous year.

In 85% of registered cases, HIV transmission occurred among injecting drug users through the sharing of infected injecting equipment. In addition, there has been a growing trend of sexual transmission of HIV: in 2001 it accounted for 5.3 % of HIV transmissions and in the first eight months of 2002 - 14.8%. These figures are in line with the dramatic spread of sexually transmitted infections in general over the last decade, indicating a high level of unprotected sex within the general population, which can facilitate the spread of HIV.

The 1999 Demographic and Health Survey showed that there was almost universal awareness of the existence of HIV/AIDS among the population in the age group 15-59. However, only about 70% of men and about 37 % of women were able to cite condom use as one of the ways to protect themselves from HIV infection, and the actual use of condoms was even lower 18% for men* and 4% for women*.

*All men (married,sexually active unmarried) aged 15-59, Demographic and Health Survey99

*All women (married,sexually active unmarried) aged 15-49 Demographic and Health Survey99

According to the WHO, a key indicator of sexually-transmitted infections is the syphilis prevalence rate, which increased dramatically in Kazakhstan since 1990:

Syphilis prevalence (per 100,000 population)				
1990	1997	1999	2000	2001
1.4	268.9	182.2	161.4	140.6

Source: Ministry of Health

Which groups are most vulnerable to HIV infection?

About 85% of registered cases are found among injecting drug users (IDU), and a 2002 sentinel surveillance conducted in 8 oblasts revealed that the HIV-prevalence among IDU is on average close to 3-4 %. This corresponds to data on HIV prevalence among IDU tested in prison in 2001, which showed a prevalence of 3 %.

Unsafe injection practices and low prevalence of condom use (not more than 10%) among drug users have made them highly susceptible to the risk of HIV transmission.

Official number of injecting drug users in Kazakhstan is 46, 000 but in fact is estimated to be around 250, 000. Matching these data with the HIV prevalence data among IDU, it can be assumed that there are 7,500 - 10,000 HIV positive IDU in Kazakhstan.

Based on the analysis of the situation, other priority groups in the population that are vulnerable to the spread of HIV/AIDS are:

- Young people;
- Prisoners;
- Commercial sex workers; and
- Men having sex with men

The largest HIV/AIDS group is the young (15-29 of age), who constitute 69% of all cases. Young people are sexually active, often with multiple partners, and they are also the ones most likely to experiment with drugs and alcohol, but often lack the information, means and life-skills to protect themselves against HIV infection. Moreover, the recruitment to sex work and injecting drug use takes place mainly in this age group.

It was estimated that the relative risk of HIV infection among youth aged 18-23 is 2.5 times higher than among the older population.

The number of female street sex workers in the towns of Kazakhstan exceeds 20,000. They are estimated to have in total more than 1.5 million sexual contacts annually, and condom use among them does not exceed 20 %. The reasons for this low figure can be the lack of awareness about HIV; lack of financial means to buy condoms; and frequent refusal by clients, who often pay higher prices to have unprotected sex. Examination of sex workers in different cities revealed that no less than 80 % have at least one sexually transmitted infection and that 10 to 30% inject drugs.

By the end of 2000, 38 out of 10,000 imprisoned people had HIV. This rate is five times higher than the prevalence of HIV in the total population. In 2001, while people in custody made up less than 1% of the population, 25% of all registered HIV positive people were from the prison population. Contributing factors to this high number are the compulsory testing of all prisoners upon imprisonment and the high amount of injecting drug users among inmates. Unprotected homosexual relations in prison are also widespread.

There is no available data on the HIV prevalence rate among men who have sex with other men, but the risk of HIV infection is estimated to be very high among this group, especially for those who have unprotected sex with multiple partners.

As of October 2002, there were 39 children born to HIV-positive mothers, but only 4 children were diagnosed HIV-positive. Only HIV-positive pregnant women receive anti-retroviral therapy.

What are the main challenges?

It is believed that most people with HIV are unaware of their HIV-positive status. Currently, the estimated number of HIV-infected persons is approximately 23,000.

Until 2002, the testing policy in Kazakhstan was largely on a compulsory basis. The proportion of anonymous tests for HIV in 2000 was only 1.5 %, in 2001 - 2.3% of all tests. The main bulk of resources allocated for fighting HIV/AIDS has been used mainly for detecting HIV, instead of for preventive efforts.

The widespread stigma and discrimination that HIV-infected persons and members of vulnerable groups often experience, both from officials and general society, render people reluctant to come forward to seek prevention and information services.

So far, there has been a general lack of measures promoting safer conduct among vulnerable groups and raising awareness among the general public, especially the youth. This can be seen as a serious omission that needs to be corrected. Since vulnerable groups are not closed communities, if the epidemic is not effectively dealt with within these groups, it will easily spread to the general population.

What is being done in Kazakhstan to fight HIV/AIDS?

As soon as AIDS emerged as a problem in Europe, from 1987 a network of state institutions dealing with AIDS control has been initiated throughout Kazakhstan. The main activities of these centers include coordination of government, private and non-government sectors' HIV prevention activities, preventive work within vulnerable population groups and surveillance. Since 1996, the Multi-Sectoral Coordination Committee on HIV/AIDS Prevention has been operational under the Prime Minister's office, chaired by the Vice Prime Minister. The committee comprises key ministries and agencies, non-governmental organizations, people living with HIV/AIDS and representatives of international organizations.

The Law on AIDS Prevention of 1994 guarantees rights of people with HIV and of representatives of vulnerable groups and stipulates that the government is to provide free treatment and social protection to HIV-infected people, to supply the population with HIV/AIDS information and to perform required prevention interventions.

Among measures directed against drug addiction and drug dealing was the adoption of the Strategy of Fight against Drug Addiction and Drug Dealing in Kazakhstan for 2001-2005. The Programme on Treatment and Prevention of Drug Addiction for 2001-2005 is designed to improve the system of prevention and medical treatment of drug addiction in the country. It is hoped that the activities of this programme will have a positive effect on the HIV situation in the country.

The Government of Kazakhstan with the support of UNAIDS has developed the Programme on Counteracting the AIDS Epidemic for 2001-2005. The main objective of the programme is the creation of an effective system of HIV/AIDS prevention in the country. It is envisaged this will occur through prevention activities among vulnerable groups, limiting the spread of HIV to the general population; reducing the number of young people joining vulnerable groups; and provision of medical and social programs to HIV-infected people.

Seven ministries, with the support of UNAIDS, prepared their sectoral programmes on HIV/AIDS prevention. These include the Ministries of Education, Justice, Interior, Health, Defense, Labour and Culture & Information.

UNDP and UNAIDS actively assist the Government in preventing the spread of HIV/AIDS in Kazakhstan through a joint project on Healthy Lifestyle Development and a number of sub-projects on HIV/AIDS prevention among vulnerable groups.

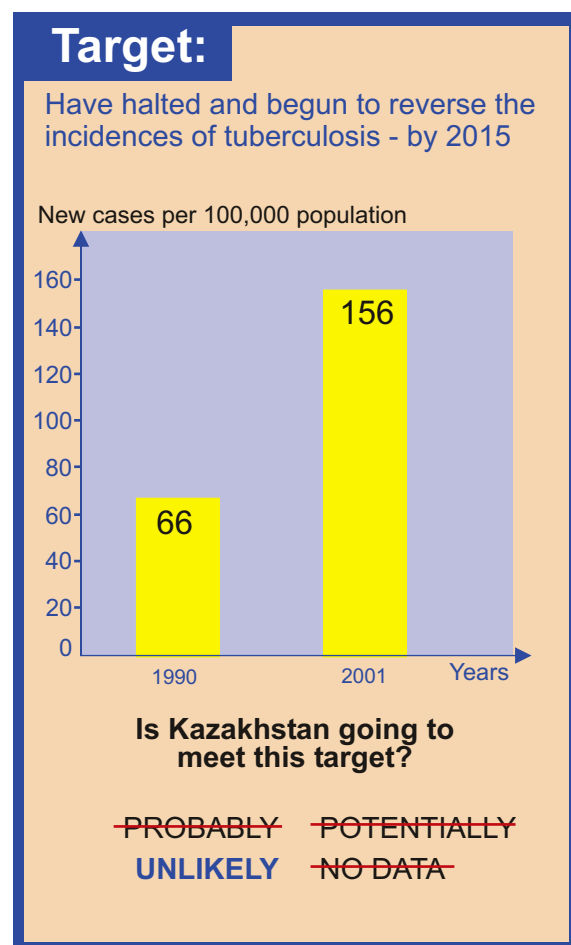
The collaboration of the Government with the UN Theme Group on HIV/AIDS and other donors has resulted in the development of the above-mentioned national strategic programme, as well as the development of sectoral programs on HIV/AIDS for the military, penitentiary and educational Sectors. The activities targeting vulnerable groups include information, counseling, provision of condoms, disinfectants and sterile injecting equipment for drug users, treatment of sexually transmitted infections and access to voluntary anonymous HIV testing.

The Rules of medical examination for exposure of HIV infection adopted in 2002 abolish the earlier compulsory testing of selected population groups and contact-tracing, and introduced voluntary testing with pre- and pos-test counseling. All test results are now confidential and are used only for surveillance. There is still compulsory testing of donors of blood and other biological fluids and tissues.

Each year, 1% of the global population is infected with tuberculosis. 5-10% of those infected become sick or infectious.

Target 8:

The incidences of malaria and other major diseases - have stopped by 2015, and begun to reverse



Health, whether of an individual or the population, is a vital factor not only for the quality of life but also for the economic well being of the nation. Poor health of the population can be more costly than state expenditures on medical care: illness and premature deaths diminish an economy's output due to reduced productivity and lost work hours. Thus, health issues should be important considerations for policy makers.

A recent study argues that the health status of a nation, measured mainly by life expectancy and infant or general mortality rates, is a significant and reliable predictor of future economic growth. It was found that for a large number of countries, an increase in life expectancy by 1% in 1965 accounted for an acceleration of GDP per capita growth of over 3 percent for each of the subsequent 25 years.

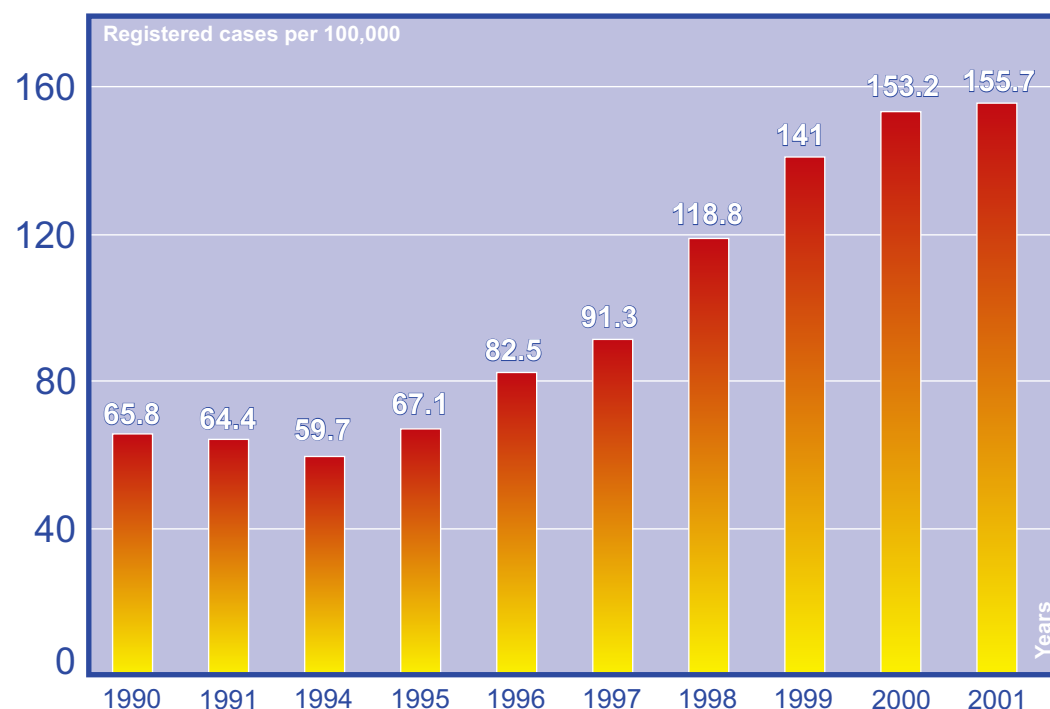
Health issues increasingly pose problems for Kazakhstan as illustrated by the current statistics. For example, by 1999, the general mortality rate in Kazakhstan was 26% higher than what it was in 1991. The increase in mortality was observed from all kinds of diseases but it should be noted that deaths from infectious and parasitogenic diseases grew by more than 100% between 1990 and 1997.

What is the status to date?

While malaria does not pose a problem in Kazakhstan, the re-emergence of tuberculosis (TB) presents a serious threat. Thus, the target for Kazakhstan should be ***“by 2015 have halted and begun to reverse the incidence of tuberculosis.”***

In industrialized countries, tuberculosis is often viewed as a “disease of the past.” In Kazakhstan, after 40 years of steady decline, the number of tuberculosis cases increased dramatically in recent years.

Tuberculosis incidence



Source: Ministry of Health

The increase of TB is registered across all oblasts and is especially marked in rural areas.

The highest prevalence of TB among rural populations is registered in Kyzyl Orda and Mangystau oblasts (see table on next page):

Tuberculosis incidence (new cases per 100,000 population) rural population, by oblasts

	1999	2000	2001
Kazakhstan	124	136	147
Akmola Oblast	123	132	168
Aktobe Oblast	204	172	165
Almaty Oblast	101	113	113
Atyrau Oblast	190	143	226
East-Kazakhstan Oblast	120	124	226
Zhambyl Oblast	145	150	150
West-Kazakhstan Oblast	159	168	167
Karaganda Oblast	102	118	130
Kostanai Oblast	101	128	150
Kyzyl Orda Oblast	238	267	429
Mangystau Oblast	154	300	260
Pavlodar Oblast	162	184	172
North -Kazakhstan Oblast	94	117	104
South-Kazakhstan Oblast	91	11.3	108

Source: Agency for Health Affairs, "Health of Population in 2001"

Although the mortality rate from TB declined in the period 1999-2001, it remains more than twice the rate in 1990.

Tuberculosis mortality (per 100,000 of civil population)

Population (excluding prison population)	1990	1995	1996	1997	1998	1999	2000	2001
	10	26	35	38	38	31	26	25

Source: Ministry of Health

The reason that TB prevalence rates for prison and civil populations are calculated separately is that TB incidence is known to be 30 times higher (according to the Programme "Health of Nation", 65 times higher) than that of the general population and the TB death rate is 9 times higher. This is a natural outcome of the intense overcrowding and poor ventilation systems in these institutions. TB in prisons poses a serious threat in terms of AIDS as it is one of the infections that induce a person with HIV to develop AIDS. In Kazakhstan, 25% of all registered HIV positive cases are from the prison population; the highest percentage of TB infected people is also found among prisoners.

Presently, the most effective method available for controlling the TB epidemic is a WHO-recommended strategy, called Directly Observed Therapy Course (DOTS).

DOTS costs about \$50 per patient and is a standard six-month treatment course consisting of 4 drugs. Under DOTS it is mandatory that health care professionals watch their patients take each dose of medication to ensure treatment adherence. When properly implemented, DOTS cures sick patients, reduces recurrence levels and prevents the spread of TB. If DOTS treatment fails to produce favorable results, then it is very likely that the patient suffers from drug resistant TB. This form of tuberculosis is much harder and costlier to treat; it often appears if anti-TB treatment is interrupted. The extent of multi-drug resistant TB is not known in Kazakhstan due to unreliable diagnostics.

The implementation of the DOTS strategy in Kazakhstan began in 1998. It is estimated that DOTS has saved more than 13,000 lives during the period 1998-2001.

What are the main challenges?

There are several reasons for the re-emergence of tuberculosis: poverty, malnutrition, increased homelessness, overcrowded prisons, migration, polluted environment and problems in the health sector.

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 methods, especially to low-income and marginalized groups (homeless, alcoholics, drug addicts, etc.) undermines the TB or general health situation in the country.

What is being done in Kazakhstan to fight the TB epidemic?

In 1998, the President's decree on "Priority Measures of Improving Health Status of the Population" called for a nationwide programme and an allocation of the state budget for TB drug purchases.

The State Programme "Health of Nation" was approved in 1998. One of the main principles of the program is that the state is accountable for the health status of the population, as well as for the adoption of concrete and effective measures to ensure the legal right of citizens to medical services. However, the programme also elucidates that while the state is partly accountable, the individual has the primary responsibility for his/her health status.

The Law on "Forced Medical Treatment of Persons, Sick with Contagious Form of Tuberculosis" establishes a legal relationship between the State and citizens who are infected with contagious TB.

Since 2000, the National TB Programme has been implemented on a pilot basis to treat patients with multi-drug resistant TB. This programme is planned to be expanded throughout the country starting in 2003. However, a rapid expansion without appropriate training, laboratory capacity for testing and DOTS implementation concerns the donor community.

The draft State Programme on Poverty Reduction for 2003-2005 contains such success indicators as TB prevalence and reduction of mortality. Between 2002 and 2005, the goals are to reduce TB mortality from 26.4 per 100,000 people to 23.2 and to halt the increase of TB incidence by 2005 to a level of 160 per 100,000 (compared with 153.2 in 2000).

7

ENSURE ENVIRONMENTAL SUSTAINABILITY



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

Target 9:

The principles of sustainable development - integrate into country policies and programmes and reverse the loss of environmental resources

Target:

The loss of environmental resources reversed

Is Kazakhstan going to meet this target?

~~PROBABLY~~ ~~POTENTIALLY~~
UNLIKELY ~~NO DATA~~

Sustainable development refers to 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.

The mismanagement of the earth's environmental resources and resulting pollution adversely affect all countries:

- Polluted air and rivers cross national borders and are among the major causes of illnesses and deaths worldwide
- Every year a growing number of countries face the disastrous consequences of changing climate - floods, tornados, droughts, etc. Forests, absorbing greenhouse gases from the atmosphere, help to offset their climate change effect. Unfortunately, however, 45% of the planet's original forests are gone, cleared mostly during the 20th century
- Biological diversity is the term given to the great variety of plants, animals and microorganisms living on our planet. The loss of biodiversity and degradation of ecosystems, desertification and land degradation undermine people's opportunities for employment, recreation and tourism. Moreover, it can threaten people's essentials for survival - supplies of clean food, water and air

What is the status to date?

Ten years after independence, Kazakhstan is still suffering from poor Soviet-era environmental practices, and in some respects the situation has worsened. According to the National Environmental Action Plan of Kazakhstan, the most pressing issues that require urgent action are:

- Degradation of pastures and arable land;
- Shortage of water resources;
- Shortage of forests and specially protected natural territories;
- Air pollution in urban areas;
- Increasing environmental degradation related to oil and mining activities;
- Environmental pollution due to industrial and municipal solid waste; and
- Pollution of water bodies with wastewater

Desertification and Land Degradation

Desertification is a process of land degradation in dry lands and sub-humus areas, occurring as a result of many factors, including climate change and human activity. About 66% of Kazakhstan's territory (about 180 million hectares) is exposed to desertification processes. This problem is linked to the specifics of the country's geographical location inside the Asian continent and its dry climate, as well as the impact of anthropogenic factors.

Every year, 10-15% of the arable land in Kyzyl Orda Oblast turns to wasteland due to dysfunctional irrigation systems. For the same reason, 20-25% of pastures to the south of the Aral Sea have been destroyed. Affected by secondary salinization, there is a decline in the productivity of arable lands in many oblasts of Kazakhstan and especially in the South-Kazakhstan and Zhambyl Oblasts.

Shortage and Pollution of Water Resources

Irrational irrigation practices and improper regulation of river water flows have caused a shortage of water of small and large rivers in the Ili, Syrdaria, Ishim and other basins. The Aral Sea shrank by half in less than a generation. A similar catastrophe could occur in the Balkhash Lake.

While the country's total volume of water resources reaches 100 cubic kilometers per annum, the existing supply does not even reach 35% of that. Water supply per capita in Kazakhstan is the lowest among CIS countries.

Annually, more than 200 million cubic meters of polluted wastewater are discharged into surface reservoirs. The quality of underground water has been deteriorating as well. The natural ability of most watersheds to self-clean and self-recover seems to have been exhausted. Therefore, finding viable solutions to Kazakhstan's water problems are especially acute.

Shortage of Forests and Protected Territories to Preserve Biodiversity

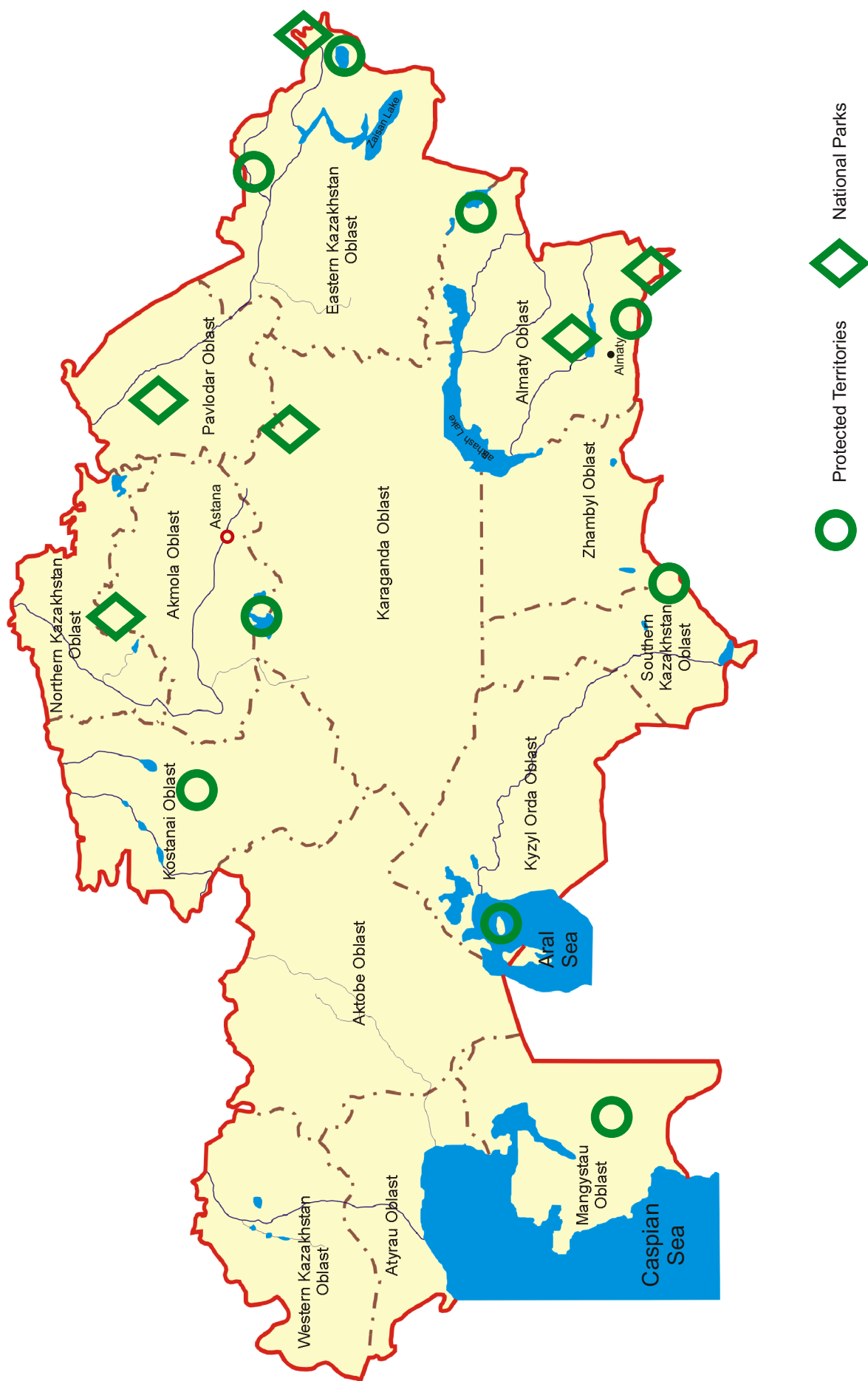
Steppes, semi-deserts and deserts comprise the majority of the territory of Kazakhstan. Forests occupy only 4% of the vast territory of the country. They are, however, the habitat of the most valuable and rare species of animals and of 90% of the plants known in Kazakhstan. Excessive utilization of forests leads to their degradation and the loss of protective and water conservation functions. Enormous damage to forests is caused by fires.

Conservation and the rational use of biodiversity are key conditions for environmentally safe and sustainable development of the country.

In Kazakhstan, a number of natural territories have been under special protection for over 70 years to allow the conservation of flora, fauna and micro-organisms and their ecological systems.

Currently in Kazakhstan, specially protected territories cover about 3 % of the country. The aggregate size of the nine state natural parks comprise only 0.3 % of the territory of Kazakhstan.

Specially protected territories, 1999



Source: National Strategy and Action Plan on Conservation and Sustainable Use of Biological Diversity

In accordance with the Law on Specially Protected Natural Territories, the entire network of such territories is comprised of the state natural reserves, parks and memorials, state zoological parks and botanical gardens, water bodies of special state or scientific significance and water lands with international importance.

Air Pollution and CO₂ Emissions

In the early 1990s, nearly 6 million tons of pollutants were discharged into the air in Kazakhstan annually. However, between 1990 and 1998, emissions decreased by 50 % - largely due to the economic recession and sharp decline in the country's production.

Significant emissions of heavy metals result from ferrous and non-ferrous metallurgy and also from energy production based on coal.

Kazakhstan's per capita emissions are in general higher than those in European countries. Moreover, dangerous air pollution mostly takes place in densely populated areas.

In 1996, emissions of carbon dioxide in Kazakhstan totaled 12.2 tons per capita - about 10% higher than the OECD average.

Solid Wastes

The issues of solid waste: industrial, municipal and other; its utilization and neutralization, burial and trans boundary transportation, are among Kazakhstan's most significant modern problems.

In Kazakhstan, mineral extraction and processing generate significant volumes of waste, which pose a serious concern. More than 20 billion tons of solid waste have been accumulated in the territory of Kazakhstan. The annual generation of waste is about 1 billion tons. Moreover, there is also the problem of radioactive waste.

There is a growing accumulation of municipal solid industrial waste (currently about 14 million cubic meters), most of which is randomly accumulated in open-air refuse pits.

Deficient practices in the accumulation, storage, utilization and processing of solid waste causes the pollution of air, land and surface and underground water.

Radioactive waste disposal represents a serious problem because of the huge amounts generated during the past 50 years. According to the 1999 estimate of the International Atomic Energy Agency (IAEA) and the Organization for Economic Co-Operation and Development (OECD), more than 230 million tons of low-level and 2 million tons of medium-level radioactive waste from uranium mining and milling activities have accumulated in Kazakhstan.

What are the main challenges?

The main tasks for ensuring sustainable development are:

- Stabilization of the quality of the environment;
- Creation of an effective system of environmental management and protection; and
- Creation of a basis for balanced use of natural resources

To constructively address the most acute problems, the National Environmental Action Plan (NEAP) identified zones in the country (see map), where certain problems appear to be aggregated and envisaged strategies to address them:

- **Zone A - Caspian region**, which suffers from soil, water and air pollution caused by oil production and refining;
- **Zone B - Eastern, central and northern parts of Kazakhstan**, which are industrial regions of the country. Prevailing problems are excessive accumulation of industrial waste (90% of country's total), air pollution in urbanized areas, forest degradation and a lack of specially protected areas;
- **Zone C - Southern part of Kazakhstan**, which is characterized by degradation due to bad agricultural practices. Here the shortage of water, pollution of water sources by waste waters, degradation of pastures and destruction of natural monuments are the most acute problems, especially in the remote areas

According to the NEAP, the economic damage resulting from irrational resource use and environmental pollution reaches 20-30% of GDP. State efforts should be directed not only at rectifying the situation but also introducing preventive measures, including environmental education, which also needs to be strengthened. Concerted efforts should prevent irreversible environmental deterioration and further economic losses that could hamper the social and economic development of the country.

What is being done in Kazakhstan to reverse the loss of environmental resources?

The Government of Kazakhstan has developed and adopted a wide range of documents that lay down a solid legal foundation to address the country's environmental challenges:

The National Environmental Action Plan for Sustainable Development of the Republic of Kazakhstan

Law on Air Protection

National Strategy and Action Plan for Conservation and Sustainable Use of Biological Diversity

National Strategy and Action Plan to Combat Desertification

National Disaster Preparedness Plan

National Environment Hygiene Action Plan

Energy Development Action Plan

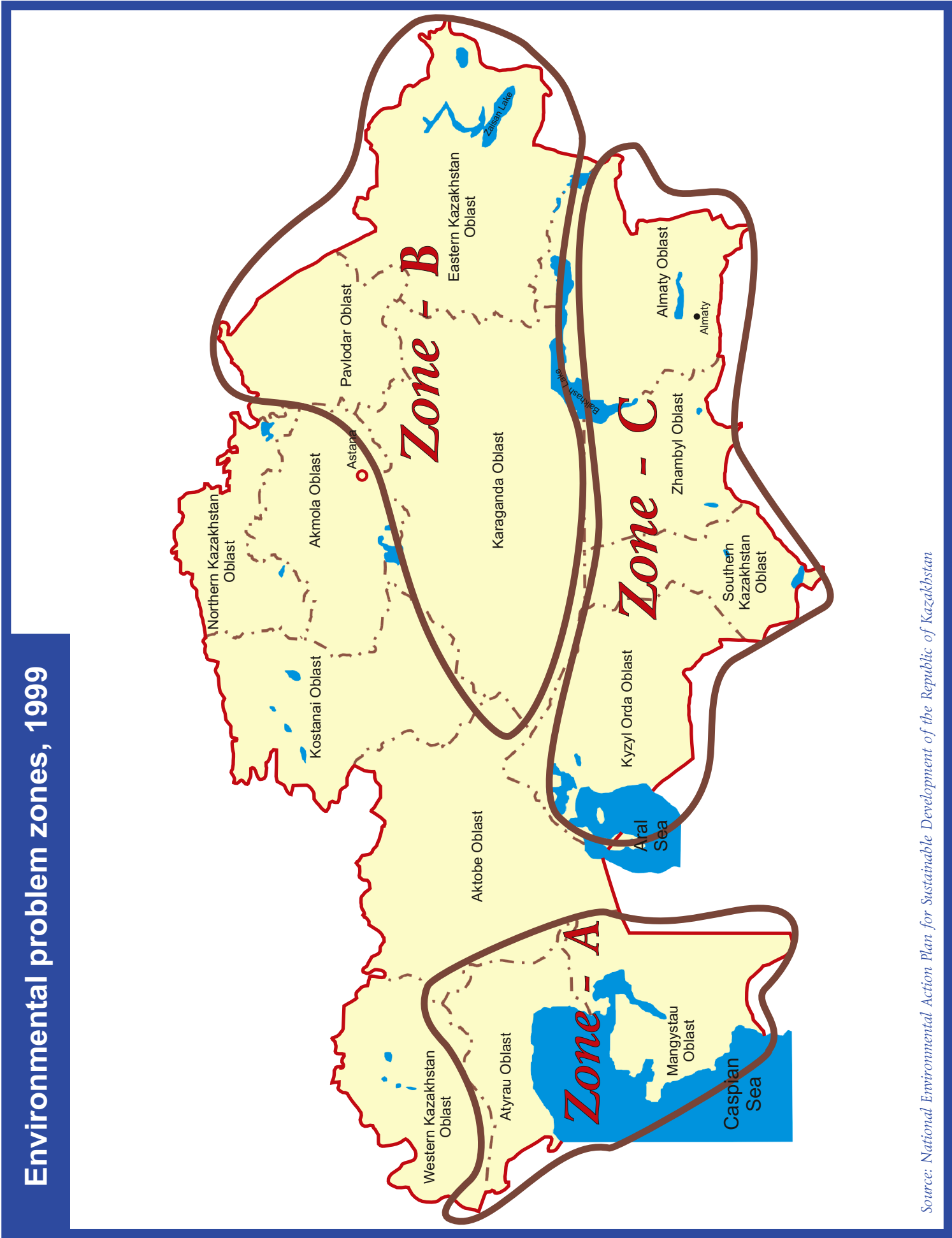
Sectoral Programme "Fresh Water" (2002-2010)

Kazakhstan has also accepted responsibilities at the international level, acceding to a large number of global and regional international environmental conventions.

Kazakhstan is an active participant in cooperating within frameworks of regional and sub-regional initiatives, as well in closely working with many international and bilateral organizations and donors.

The UN System carries out a number of projects that support Kazakhstan's efforts to effectively manage and protect its environment and natural resources for sustainable human development. UNDP heads the UN Theme Group on Environment, which coordinates the work of UN agencies and some other donors in the field of the environment.

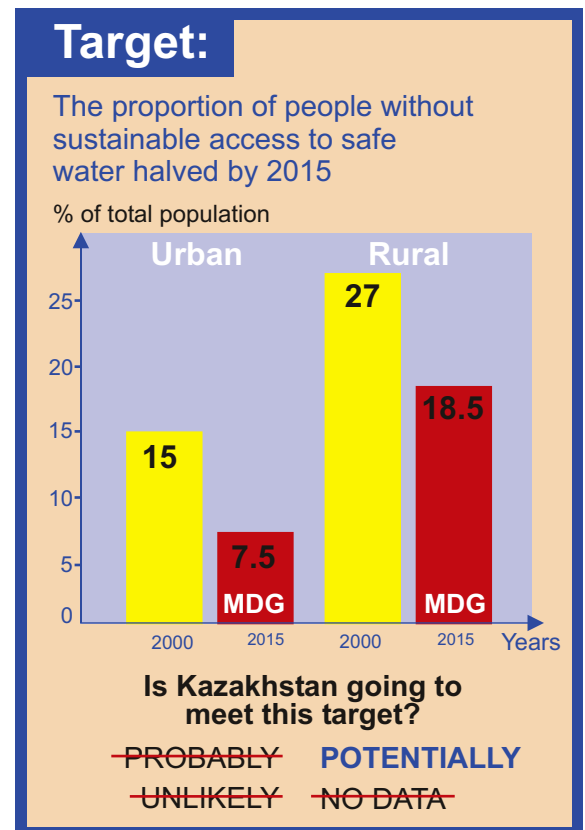




About 1.2 billion people worldwide lack sufficient access to fresh water, and water-borne diseases cause millions of deaths every year

Target 10:

The proportion of people without sustainable access to safe drinking water - halve by 2015



Safe water is generally defined as water that will not cause acute, immediate disease after intake; water which meets principal bacteriological and chemical requirements. Treated as well as untreated surface water can classify as safe water if they arise from uncontaminated sources such as springs, sanitary wells or protected boreholes.

If a source of water supplies at least 20 liters per person per day from within one kilometer of the user's dwellings, then that water source is called "improved" water supply. Sources of improved water supply can be: household connection, public standpipe, borehole, protected well or protected spring. Since the definition of improved water supply is based on concerns about the quantity of supplied water and not concerns over the water quality, vendor-provided water or bottled water are not considered to be in this category. Unprotected wells, springs and tanker truck-provided water do not qualify as "improved" either.

7

What is the status to date?

The share of people with access to improved water supply, though still high, has been diminishing both in urban and rural areas.

According to the draft State Programme on Poverty Reduction for 2003-2005, currently 75% of the population is connected to a water-pipe network. The use of decentralized sources meanwhile is increasing, between 1997 and 1998 alone, the percentage of people using decentralized sources increased from 16 to 23 %. This rise was most probably due to the failure of 22% of water pipelines in functioning. The lowest access to centralized water sources are in Western Kazakhstan (57 %) and Northern Kazakhstan (58 %) oblasts.

% of population with access to improved water supply

Years	Total	Urban	Rural
1990-1998	93	99	84
2000	91	98	82

Sources: 1990-1998: *The State of Worlds Children 2000*, UNICEF
2000: UN Statistical Division, *Millennium Database*

The existence of a centralized water supply no longer guarantees sustainable access to safe water. For example, in 1998 one of the main water pipes in Kyzyl Orda oblast was disconnected from the power supply 14 times due to the region's arrears in payment for electricity. Meanwhile, a large percentage of the population fails to receive water from the centralized source they are technically connected to.

Moreover, a growing number of water supply systems do not meet sanitary requirements. Between 1990-1997 the proportion of such facilities increased almost threefold, rising from 9 to 26 %.

As a result of the shortcomings of the water supply system, 50% of the population is forced to drink water that falls far below the standards on salinity and hardness. 5% of the population even has to use water that does not meet bacteriological standards.

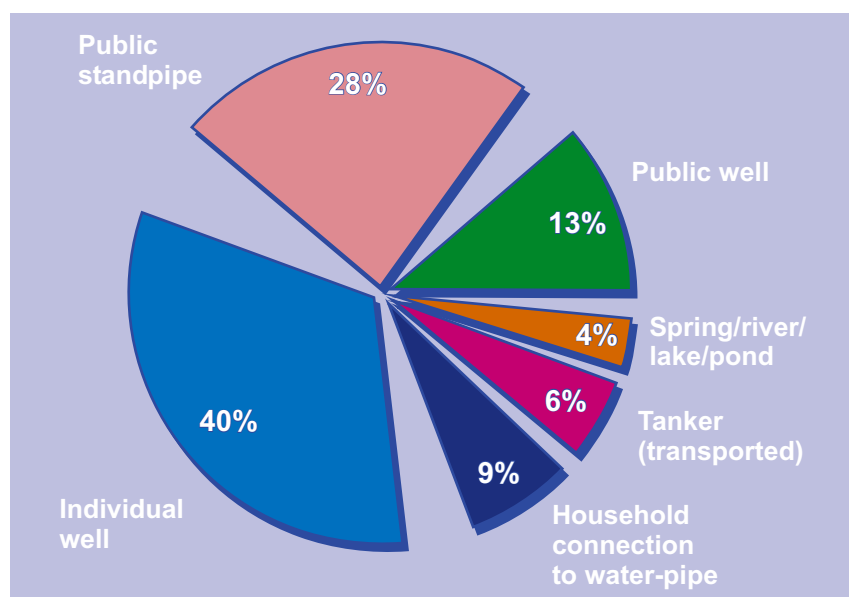
The quality of drinking water from decentralized sources, however, appears to be worse because water sources often become polluted by domestic, agricultural and industrial activities.

In rural areas only about 9% of the population use facilities of centralized pipelines, 91% rely on other sources (see graph):

The graph indicates that only 4% of the rural population is reported to consume water from unprotected sources. The draft State Programme for Poverty Reduction for 2003-2005, however, mentions that close to one million rural residents (which is more than 4 %) use untreated water from rivers for drinking and for household use. In Kyzyl Orda oblast, about 80-85% of the rural population not served by piped water systems utilize water from highly polluted, unprotected sources.

The lowest consumption of water in Kazakhstan is in rural areas of the West Kazakhstan, North Kazakhstan and Zhambyl oblasts - only 10-16 liters per person per day.

Water supply sources in rural areas



Source: Agency on Statistics
"Main Socio-Demographic Household Indicators," 2002

As a result of the divergent data on access to improved water sources, not many estimates on the share of the population who lack access to safe water can be made. The draft Programme on Poverty Reduction cites that the proportion in 2000 was 15 % in urban areas and 27% in rural areas. Since there is no earlier data for this indicator, the data from the draft Programme for the year 2000 is used in the publication as a baseline.

What are the main challenges?

The quality of ground water has been deteriorating. Water is polluted due to dumping of industrial and municipal waste and run-off wastewater. The natural ability of most watersheds to self-clean and self-recover seems to have been exhausted. River and lake pollution has also turned into a real threat to environmental and human health.

The main factors affecting the supply and quality of drinking water are the lack of treatment (chlorination and filtration) of raw water, irregular chlorination due to a shortage of chlorine, corrosion and leakage of water pipes, insufficient distance between drinking-water pipes and sewerage pipes and electricity shortages that allow drinking water stay in pipes for too long. Hence, there is a high risk of microbiological contamination of water.

The current system of state control over water quality is not effective and does not allow for quick measures to improve quality.

The development of market relations in all sectors of the economy led to the collapse of the centrally controlled water management system. The financial and technical responsibility for both rural and urban water supplies was passed to oblast governments. Some water supply facilities were privatized. The local governments or other owners, however, often lack the means or incentives to maintain and upgrade the infrastructure. This is especially true for the rural areas because they cannot mobilize resources from a predominantly poor population, who cannot fully pay for the services.

What is being done in Kazakhstan to increase supply of safe drinking water?

The goal of the National Programme “Fresh Water” for 2002-2010 is to ensure a sustainable supply of fresh water of guaranteed quality.

The UN System and other donors are very active in the field of water resource management.

Almost 1/4 of the world population living in cities do not have adequate housing and often lack access to basic social services such as access to safe water and sanitation

During the next generation, the global urban population will double from 2.5 billion to 5 billion people. Almost all of the increase will be in developing countries

Target 11:

Slum dwellers - by 2020 achieve significant improvement in the lives of at least 100 million of them

Target:

Significant improvement in the lives of rural population achieved - by 2020

Is Kazakhstan going to meet this target?

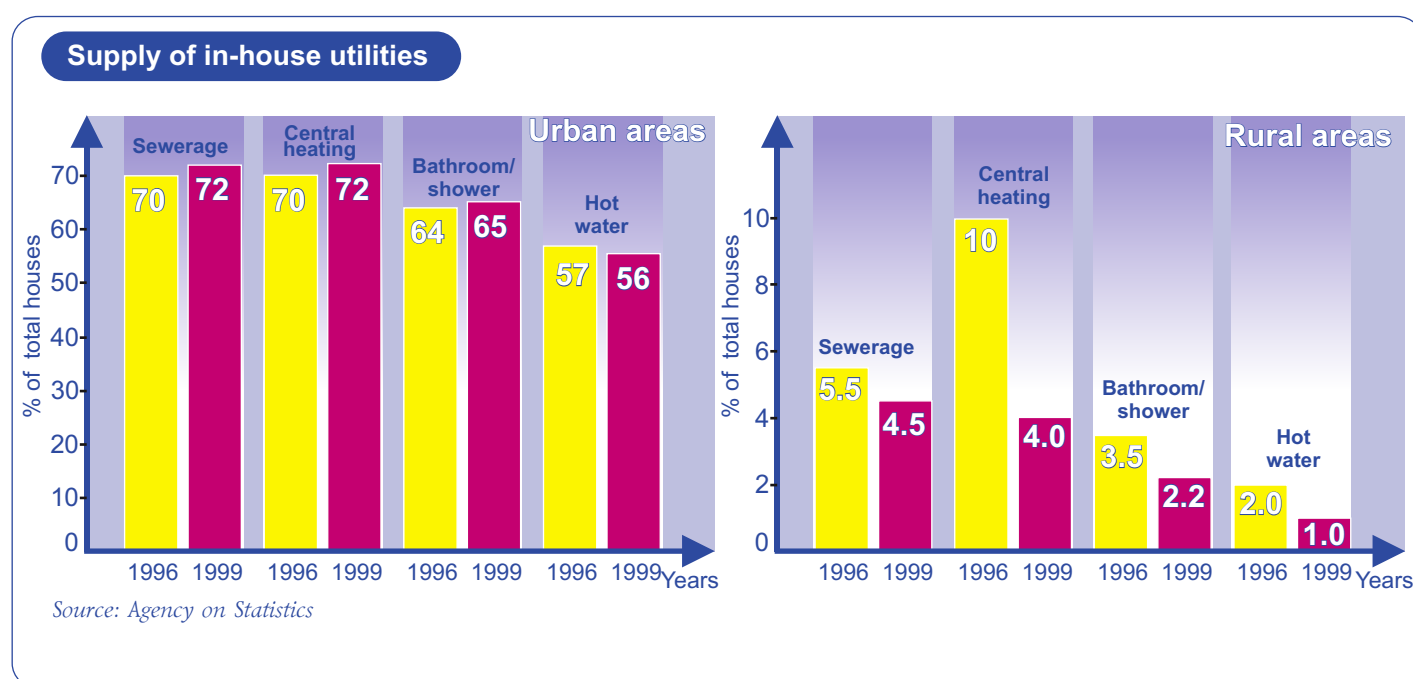
~~PROBABLY~~ **POTENTIALLY**
~~UNLIKELY~~ ~~NO DATA~~

In Kazakhstan, the majority of the poor population live in rural areas. The housing conditions of the rural population are considerably worse than those of urban residents. Moreover, many of the rural settlements have practically become isolated communities, lacking access to adequate health, education or cultural services and public transportation to other settlements. Thus, for Kazakhstan, the target should be **“to achieve, by 2020, significant improvement in the lives of the rural population”**

In Kazakhstan, some of the main adopted indicators of housing conditions are: access to central water pipeline, sewerage, hot water supply, central heating and bath/shower inside the house.

What is the status to date?

Housing conditions of the rural population seemed to deteriorate between 1996-1999:



About 28% of rural settlements do not have links to the transport network, which leaves their residents unable to seek medical or other services. It is encouraging though, that the proportion of such “secluded” settlements has decreased from almost 44% in 1996 to 28% in 1999.

The inability to find regular paid employment, provide children a proper education and hard living conditions in general force many rural citizens to migrate to towns. There, in most instances, they again face the problems of unemployment, unaffordable housing, nutrition, etc., carrying their problems simply from the rural setting to the urban environment. Hence, slum dwelling might increase in Kazakhstan.

What are the main challenges?

Rural development is a major issue that is vital for the country's sustainable development.

In Kazakhstan, like in many other countries, the incidence of poverty is much higher in rural communities. Many factors affect rural poverty: local governance issues, infrastructure gaps, environmental degradation and lack of economic opportunities. In order to effectively fight rural poverty, it is critical to understand its extent and nature. UNDP's National Human Development Report 2002 will specifically address rural development, analyzing problems and recommending policy alternatives.

What is being done in Kazakhstan to improve the lives of the rural population?

As was mentioned earlier in the report, Kazakhstan 2010 contains the agro-industrial policy designed to improve the welfare of rural population.

The Programme of Long-term Funding of Housing Construction and Development of Mortgage System (2000-2003) is designed to enable the population to obtain affordable housing.

The President has emphasized in his speeches during 2002 that rural development will be a focus of national development efforts for the 2002-2005 period.

DEVELOP GLOBAL PARTNERSHIP FOR DEVELOPMENT



“The most creative agents of change may well be partnerships - among governments, private businesses, non-profit organizations, scholars and concerned citizens.”

UN Secretary-General, Kofi Annan

The eighth Millennium Development Goal refers to rich and poor countries working together to find new solutions to the health, nutritional and environmental problems that keep so many hundreds of millions locked in the poverty trap.

More specifically in developed countries, the MDG campaign focuses on:

- Making the case for aid based on clear evidence of results;
- Reaching the 0.7% of GNP target for aid by a specific deadline;
- Ensuring that aid is allocated to sectors and services related to the MDGs;
- Achieving faster, deeper and broader debt relief; and
- Opening OECD markets more widely to developing countries

In developing countries, the MDG campaign focuses on:

- Mobilising domestic resources and focusing expenditure on the MDGs;
- Strengthening human rights, democracy and good governance in the areas specified in the Millennium Declaration

The MDG campaign will help mobilise resources and stimulate partnerships for the achievement of the MDGs. Two major international events: the Financing for Development (FfD) Conference in March 2002 and the World Summit on Sustainable Development (WSSD) in September 2002 focused on a “contract” between developed and developing countries to mobilise the resources needed to realize the MDGs. But the success of a campaign at the country level will largely depend on the commitment that is mobilised among the main stakeholders of development.

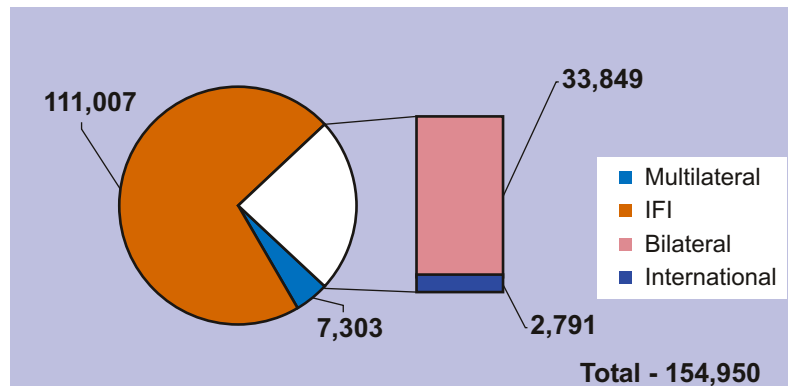
An extra \$50 billion in annual resources will go a long way towards reaching the MDGs at the global level. Although this figure may appear large in absolute terms, it represents less than 0.2% of global income. The Millennium Declaration offers a great opportunity to coordinate action at the national and international levels and to draw resources towards achieving the MDGs. As long as focus is maintained on the targets, stakeholders are accountable for results and consistent policies are designed, the MDGs will be attainable.

It is a political bargain that is being built around a partnership of mutual self-interest between the countries of North and South, under which sustained political and economic reform by developing countries will be matched by direct support from the rich world in the form of the trade, aid and investment.

The UNDP will shortly be publishing a report on the aid flows to Kazakhstan, with data disaggregated by donor, thematic from focus and MDGs with a view to better informing the public on this important area.

Official development assistance by donor group

(2002 allocations in thousands USD)



Source: UNDP Kazakhstan

ODA by Donor Group

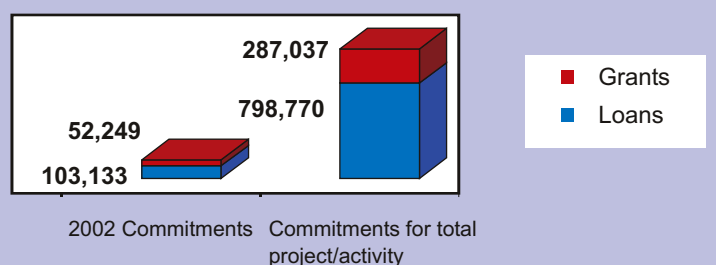
Official Development Assistance (ODA) to Kazakhstan for this year, both in loans and technical assistance grants, amounts to USD 155 million. Of this amount, nearly three quarters (71%) is disbursed through International Financial Institutions (IFIs). The rest: 22% through the bi-lateral donors; 5% through multilateral organisations (with 1% through the EU-TACIS) and 2% through other international organisations.

Loans and Grants

Loans account for 65% of total ODA and technical assistance grants represent 35%. It should be noted that the WB supplied data only on loans for the UNDP report, and the EBRD only on technical assistance grants.

External assistance by term

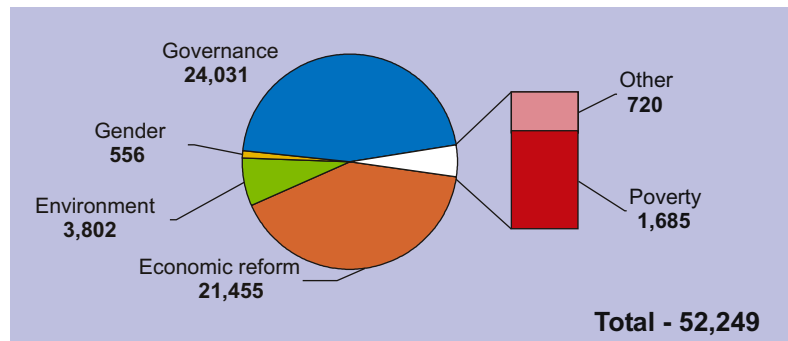
(in thousands USD)



Source: UNDP Kazakhstan

Technical assistance by focus

(2002 commitments in thousands USD)



Source: UNDP Kazakhstan

Focus of Technical Assistance

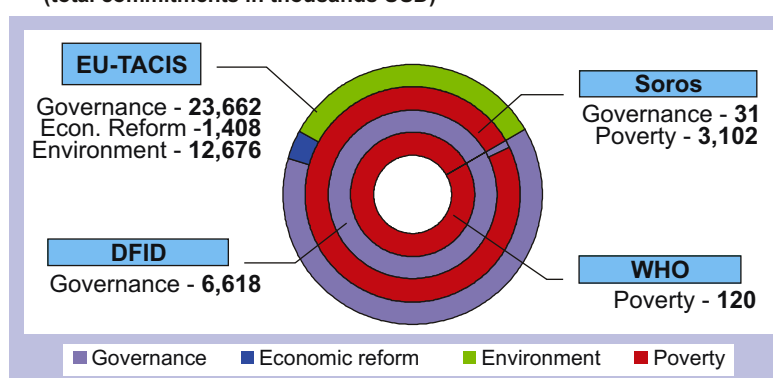
The distribution of allocations in 2002 by focus illustrates that donors view *governance* as a priority area for assistance - 47% of funds (this includes democratic reform, institution and capacity building, legal and other reforms, policy advice, etc.). *Economic reform* is seen as the second most important field, where a large bulk of technical assistance is concentrated - 41%. *Environment* is the third priority sector attracting 7% of the total USD technical assistance, with *gender* and *poverty* accounting for 1% and 3% respectively.

Regional Programmes

Of the total USD 48 million committed to programmes devoted to Central Asia's regional problems, almost 64% are concentrated in *governance*. *Environment* emerges as the second priority area - 26%, followed by *poverty* - 7%, and *economic reform* - 3%. This pattern of resource distribution at the regional level indicates that donors view *governance* and *environment* as two potential areas most favourable for regional initiatives, considering the challenges and status of reforms in each of the Central Asian countries.

Regional programmes by donor and focus

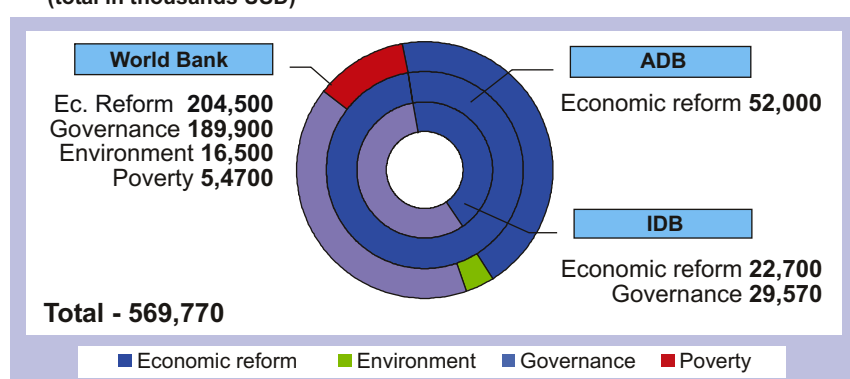
(total commitments in thousands USD)



Source: UNDP Kazakhstan

Loans by bank and focus

(total in thousands USD)



Source: UNDP Kazakhstan

Focus of Loans

The major part of country's borrowing is for *economic reform* - 49%. Governance is the second largest sector - 39%, followed by poverty - 9% and environment - 3%.

For more information on development aid in Kazakhstan please refer to the UNDP publication on aid coordination, which will be released by UNDP before the end of 2002.

Summary of Progress Towards the MDGs in Kazakhstan

GOALS/TARGETS	WILL THE GOAL/TARGET BE MET?				STATE OF SUPPORTIVE ENVIRONMENT			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improving	Weak
EXTREME POVERTY Halve the proportion of people living below the national poverty line by 2015								
HIV/AIDS Halt and reverse the spread of HIV/AIDS by 2015								
HUNGER Halve the proportion of underweight among under-five year olds by 2015								
BASIC AMENITIES Halve the proportion of people without access to safe drinking water								
UNIVERSAL PRIMARY EDUCATION Achieve universal primary education by 2015	ACHIEVED							
GENDER EQUALITY Achieve equal access for boys and girls to primary and secondary schooling by 2005	ACHIEVED							
MATERNAL HEALTH Reduce maternal mortality ratio by three-quarters by 2015								
CHILD MORTALITY Reduce under-five mortality by two-thirds by 2015								
ENVIRONMENTAL SUSTAINABILITY Reverse loss of environmental resources by 2015								

Capacity for Monitoring and Reporting MDG Progress

Goal	Quantity & regularity of survey information			Quality of survey information			Statistical analysis			Statistics in policy-making			Reporting and dissemination of information		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
Poverty and hunger		X			X			X			X			X	
Universal primary 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	
Water and sanitation		X			X				X			X			X
HIV/AIDS		X			X			X			X			X	
TB control		X			X			X			X			X	
Environmental sustainability		X			X			X			X			X	

International Conferences and World Summits of 1990s

World Conference on Education for All

Jomtien, Thailand, March 1990

Principle themes: Universalizing education especially for women and girls. Education is a fundamental right for all people women, men, of all ages throughout the world

Resulting documents: World Declaration on Education for All and Framework for Action

World Summit for Children

New York, USA, September 1990

Principle themes: Goals for the year 2000 for children's health, nutrition, education and access to safe water and sanitation

Resulting documents: World Declaration and Plan of Action on the Survival, Protection and Development of Children

United Nations Conference on Environment and Development

Rio de Janeiro, Brazil, June 1992

Principle themes: Linkages between environment and development to ensure that the needs of the present are not compromising the ability of future generations to meet their own needs

Resulting documents: Declaration on Environment and Development;
Agenda 21;
UN Convention on Biodiversity;
UN Framework Convention on Climate Change;
Statement of Forest Principles for the Sustainable Management of forests

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 Programme of Action

International Conference on Population and Development

Cairo, Egypt, September 1994

Principle themes: Population, sustainable economic growth and sustainable development

Resulting documents: Programme of 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 Programme 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 Food Summit

Rome, Italy, 1996

Principle themes: Food security for all

Resulting documents: Rome Declaration on Food Security and Plan of Action

List of Millennium Development Goals, Targets and Indicators

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 at 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: Halt, by 2015, and begin 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: Halt, by 2015, and begin 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 programmes 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: Achieve 2020, 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]

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- Agency on Statistics;
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- Ministry of Health;
- Ministry of Industry and Trade;
- Ministry of Justice;
- Ministry of Labor and Social Protection;
- National Commission for Family and Women under the President;
- Office of the Prime Minister, Department of Socio-Cultural Development;

NOTES

This image shows a full page of white paper with horizontal blue lines, resembling notebook paper. The lines are evenly spaced and run across the width of the page. There is no handwriting or other markings on the paper.

This image shows a full page of a notebook or worksheet. At the top left corner, there is a dark blue rounded rectangle containing the word "NOTES" in white, bold, uppercase letters. The rest of the page is filled with horizontal blue lines, providing space for writing. The lines are evenly spaced and extend across the width of the page.

NOTES

Lined area for notes.

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