



NATIONAL REPORT OF THE REPUBLIC OF BELARUS

# STATUS OF ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS



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Minsk  
2005

This Report has been prepared on the instructions of the Council of Ministers and the Ministry of Economy of the Republic of Belarus by a team of experts from the Scientific and Research Economic Institute of the Ministry of Economy and a number of other government and academic institutions. The Report was prepared with the financial and organizational support of the United Nations Office in Belarus. The draft Report was discussed during a national workshop held on 22 February 2005 in Minsk with the broad participation of representatives from government agencies, academic institutions, non-governmental organizations, and UN organizations in Belarus. It was finalized taking into account those amendments proposed following the workshop. The analysis and recommendations in the Report do not necessarily reflect the views either of the United Nations or the Government of Belarus.

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## STATUS OF ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS NATIONAL REPORT OF THE REPUBLIC OF BELARUS

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# FOREWORD

This is Belarus' National Millennium Development Goals Report.

The Report determines goals and targets in the spheres of poverty eradication, gender equality promotion, improvement of child and maternal health, combating HIV/AIDS, and ensuring environmental sustainability. According to many indicators, Belarus' performance is much better than required by the Millennium Development Goals.

Consistent with its international commitments, the Government of Belarus continues to take measures to achieve the Millennium Development Goals.

The main outcome of the Report's implementation should be an increase in the population's living standards, an improved demographic situation, and a considerably strengthened system of social protection for the most vulnerable groups.



Vladimir Drazhin  
Deputy Prime Minister of the Republic of Belarus

The Millennium Development Goals are the most ambitious international commitment of the last decade, meant to improve the lives of millions of people around the globe. At the Millennium Summit in 2000, Belarus has committed itself to the achievement of the MDGs at the highest level. The UN system stands ready to support all national efforts to achieve the MDGs.

Unlike many other previous international commitments, the MDGs are expressed in numerical targets and indicators. They need to be adapted to the local conditions and specific needs of each country, preferably disaggregated by region, gender, and different social groups. This also applies to Belarus, which has already achieved many of the Goals.

The goals of poverty eradication, promotion of gender equality, improvement of child and maternal health, combating HIV/AIDS, and ensuring environmental sustainability are at the heart of people's needs worldwide and require sustained efforts even in countries which are not the world's poorest. Sustainable human development, like all progress, has no limits. We can, and should, always try to do more and better.

It is the people themselves who are to realize the Millennium Development Goals. That is why national policies to address the MDGs should be based on an impartial analysis which takes into account people's aspirations for a better life. I hope that this Report will help Belarus' decision-makers to develop such policies.



Cihan Sultanoglu  
United Nations Resident Coordinator in Belarus





# INTRODUCTION

The United Nations Millennium Declaration is a landmark document for a new century. Adopted at the Millennium Summit – held from 6 to 8 September 2000 in New York – it reflects the concerns of 147 heads of State and Government, and 191 nations in total, who participated in this largest-ever gathering of world leaders.

By adopting the Millennium Declaration, the world leaders recognized "a collective responsibility to uphold the principles of human dignity, equality, and equity at the global level," and set eight targets in the spheres of development and poverty eradication to be achieved by 2015. These goals are designated as **the Millennium Development Goals (MDGs)**. Each goal comprises numerical targets to be achieved, and appropriate indicators have been selected to monitor progress. For the purpose of monitoring progress, the targets' baseline year is either 1990 or the most recent year for which statistical data is available.

MDG monitoring takes place at the global and country levels. At the global level, the UN Secretary-General reports annually to the General Assembly. Every five years, the report will include a comprehensive review of progress toward the MDGs. At the country level, each developing country or economy in transition is supposed to prepare at least one national MDG report on its progress in achieving the MDGs by 2005.

National reports should contain updated data, providing an assessment of a country's progress towards the MDGs. The process of preparing the national MDG report helps stimulate public debate at the national and local levels on how best to achieve the targets through national development strategies, policies, and programmes, necessary institutional arrangements, and allocating the necessary resources.

The national MDG reports strive for:

- the renewal of global political commitment, as expressed in the Millennium Declaration, at the country level;
- the establishment of connections between global targets and national priorities;
- the generation of a 'can do' atmosphere so that policy-makers and other actors are encouraged to achieve the MDGs;
- increasing public awareness, and stimulating scientific research and public debate on the ways to address today's development challenges;
- strengthening international and national partnerships, and expanding interaction between government, civil society, private sector, international financial institutions, and other stakeholders in the development process at the country level.



# MILLENNIUM DEVELOPMENT GOALS

## GOALS AND TARGETS

## INDICATORS

### GOAL 1 ERADICATE EXTREME POVERTY AND HUNGER

#### Target 1

Halve, between 1990 and 2015, the proportion of people whose income is less than \$1 a day

1. Proportion of population below \$1 (PPP) a day
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 in 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 enrollment 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 in all levels of education no later than by 2015

9. Ratio of girls to boys in primary, secondary, and tertiary education
10. Ratio of literate women to men aged 15–24
11. Share of women in wage employment in the nonagricultural 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 one-year-old children immunized against measles

### GOAL 5 IMPROVE MATERNAL HEALTH

#### Target 6

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

16. Maternal mortality ratio
17. Proportion of births attended by skilled health personnel

### GOAL 6 COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

#### Target 7

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

18. HIV prevalence among pregnant women aged 15–24
19. Condom use rate of the contraceptive prevalence rate
- 19a. Condom use at last high-risk sex
- 19b. Percentage of 15–24-year-olds with comprehensive correct knowledge of HIV/AIDS
20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10–14

#### Target 8

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

21. Prevalence and death rates associated with malaria
22. Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures
23. Prevalence and death rates associated with tuberculosis
24. Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)



# MILLENNIUM DEVELOPMENT GOALS

## GOALS AND TARGETS

## INDICATORS

### 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. Ratio of area protected to maintain biological diversity to surface area
- 27. Energy use (kilograms of oil equivalent) per \$1 GDP (PPP)
- 28. Carbon dioxide emissions (per capita) and consumption of ozone-depleting chlorofluorocarbons (ODP tons)
- 29. Proportion of population using solid fuels

#### Target 10

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

- 30. Proportion of population with sustainable access to an improved water source, urban and rural
- 31. Proportion of population with access to improved sanitation, urban and rural

#### Target 11

Have achieved, by 2020, a significant improvement in the lives of at least 100 million slum dwellers

- 32. Proportion of households with access to secure tenure

### Goal 8 DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

#### Target 12

Develop further an open, rule-based, predictable, nondiscriminatory trading and financial system (includes a commitment to good governance, development, and poverty reduction both nationally and internationally)

- Official development assistance**
- 33. Net ODA total and to the least developed countries, as a percentage of OECD/DAC donors' gross national income
- 34. Proportion of bilateral, sector-allocable ODA of OECD/DAC donors for basic social services (basic education, primary health care, nutrition, safe water, and sanitation)
- 35. Proportion of bilateral official development assistance of OECD/DAC donors that is untied
- 36. ODA received in landlocked countries as proportion of their gross national incomes
- 37. ODA received in small island developing states as proportion of their gross national incomes

#### Target 13

Address the special needs of the least developed countries (includes tariff- and quota-free access for exports enhanced programme of debt relief for HIPC and cancellation of official bilateral debt, and more generous ODA for countries committed to poverty reduction)

- Market access**
- 38. Proportion of total developed country imports (by value and excluding arms) from developing countries and from least developed countries, admitted free of duty
- 39. Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries
- 40. Agricultural support estimate for OECD countries as a percentage of their gross domestic product
- 41. Proportion of ODA provided to help build trade capacity

#### Target 14

Address the special needs of landlocked countries and small island developing states

- Debt sustainability**
- 42. Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)
- 43. Debt relief committed under HIPC initiative
- 44. Debt service as a percentage of exports of goods and services

#### Target 15

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

#### Target 16

In cooperation with developing countries, develop and implement strategies for decent and productive work for the youth

- 45. Unemployment rate of 15–24-year-olds, male and female, and total

#### Target 17

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

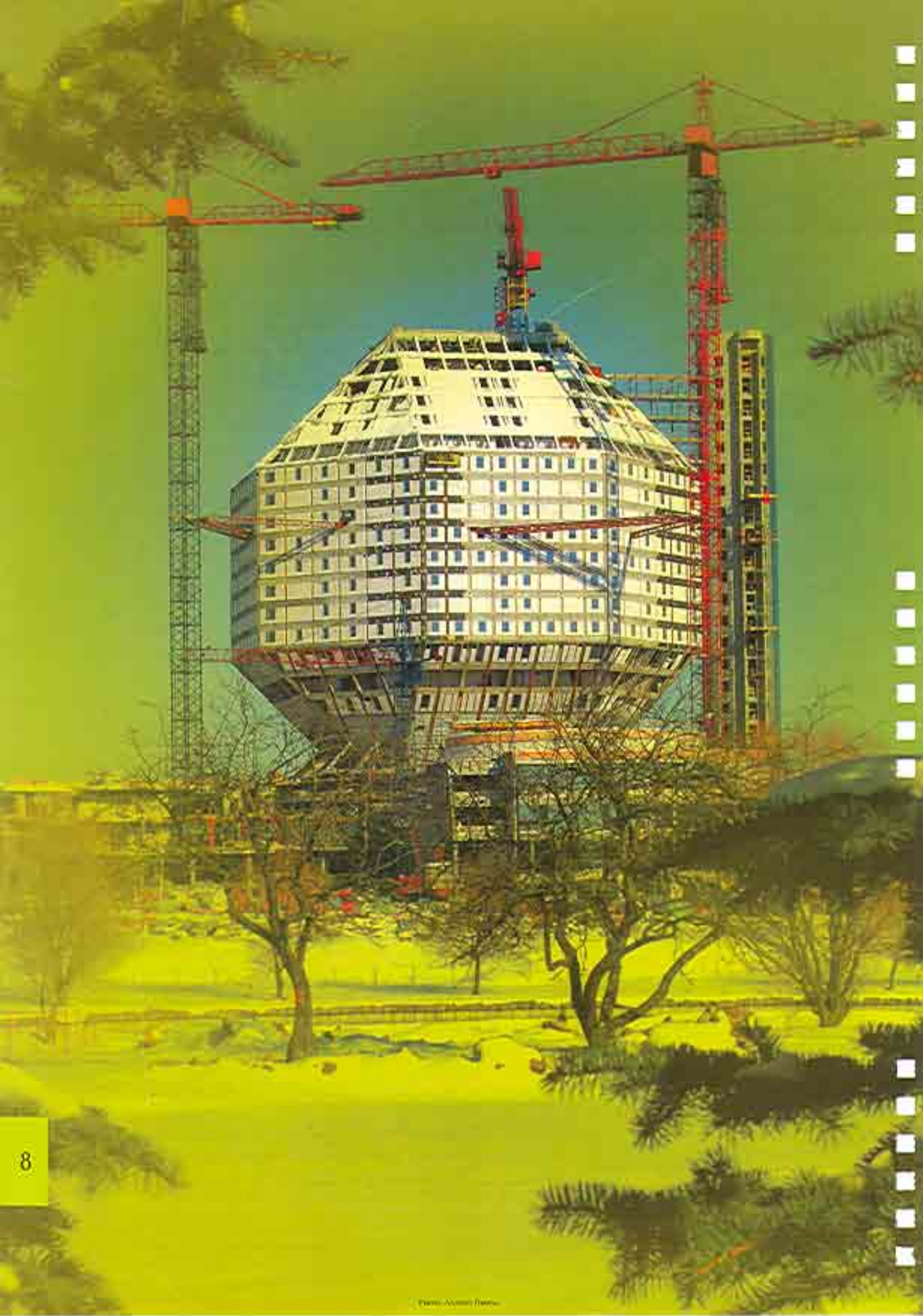
- 46. Proportion of population with access to affordable, essential drugs on a sustainable basis

#### Target 18

In cooperation with the private sector, make available the benefits of new technologies, especially information and communications

- 47. Telephone lines and cellular subscribers per 100 population
- 48a. Personal computers in use per 100 population
- 48b. Internet users per 100 population







# THE NATIONAL DEVELOPMENT CONTEXT

In the early 1990s Belarus was facing considerable social and economic adversities, owing mainly to the collapse of the USSR and the transition to a new socio-economic system based on market relations. The future of the newly independent state of Belarus required a new set of socio-economic and political institutions and the adjustment of those inherited from the former Soviet Union. Such change had broad and far-reaching consequences, including for the economy.

The Chernobyl accident exacerbated the difficulty of the transition. Its consequences still have immense negative influences on both society and the environment. Considerable material and financial resources are required to alleviate these consequences.

The first stage of the transition was marked by a period of economic decline lasting from 1991 to 1995. By pursuing a consistent and balanced policy, Belarus was able to reverse that trend. It stabilized production towards the end of 1995 and achieved a significant economic growth that has continued at a stable rate up to the present.

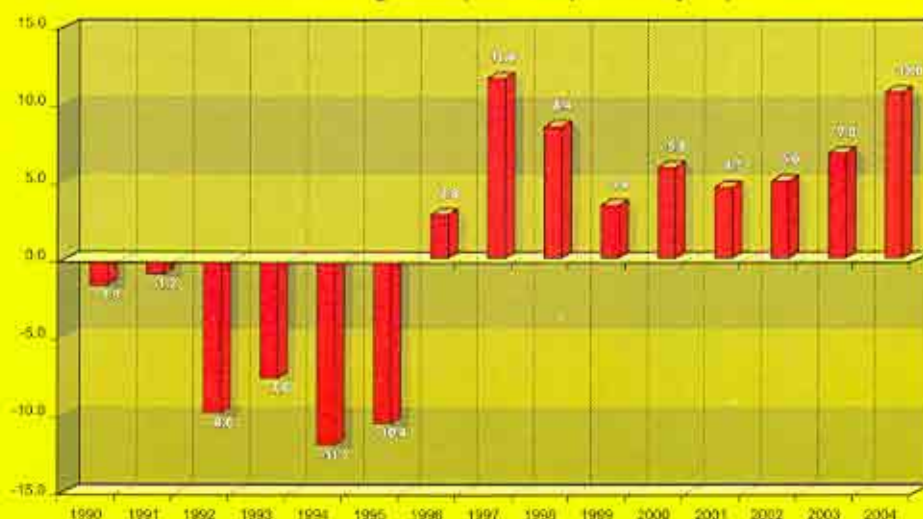
As a result of sustained high economic growth, many economic parameters have rebounded to pre-crisis levels, including the GDP and industrial product. Today, Belarus ranks among the highest in the CIS according to the Human Development Index and GDP per capita (PPP US\$). It also has the lowest poverty rate in the region.

The low rate of unemployment, rapid gains in real wages, and a rise in real incomes as a result of economic growth since 1996 are also significant achievements. The increase in effective consumer demand led to both increased production and the import of consumer goods.

Significant gains in investments, as witnessed in recent years, will make Belarus better able to address future social and economic challenges. The volume of housing construction has been maintained at a high level, with over three million square metres of new housing built each year. Investments in industry have also grown rapidly, by 8.8% in 2002, 26.5% in 2003, and 20.4% in 2004.

The market reform programme adopted as early as in 1990 as a strategic guide for future socio-economic policies called for a substantively new socio-economic system and a more effective structure for the national economy. This was to be achieved through support for the R&D sectors, integration into the world economy, and the transition towards sustainable development that meets the needs of present and future generations.

Real GDP growth (% to the previous year)





The reform package included the transformation of property relations, expansion of the private sector, creation of a competitive economic environment, liberalization of foreign and domestic trade, increased economic security, protection of people's rights and liberties, effective social safety nets, and many other elements.

Government policies have been further specified and detailed in a number of programmatic and strategic documents, which are continuously being updated. These include the national sustainable development strategy for the next 15 years, the five-year socio-economic development programme, and annual economic development forecasts. Together, they postulate the directions and tools of a reform strategy that leads to a socially oriented market economy.

Privatization and small business development are some of the key objectives of structural reform.

For Belarus, property reform is not an end in itself, but mainly a means for improving efficiency, attracting investments, and addressing other important socio-economic objectives. Therefore, privatization has been pursued selectively and gradually, with the primary goal of attracting strategic investors. As a result, Belarus has lagged behind other post-socialist states in the

speed of its denationalization and privatization, but has managed to maintain some of the highest and most stable rates of economic growth, while avoiding some of the most acute social problems. Today the non-state sector represented by companies with private or mixed ownership accounts for more than 47% of total employment and over 50% of the GDP.

There are over 30,000 small businesses. Together, they employ some 430,000 people. Small business statistics includes unincorporated sole entrepreneurs, whose number has reached almost 190,000. Overall, the small business sector employs more than 800,000 persons, or 18% of the total work force.

For the Government, small business is not simply a means of economic development, but a tool to address many social challenges, such as employment, household income growth, and the emergence of a middle class. Recently, the Government increased its support for small business. The small business support infrastructure is composed of business development centers and support funds. This infrastructure also includes small business "incubators" that assist small businesses in a targeted and holistic manner, for example through the provision of technical advice, information, and training.



Belarus is located in the middle of Europe, and is traversed by important transport routes from North to South and East to West. Historically, this infrastructure has determined the nation's active involvement in trade and the dependence of its economy on external markets. Today, exports represent about 60% of the GDP. Belarus exports about 90% of its output of tractors, 70% of its metal processing tools, refrigerators, chemical fibres, printed circuits, semiconductors, and over 50% of its light industrial goods and televisions. Exports are constantly rising, having increased by 90% in the last five years.

Belarus is pursuing a multidirectional foreign trade policy to equally benefit itself and its trade partners. Its principal external markets are in the CIS. This is particularly true for Russia, which accounts for over 60% of Belarus' foreign trade. Belarus' second largest trade partner is the European Union, accounting for just under 30% of its total foreign trade.

World Trade Organization accession is an important foreign trade priority for Belarus. The Belarusian Government is making a consistent effort to reform its trade policy and bring its tariff and non-tariff protections into conformity with World Trade Organization rules and principles. These principles require every aspiring member

state to open up and liberalise its economy, and to meet its commitments to foreign trade agreements.

The overall objectives of Belarus' foreign and domestic economic policies are to build a prosperous future for the Belarusian people and to find responsible solutions to global problems, including those outlined in the Millennium Declaration. The positive trends that have developed over time and are expected to persist in the future enable Belarus to take an optimistic view of its ability to achieve the Millennium Development Goals and to contribute to the global effort to meet them worldwide.

The Belarusian Government also recognizes that many tasks have yet to be accomplished in order to construct a full-fledged socially oriented market economy. Effective market-driven institutions that will regulate future socio-economic relations and sustain high rates of economic growth are primary tools to aid in accomplishing this goal. A number of decisions must be taken to improve the investment climate and create a favourable environment for foreign investment and business development.







# Goal 1 ERADICATE EXTREME POVERTY AND HUNGER

## GLOBAL TARGETS

### Target 1

To halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day (PPP)

### Target 2

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

## TARGETS CORRESPONDING TO BELARUS' LEVEL OF DEVELOPMENT

### Target 1.1

To reduce, by more than three times, the share of the population living below the national poverty line between 2000 and 2015

### Target 1.2

To promote employment, while keeping the rate of registered unemployment below 2.5–3%

### Target 1.3

To enable all members of the workforce to earn decent incomes by ensuring a regular increase in real wages at an annual rate of at least 6–7%

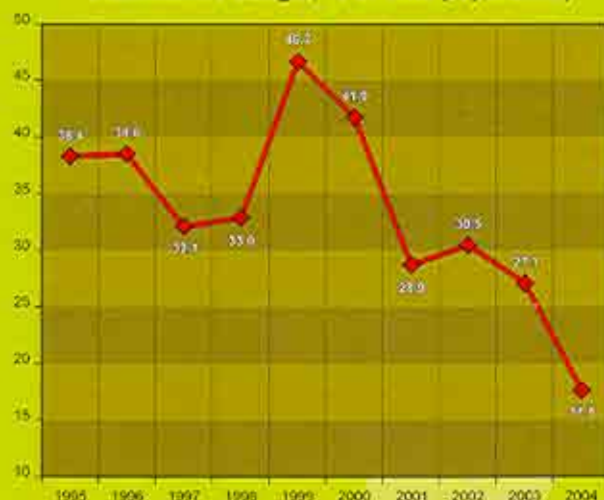
### Target 1.4

To halve, between 2000 and 2015, the proportion of the population consuming less than the minimum recommended daily calorie intake

The poverty rate in Belarus is low in comparison with other transition economies. In 2004, less than one percent of the population (0.11%) were living on less than 2.15 US\$ (PPP) per day, and only 5.0% were living on less than 4 US\$ (PPP) per day. On the other hand, although decreasing, the number of people living on less than the minimum subsistence budget is still considerable, exceeding 1.7 million (2004),

or 17.8% of the total population. Of them, 178,000 are living in extreme poverty, i.e. on less than a half of the minimum subsistence budget. Poverty is most prevalent in rural areas and among households with many dependents.

**Dynamics of poverty in Belarus (proportion of population with incomes below the minimum subsistence budget, % of total population)**



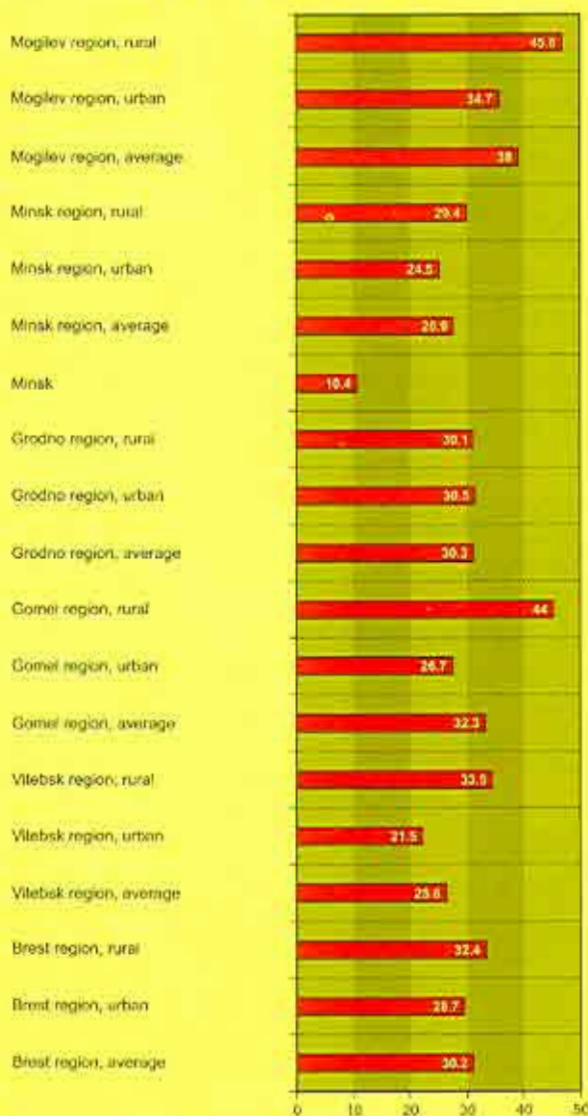
The method officially adopted in Belarus for measuring poverty levels is based on the concept of absolute poverty. Belarus uses the following poverty indicators: the minimum subsistence budget (MSB) (calculated in thousands of rubles per capita), and the number of people with incomes less than the MSB, expressed both in thousands of people and as a percentage of the total population.

The minimum subsistence budget is the cost of the minimum basket of goods and services needed to sustain the life and health of an individual, plus the sum of obligatory payments, charges, and fees. This includes food, clothing, underwear, footwear, personal care, medical items, housing, utilities, transport, personal services, and daycare fees.



The exact composition of such a basket and its components is based on the estimates of minimum needs done by experts from the respective government agencies in conjunction with employer associations and trade unions.

Poverty levels in regions, including urban and rural areas, 2003



In 2004, the registered rate of unemployment was 1.9% of the workforce. Household surveys reveal a much higher rate of unemployment (at 6.6% at the beginning of 2005). By 2003, real monetary incomes and wages had increased by 2.6 and 2.5 times, respectively, in comparison with the 1995 level. Benefits and allowances play a unique and important role in

poverty prevention. The law defines more than fifty categories of citizens entitled to such support, numbering more than 60% of the entire population.

Dynamics of unemployment rate in Belarus (% of economically active population)



Key policies to prevent poverty include: annual employment promotion programmes, state programmes to support business development, concepts for improving the wage system, the Comprehensive Package of Social Protection Measures for 2000–2005, and the State Programme of Socio-economic Recovery and Development of Rural Areas for 2005–2010. MDG-related targets and indicators are reflected in the Programme of Socio-economic Development of Belarus for 2006–2010, and in the National Strategy of Sustainable Socio-economic Development up to 2020.

According to forecasts, the proportion of population with incomes below the minimum subsistence budget will comprise 14% in 2010 and 10% in 2015. This will happen as a result of economic growth and an increase in various types of incomes, beginning with



Dynamics of real monetary incomes and real wages in Belarus (% of economically active population)



the economically active part of the population. This will be ensured by:

- real monetary income growth;
- the prevention of an unfounded differentiation of monetary income both in different economic spheres and at the regional level;
- an increase of aggregate income among the rural population;
- the provision of higher minimal social standards guaranteed by the state;
- social support for the population, and the further improvement of targeted social assistance;
- the improvement of pension schemes;
- the promotion of private business development.

Compared to 2005, real monetary incomes should grow by 148–153% by 2010 and real wages should increase by 155–162%. By 2015 these figures should be 395–445% and 450–495% respectively.

Indicators	2000	2005	2010	2015
Proportion of population with incomes below the minimum subsistence budget (%)	41.9	17.8	14	10
Officially registered unemployment rate (% of economically active population)	2.1	2.0	2.5	2.5
Growth of real monetary income, %	100	191–192	283–296	395–445
Growth of real wages, %	100	193–194	300–319	450–495
Proportion of population with caloric intake below minimum recommended level (2440 Kcal), %	46.2	40	32	23

Government policies shall emphasise job creation in service and export-oriented industries. They will also promote small business and private sector activity and work force training. They will seek to bridge the gap between the demand and supply of the work force by improving the system of professional training and retraining according to the needs of a transition economy. As a result, structural unemployment will become prevalent, and the unemployment rate is expected to stabilize at 2.5%.

The National Strategy of Sustainable Socio-economic Development up to 2020 calls for the adoption of a well-balanced and high-quality nutrition regimen, primarily through a rise in the consumption of low-fat meat, fish, seafood, fruit, and berries. In light of this objective, the proportion of people consuming less than the minimum amount of calories can realistically be reduced by more than half by 2015.



Обеспечение  
всеобщего начального  
образования





# GOAL 2 ACHIEVE UNIVERSAL PRIMARY EDUCATION

## GLOBAL TARGETS

### Target 3

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

In Belarus, the Millennium Development Goal concerning universal enrollment in primary education has been achieved. Full primary and general basic enrollment is ensured.

According to the 1999 national census, the literacy rate among 15–24-year-olds remains quite high, at 99.8%, compared with the adult literacy rate of 99.6%.

The state's intensive policy to facilitate the development of the national education system is based on the following principles: giving priority to education, compulsory basic secondary education, a transition to compulsory general secondary education, universal access to pre-school and vocational education, enrolling students on a competitive basis in upper secondary and higher education, and forging strong links between different levels of education.

A reform of secondary education has been implemented since 1998. The reform stipulates lowering the age of schooling to six years, a transition to compulsory ten-year basic secondary education, and a 12-year general secondary education. Universal enrollment in pre-school education from age five has been achieved.

Since 1 September 2002, schools have been using a five-day working week, and a ten-point grading system. The educational establishment network is being optimized. Adjustments are being made to the location of rural schools to reflect recent demographic changes, and reduction in class size.

Consistent with new national socio-economic development objectives and current

## GOALS AND TARGETS CORRESPONDING TO BELARUS' LEVEL OF DEVELOPMENT

### Goal 2 ACHIEVE UNIVERSAL SECONDARY EDUCATION

#### Target 2.1

Ensure, by 2015, universal enrollment in general secondary education

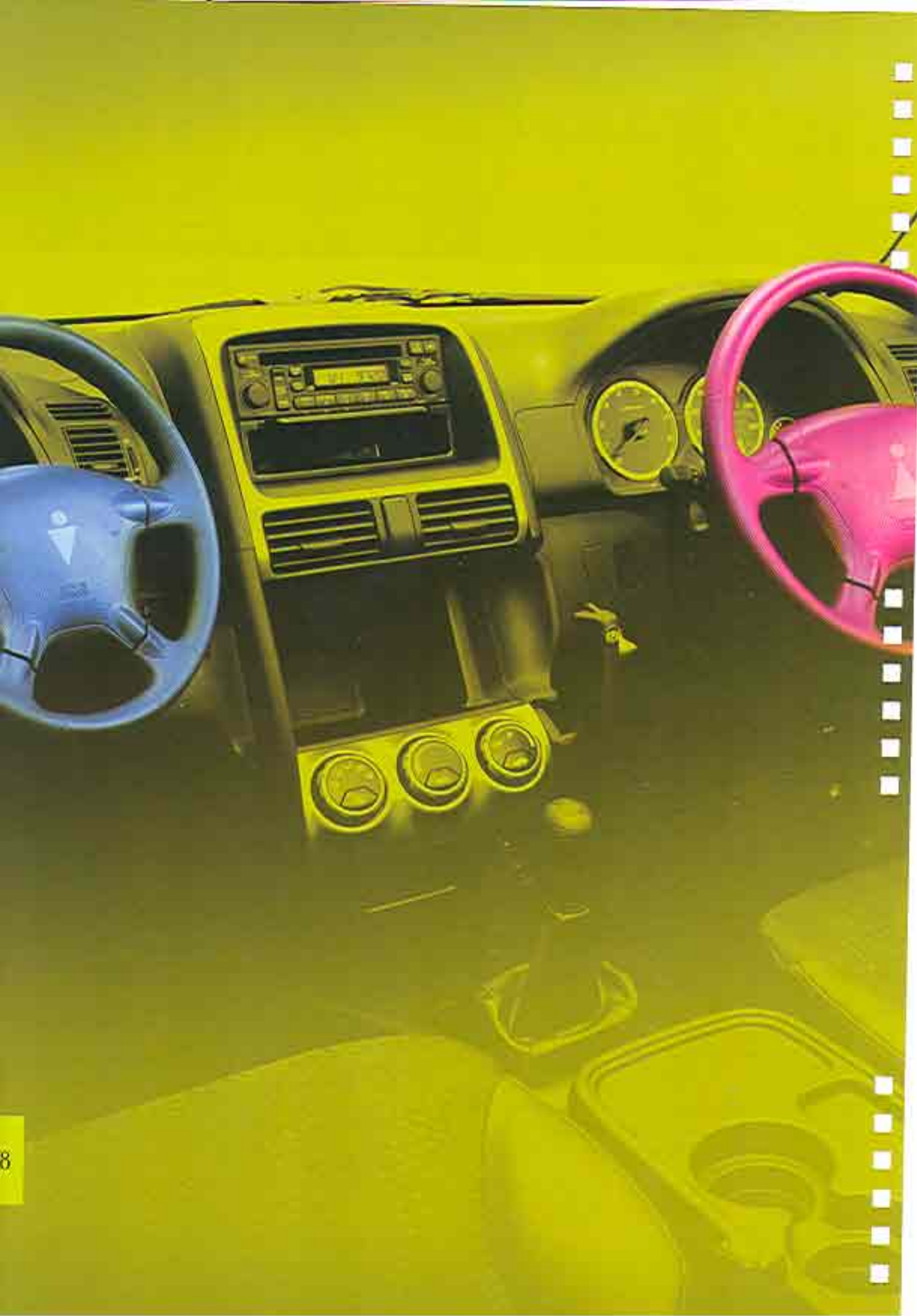
global trends, national educational policies strive to achieve universal secondary education by 2015.

The strategies to attain this objective include: ensuring universal access to general secondary education for all children of the relevant ages; updating educational content and methods of instruction; improving the skill level of teaching staff; raising the social standing of teachers.

General secondary education facilitates a person's mental and physical formation, prepares the younger generation for social life, raises them to be socially-conscious citizens of the Republic of Belarus, helps them to acquire basic knowledge in the sciences, gives them intellectual and manual labour skills, forms their morals, and lays the foundation for continuing their education at higher levels.

Objectives to increase the nation's educational potential and its quality have been included in the National Strategy of Sustainable Socio-economic Development up to 2020, the State Programme of Socio-economic Recovery and Development of Rural Areas for 2005–2010, the Main Directions of the National Education System's Development, as well as targeted state programmes for educational development. High and accelerating economic growth rates, and an effective response to the challenges of demographic security are two key factors, among others, that would facilitate the successful implementation of these and other educational policies.







# GOAL 3 PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

## GLOBAL TARGETS

### Target 4

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

The education system in Belarus is non-discriminatory. According to the Constitution and the Law "On Education", women are guaranteed and provided with opportunities equal to those of men concerning access to education and professional training, continuous education, and self-education.

In 2004, females represented 49.6% of all school students (1–12 grades), 35.2% of all vocational, and 51.9% of upper-secondary enrollment. Female enrollment in public tertiary institutions is high and rising, contributing to the "feminization" of university-level education in recent years (the share of female students increased from 54.7% in 1994 to 59.3 in 2004). Parity between men and women has almost been achieved in graduate education. Women represent 49.3% of all students enrolled in Candidate of Sciences programmes and 46% of all doctorate students.

In general, women's educational attainment tends to be higher than men's, a trend that has persisted over many years. Women number 58.6% of all workers with higher education and 65.9% of workers with upper-secondary education. Men constitute the majority of workers with general secondary education (52.6%) and 60.9% of workers with basic education.

Male and female strategies for attaining general secondary education and professional training differ. Women tend to attain

## TARGETS CORRESPONDING TO BELARUS' LEVEL OF DEVELOPMENT

### Target 3.1

Eliminate practices of gender discrimination in employment and expand economic opportunities for women

### Target 3.2

Expand women's participation in government and policy-making

full secondary education within general secondary schools, and in professional training they are oriented towards upper-secondary and tertiary educational establishments. Men prefer to obtain general basic education and then continue education in vocational training.

The traditional division between "male" and "female" professions and jobs creates gender imbalances in certain qualifications. Women constitute the majority of students in social sciences and humanities departments, e.g. 74.4% in teacher-training, 68.7% in economics, communication, law, and management, and 71.9% in medicine. Examples of traditionally male-dominated majors include science and technology (70.7%), and architecture and construction (69.0%).

Overall, education appears to be the area where male-female equality has been most fully achieved. However, despite a generally higher level of educational attainment, women are in a worse position than men to utilize their education. Women are increasingly being relegated to the worst paid jobs and professions, where their share is constantly rising. Caring for their family often narrows women's opportunities to perform more demanding, and consequently, better-paying jobs.

Thus Belarus needs to accomplish the following tasks in the sphere of education to promote gender equality:



- diversify vocational and professional training and promote female enrollment in such areas as the natural sciences, mathematics, the applied sciences, ecology, and information and communication technology;
- create "gender mainstreaming" at all levels of education to overcome gender-based stereotypes;
- introduce special measures to strengthen the labour market competitiveness of those women who have a gap in their professional careers because of childbirth and child care, as well as of those men who cared for children under three.

Strategies for improving the position of women in employment play a special role in ensuring gender equality. Gender-based discrimination in hiring, firing, and promotion exists throughout the economy, although it appears to be more prevalent in the private sector.

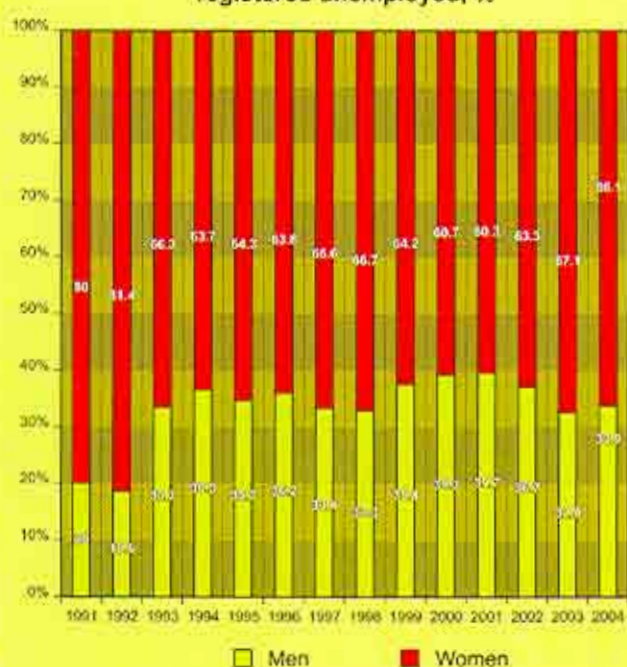
Unemployment poses a serious problem. However, having reached its peak in 1996 (182.5 thousand unemployed, including 116.4 thousand women), officially registered unemployment has been gradually decreasing. At the beginning of 2005, 83 thousand unemployed were registered by the state's employment service, including

57.5 thousand women. The female share of the total number of registered unemployed had decreased from 80% in 1991 to 69.3 by the beginning of 2005.

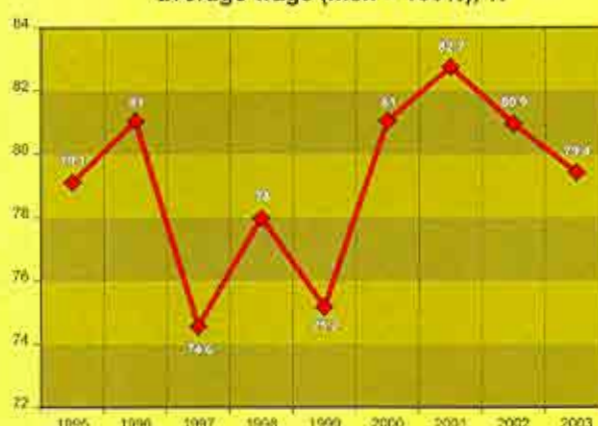
The imbalance between skills and qualifications demanded and supplied in the labour market has a strong gender aspect. There is a shortage of workers with "traditionally male" qualifications and a surplus of candidates for "traditionally female" jobs. In addition, women face greater difficulty than men in finding employment. This is reflected in gender disparities in both the duration of unemployment and the number of job seekers who have not been re-employed for 12 or more months.

Although the law provides for "equal pay for equal work" regardless of gender, the implementation of this principle remains problematic in practice. Cross-sectoral differences in pay rates are the main factor that contributes to male-female disparities in wages. Female-dominated sectors significantly lag behind the manufacturing industry in pay. In addition, women also tend to be over-represented in jobs that pay less than the average salary. However, the overall male-female gap in pay narrowed somewhat during the 1990s.

Ratio of women and men among officially registered unemployed, %



Average wage of women as a proportion of men's average wage (men = 100%), %



The attainment of gender equality and equal opportunity for men and women requires parity in male and female participation in government and policy-making.



Notable improvements have taken place recently in the degree of women's representation in the legislature and government. The number of women entering civil service as members of local councils or government employees is growing. In spring 2003, 10,422 women were elected to local councils, thus occupying 44.4% of all seats in the councils. Women represent 49% of all members of rural councils, and 41% of settlement councils.

32 women were elected to the House of Representatives of the National Assembly in 2004 (29.4% of all seats). In the parliament's upper house, the Council of the Republic, women occupy 18 seats. Overall,

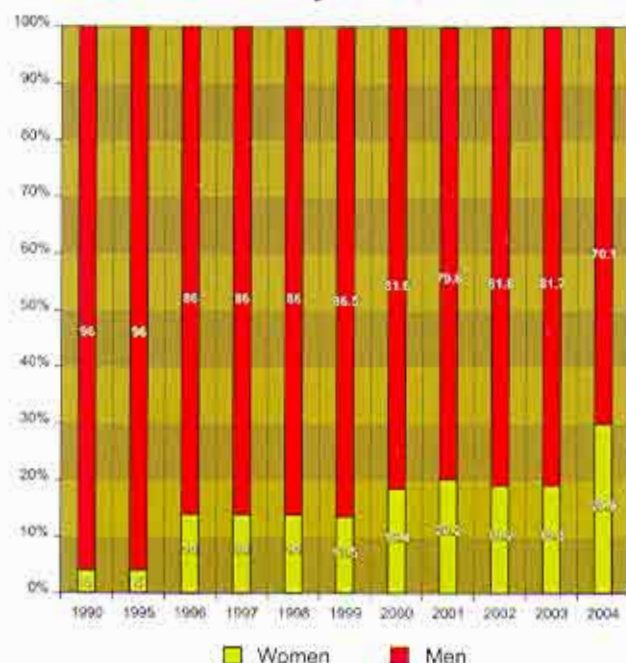
women number 29.9% of all members of both houses of parliament, coming close to a level broadly viewed as the "critical mass" needed to sustain further advancements in women's political participation.

Despite these and other successes, women's opportunities remain more constrained than men's in many critical domains. Therefore, strengthening gender equality and expanding women's opportunities are appropriate objectives for Belarus. They include creating conditions to fully realize the personal potential of both men and women in all spheres, and to prevent gender-based discrimination.

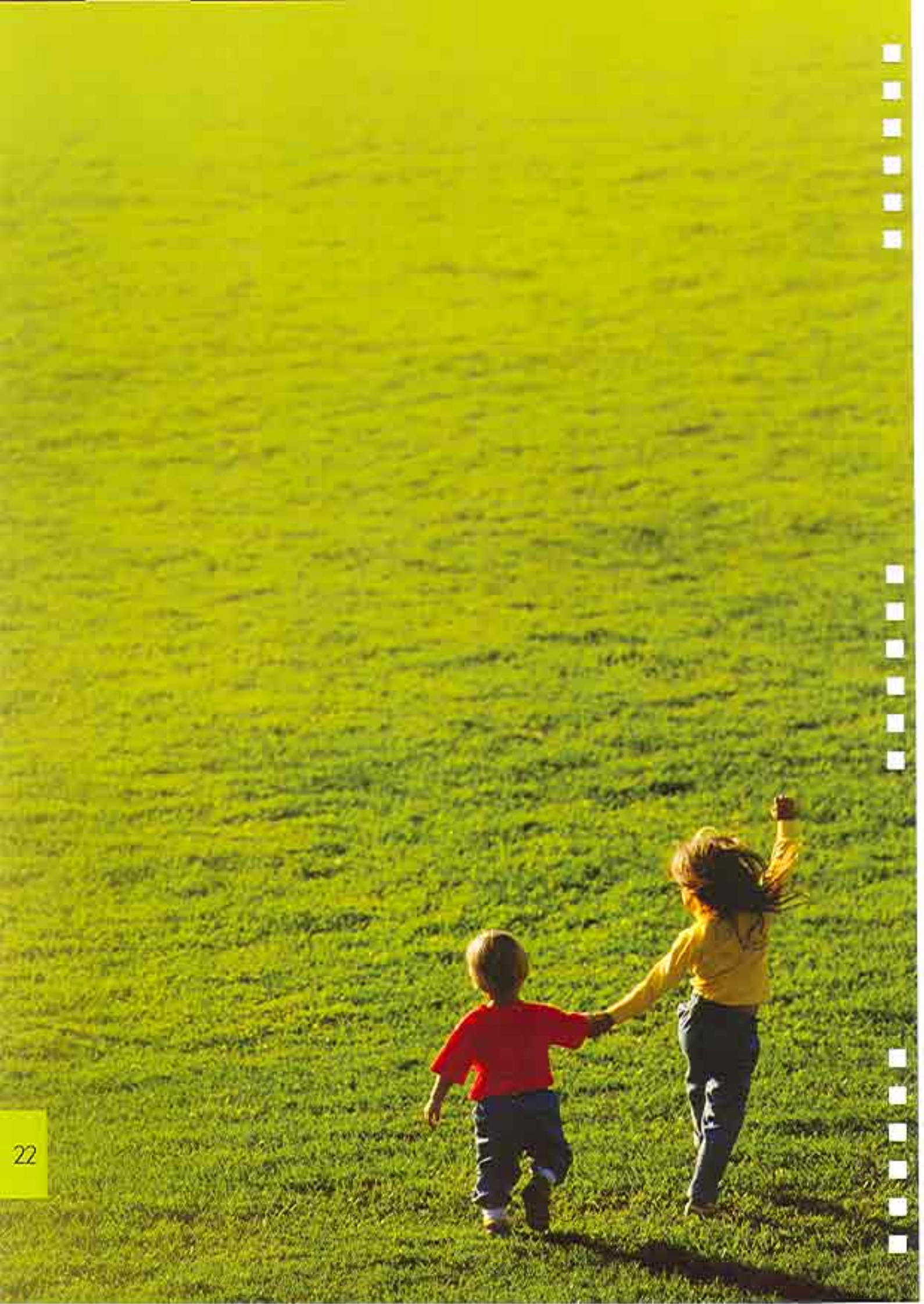
In defining targets for achieving the MDG related to gender equality and the empowerment of women, the following factors should be borne in mind:

- while attaining equality for men and women regarding educational opportunities is no longer an immediate objective, important constraints have yet to be removed for men and women to fully utilize their education;
- the main obstacles to achieving gender equality are male-female disparities in economic opportunities, employment, and the range of opportunities for professional advancement;
- beyond law making, policy intervention should also target deeply rooted cultural norms, traditions, and stereotypes about the capabilities and social roles of women that in turn constrain their ability to realize their capacities.

Share of seats in parliament held by women, %









# GOAL 4 REDUCE CHILD MORTALITY

## GLOBAL TARGETS

### Target 5

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

## TARGETS CORRESPONDING TO BELARUS' LEVEL OF DEVELOPMENT

### Target 4.1

To halve, between 1990 and 2015, the under-five mortality rate

Belarus belongs to a group of countries with a "medium" level of infant and child mortality. By 2004, the under-five mortality rate had decreased to 9.1 per 1,000 live births, which is close to the level of developed countries (9-10). The target set by the WHO for European nations (to have a level of infant mortality no higher than 10 per 1,000 live births) has been achieved in the last five years.

Reducing infant and child mortality is a major priority for the national health system. Increases in child mortality from 1990 to 1995 were driven mainly by infant mortality. The second half of the 1990s was marked by sustained progress in reducing infant and child mortality. In 2000, the infant mortality rate was 9.3 per 1,000 live births. By 2004, it was down to 6.9; one of the lowest infant mortality rates in the CIS.

A decrease in infant mortality was facilitated by the reorganization of the natal care system, which began in 1996 with the introduction of multi-tiered pre-natal care centers, by the effectiveness of these centres' work in urban areas, especially in Minsk, and by the adoption of new postnatal care technology and more effective control over manageable causes of infant deaths, such as injuries, trauma, pneumonia, and diarrhea.

The under-five mortality rate is an important measure of children's health. It is also a measure of societal health, as it not only reflects child exposure to biological risks, but also measures their well-being in society.

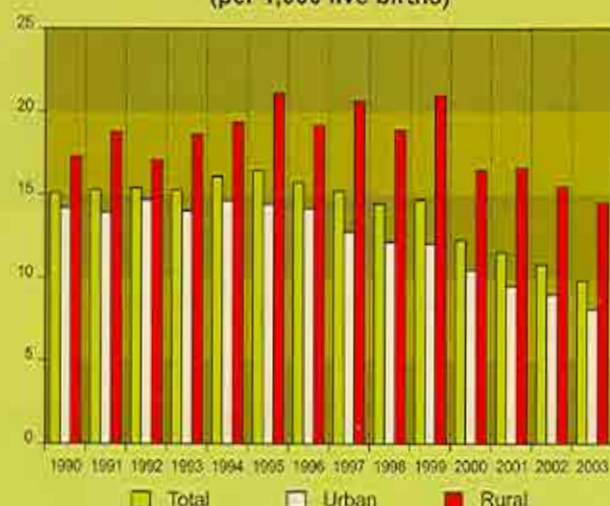
Despite an overall reduction in under-five mortality rate from 15.2 per 1,000 live births in 1990 to 9.1 in 2004, the rate still remains relatively high

in some regions of the country, especially in the Brest, Gomel, Minsk, and Mogilev regions. Child mortality is declining in both urban and rural areas, although in the latter it remains twice as high as in cities. This is mainly the result of significant gaps between rural and urban areas in the provision of health care.

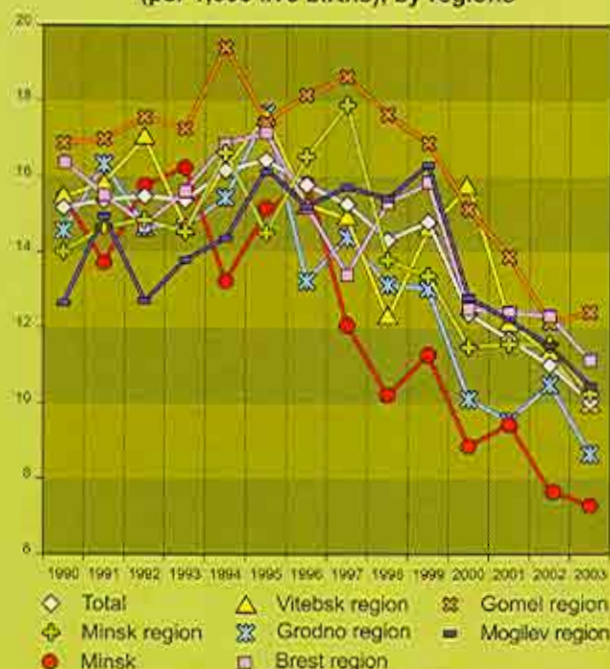
Infant mortality rate (per 1,000 live births)



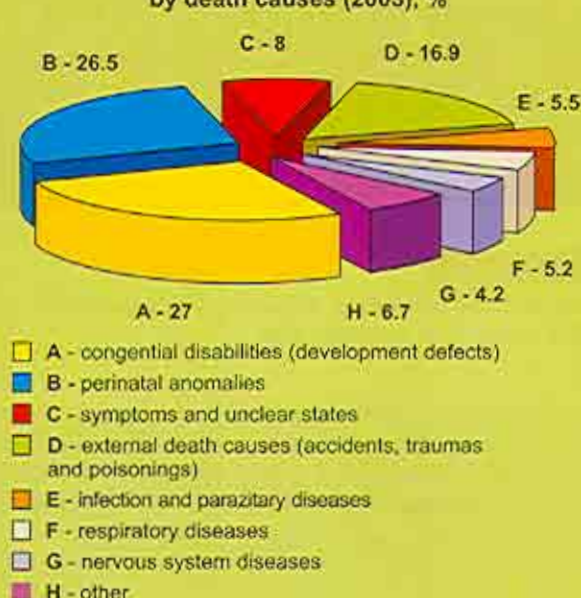


Under-five mortality rate  
(per 1,000 live births)

The major causes of death of children under five include congenital disorders (27%), postnatal conditions (26.5%), and accidents, injuries, traumas, and poisonings (16.9%).

Under-five mortality rate  
(per 1,000 live births), by regions

In Belarus, the exposure of children to the risk of life-threatening infectious diseases has been stable for many years. There has been a decline in the prevalence of measles, and work is in progress on its complete eradication. In 2003, the proportion of children under one year of age immunised against measles was 98.7% of the child population.

Under-five mortality,  
by death causes (2003), %

Through the concerted efforts of the health care system, significant progress has been made in controlling infectious diseases and some of the other exogenous causes of infant mortality. However, a lot more remains to be done to manage other risks responsible for the highest causes of deaths of children under five, and risks responsible for disability cases. These disability cases include most notably non-infectious diseases, congenital disorders, and other endogenous factors of types I and II. Special attention should be paid to the decrease in preventable child mortality from external causes (accidents, injuries, poisonings, and traumas).

Despite the stable level of child disability, the high prevalence of primary child disability in children aged 0 to 4 is a matter of concern. This age group contributes some 40% of all child disability cases. Congenital disorders are the biggest single cause of child disability, responsible for 25.3% of all cases diagnosed in this age group. Serious measures must be taken to prevent primary child disability.

The methods of intervention to be implemented to improve child health and reduce child mortality and morbidity are stipulated in the Concept of Health Care Development for 2003–2007, the State Programme for



the Promotion of Healthy Lifestyles for 2002–2006, the State Programme entitled “Nation’s Health” for 1999–2005, comprehensive regional programmes for improving reproductive health for 2002–2005, and the National Strategy of Sustainable Socio-economic Development up to 2020.

Policies to reduce infant and child mortality and morbidity should help develop new methods for the prevention, diagnosis, and treatment of diseases in children and pregnant women. Methods must be developed to expand access to family planning, pre-natal and postnatal care, and to implement early intervention programmes in outpatient medical institutions, which are effective in preventing child disabilities. Other major determinants of progress include providing children with environmentally clean food, the use of modern vitamin complexes for the prevention of

medical and genetic problems, and the improvement of general socio-economic and environmental conditions.

Some potential obstacles to attaining those objectives include:

- a lack of financing to support further reorganization of multi-tiered health care, including pre- and postnatal care. The most relevant issues facing the reorganization effort, such as upgrading the necessary equipment (including the purchase of costly medical equipment for the diagnosis of congenital disorders), the professional evaluation of medical personnel, and changes in the regulatory environment must be addressed;
- the increased exposure of women and children to stress caused by social, economic, and environmental adversity.







# Goal 5 IMPROVE MATERNAL HEALTH

## GLOBAL TARGETS

### Target 6

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

## TARGETS CORRESPONDING TO BELARUS' LEVEL OF DEVELOPMENT

### Target 5.1

Reduce by 2015, the maternal mortality ratio to 12 cases per 100,000 live births

In Belarus, 99.9% of all births are attended by skilled medical personnel. Over the past decade, the maternal mortality ratio has declined by 23% to 17 cases per 100,000 live births in 2004, as compared to 22 in 1990. This is the lowest maternal mortality ratio in the CIS, and close to Europe's average. The maternal mortality ratio is 1.4 times higher in rural areas than in cities (25 and 14 cases per 100,000 live births respectively), a gap that was practically non-existent in the early 1990s.

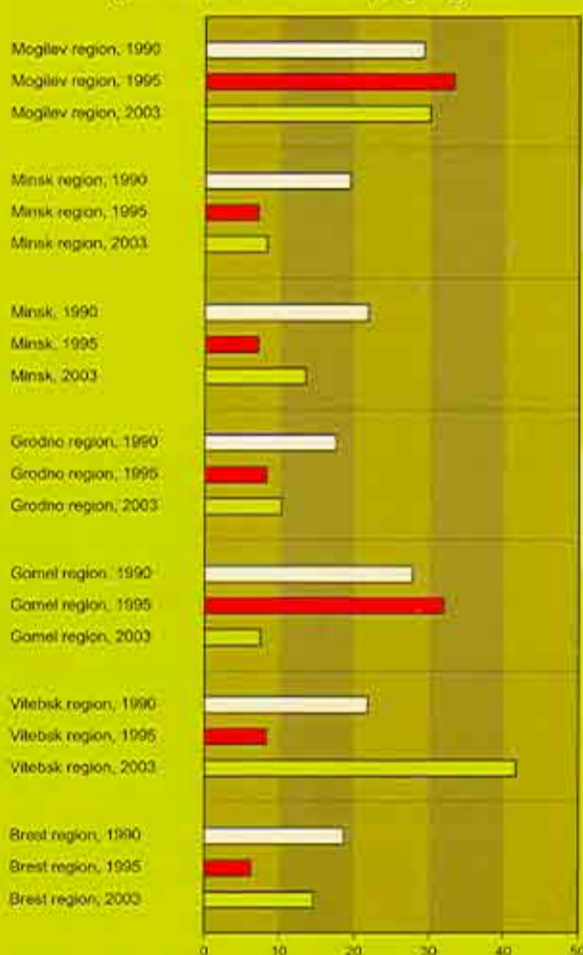
Maternal mortality ratio (per 100,000 live births)



The maternal mortality figures differ by region. The Minsk and Gomel regions have a low maternal mortality (7–8 cases per 100,000 live births), while the Grodno, Brest, and Minsk regions have medium maternal mortality ratios (10–14). The

Mogilev region, with 29 and the Vitebsk region, with 47 cases per 100,000 live births are the regions with high and very high maternal mortality rates. More than 50% of all maternal mortality cases were recorded in district-level medical facilities that were poorly equipped to attend high-risk births.

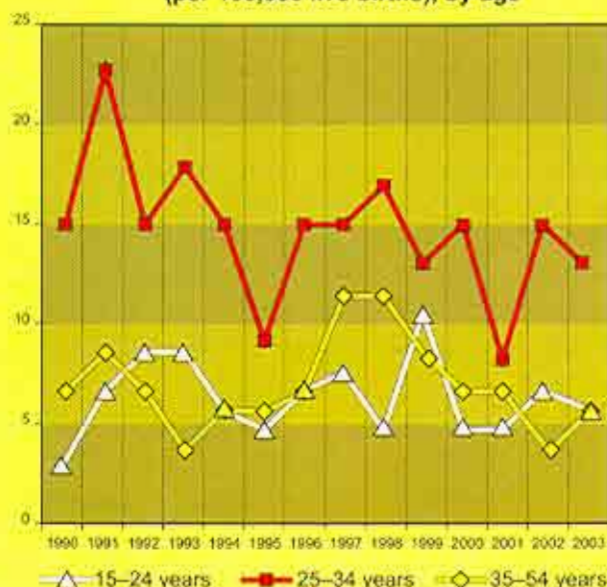
Maternal mortality ratio (per 100,000 live births), by regions





The declining health status of women, two thirds of which had various health disorders, and one third of which suffered from anemia, along with a rising proportion of multiparae, affected the age distribution of maternal mortality cases. The risk of a woman dying during the process of childbirth is 1.6 times higher for ages 25–34 than for ages 15–24.

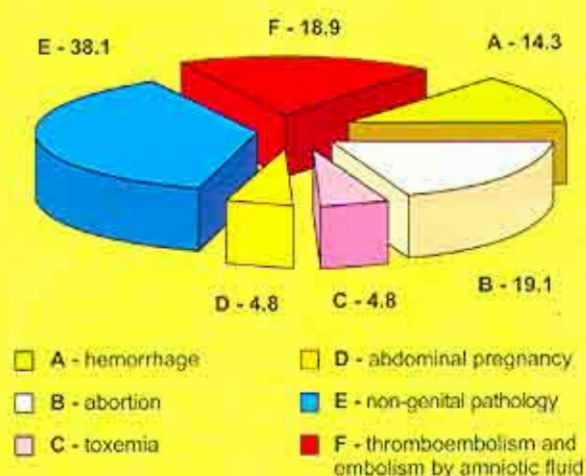
Maternal mortality ratio  
(per 100,000 live births), by age



The causes of maternal mortality have remained constant over time. Complications in childbirth caused by a pre-existing non-genital pathology (such as kidney or cardiovascular disease, sugar diabetes, or cancerous tumors) are responsible for the majority of deaths. Obstetric causes are the second cause of maternal mortality cases, including hemorrhage (which cause each seventh death), abortion and toxemia. This is very different from developed countries, which have succeeded in minimizing maternal deaths from obstetric causes, such as hemorrhage and abortion, by implementing modern obstetric care technology.

Recently, Belarus has intensified its efforts to promote safe motherhood. Strong measures for improving maternal health and reducing maternal mortality are contained in the National Programme entitled "Women of

Maternal mortality, by causes of death (2003), %



Belarus", the National Plan of Action to Improve the Situation of Women for 2001–2005, the State Programme entitled "The Nation's Health" for 1999–2005, the State Programme for the Promotion of Healthy Lifestyles for 2002–2006, comprehensive regional programmes for the improvement of reproductive health for 2002–2005, and in regulatory documents on improving the equipment of health care institutions. That maternal health objectives are a high priority is reflected in the Programme of Socio-economic Development for 2001–2005, the National Strategy of Sustainable Socio-economic Development up to 2020, and the draft National Programme of Demographic Security for 2006–2010.

The creation of a governmental mechanism to support a healthy lifestyle, the formation of a high level of demand for personal health, and the creation of conditions for its satisfaction is a strategic goal in the area of improving health.

Special attention should be given to the protection of citizens' reproductive health, to the creation of a service for family planning, and to improving early diagnoses and treatments for diseases of the reproductive system.

National Strategy of  
Sustainable Socio-economic  
Development up to 2020



Key prerequisites to improving maternal health include better training of obstetricians and gynecologists, prevention and the early diagnosis of pathologies in pregnant women, the improvement of family planning services, the expansion of pre-natal screening and genetic counseling services, the re-equipment of maternity homes, maternity wards and pre-natal care facilities, the improvement of emergency medical services for women who are pregnant or in childbirth, the establishment of a system of reproductive health monitoring, and increased

health education among women in high-risk groups, including education on the prevention of unwanted pregnancies.

The most relevant challenge for improving maternal health is maintaining the continuity of care provided by inpatient and outpatient services, and by therapeutic and obstetrician-gynecological services to pregnant women with pathologies. The shortage of hospital beds and medical professionals in pre-natal clinics is another important obstacle that must be overcome.







# GOAL 6 COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

## GLOBAL TARGETS

### Target 7

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

### Target 8

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

## TARGETS CORRESPONDING TO BELARUS' LEVEL OF DEVELOPMENT

### Target 6.1

Halt by 2015 the spread of HIV/AIDS, including among the most vulnerable population groups

### Target 6.2

Reduce, by 2015, the growth of tuberculosis cases

### Target 6.3

Decrease, by 2015, the incidence of deaths due to tuberculosis

## HIV/AIDS

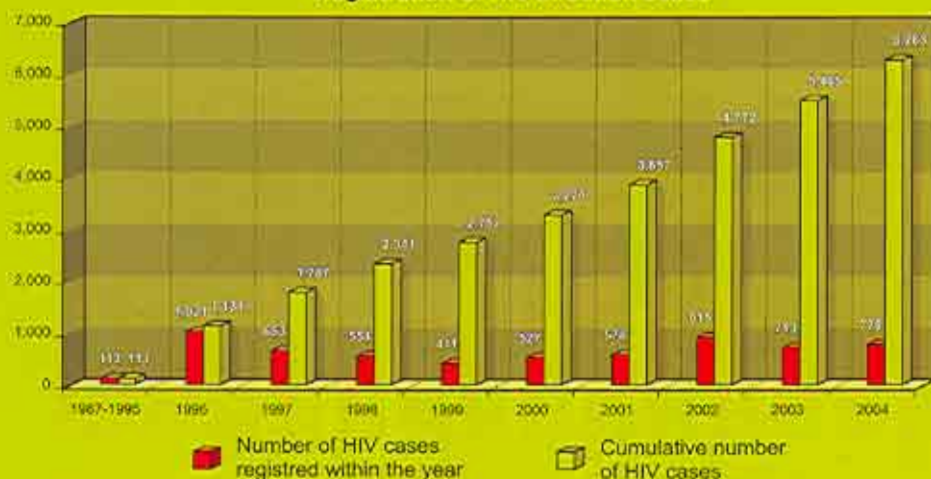
HIV/AIDS prevention measures taken in recent years have produced some positive results. The growth rate of new HIV cases has slowed down; the share of HIV-positive young people in the 15–24 age group has been reduced; the number of HIV cases among military conscripts has decreased from 6.7 per 1,000 in 1996, to 1.7 in 2003. There are other data to demonstrate the significant impact exerted by the broad nationwide campaign in Belarus: a decrease in vertical transmission of HIV infection (from 40% in 1996 to 10% in 2004); drug users' access to individual means of protection from infection has improved along with their access to counseling services.

As of 1 January 2005, HIV infections were recorded on the territory of 156 administrative units, and the number of officially registered HIV cases was 6,263, or 63.6 cases per 100,000 population. The demographic group that is the most vulnerable to HIV is young people aged 15–29. They account for 79% of all registered cases, although during the last eight years their share has tended to decrease.

Currently, the epidemic in Belarus has entered a new phase characterized by an increased share of infections through sexual contacts, out of all possible sources of HIV infection, and the active spread of infection

among the female population. In 2004, the female share of those infected with HIV comprised just below 39% of the total number of cases. The female contraceptive prevalence ratio is about 60%. From 1987 to 1994, 564 children were born to HIV-infected mothers. Most HIV-positive children live in the Gomel region.

Registration of HIV infection cases





The strategy against the spread of the HIV/AIDS epidemic adopted by the state is based on a multi-sectoral approach, and is described in policy documents governing measures against HIV/AIDS: the National Programme of HIV/AIDS Prevention for 2001–2005, and the Strategic Action Plan to Fight the HIV/AIDS Epidemic in the Republic of Belarus for 2004–2008. These documents were developed taking into account international experience of planning activities on HIV/AIDS prevention. The Declaration of Commitment on HIV/AIDS, adopted by the UN in 2001, was also taken into account.

Priority areas of HIV/AIDS prevention include: raising awareness and educating different demographic groups on the HIV/AIDS problem; prevention measures targeting vulnerable demographic groups (drug users, women involved in sex work, men who have sex with men, prisoners), prevention of HIV/AIDS among women, and providing medical, psychological, social, and other kinds of support to persons with HIV/AIDS.

Indicators	2003	2004	2015 *
HIV prevalence in Belarus (newly registered cases per 100,000 population)	7.2	7.9	8.3–7.7
HIV prevalence among female population (newly registered cases per 100,000 women)	4.8	5.8	6–5.6
HIV prevalence among young people aged 15–24 (newly registered cases per 100,000 population of this age)	18.4	18.1	18–17.5
HIV prevalence among drug users (data from epidemiological surveys)	9.1 (2002)	10.9	11–10.5
Share of HIV-infected children born to HIV-infected mothers	12	10	Less than 5

\*Expert assessment.

(the prevalence rate has since grown by 60%). The disease is the most common among low-income population groups, alcoholics, drug users, the unemployed, and prisoners. The prevalence of tuberculosis in prisons is 30 times higher than among the general population.

## MALARIA

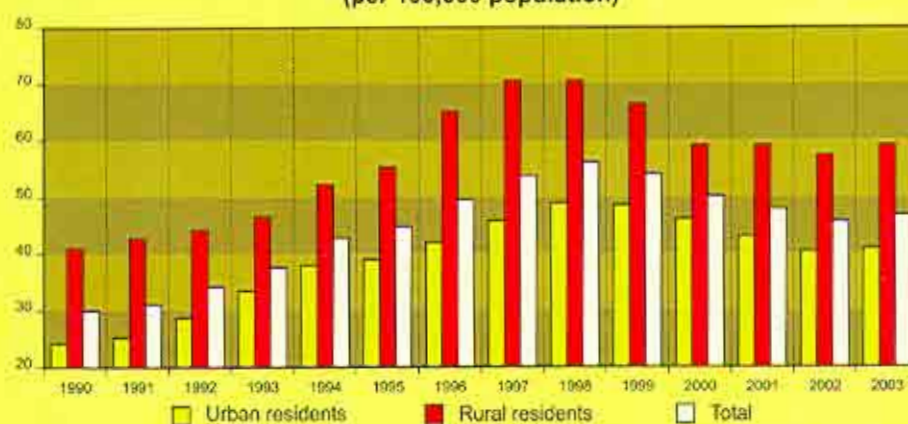
In Belarus, there are very few cases of malaria, or mortality attributable to it. In 2004, the prevalence of malaria was just 0.1 cases per 100,000 population. There were no age, regional, or rural/urban differences in malaria prevalence. Most malaria cases are diagnosed in people returning from high-risk countries and who had not been properly immunized. The goal of halting the spread of malaria has practically been met and is no longer relevant for Belarus.

## TUBERCULOSIS

Of particular concern is the rapid spread of tuberculosis, which began in the early 1990s

In 2004, the tuberculosis prevalence rate was 50.6 cases per 100,000 population. Men were about three times more vulnerable to tuberculosis than women. The high prevalence of tuberculosis among persons of working age and in rural areas is extremely disturbing. The Gomel and Mogilev regions are the most affected.

Morbidity with active tuberculosis of all forms (per 100,000 population)





In Belarus, prevention and treatment of tuberculosis is carried out through a broad network of medical institutions, and a system of epidemiological control to observe persons infected with tuberculosis has been established. Although the incidence of tuberculosis decreased in 2004 by 9% compared to its level in 1998, the year that the highest number of new cases was recorded, neglected forms of tuberculosis continue to be diagnosed, many of which have been fatal. From 1990 to 2004, the number of deaths attributed to tuberculosis rose by 2.5 times, which amounts to 11.1 cases recorded per 100,000 population. Men are nine times more likely to die of tuberculosis than women, and rural inhabitants are 1.5 times more vulnerable to die from tuberculosis than urban residents. 80% of those who die from tuberculosis are below the age of retirement.

Indicators	2003	2004	2015 *
Incidence of tuberculosis (new cases per 100,000 population)	46.6	50.6	37–35
Tuberculosis-related mortality rate (per 100,000 population)	9.1	11.2	5.9–5.7

\*Expert assessment.

The goal of reducing the incidence of, and decreasing mortality level from tuberculosis by 2015 is being achieved through active prevention and treatment programmes. The Government of Belarus enacted a resolution "On the Compulsory Treatment of Patients with Bacillary Forms of Tuberculosis" in 1998, and implemented a State Programme entitled "Tuberculosis" between 2000–2002.

Current priorities include: ensuring the sustainable funding of prevention and treatment activities, the centralized purchasing and effective distribution of modern equipment, laboratory tools, and drugs, improving the epidemic monitoring of tuberculosis in all parts of the country and in different patient groups, improving the training of medical professionals, and applying WHO-recommended treatment approaches along with traditional methods.

## OTHER DISEASES

In recent years, there has been a marked increase in the prevalence of other kinds of diseases. A rise in the prevalence of cardiovascular disease, which was responsible for 55% of all deaths recorded in 2003 (the leading cause of mortality), is of particular concern. In 2003, the primary morbidity rate from cardiovascular disease was 2,128 cases per 100,000 population, and the mortality rate was 798 cases per 100,000 residents of Belarus.

Tumours are the second most common cause of death in Belarus (13.1%). From 1994 to 2003, the primary morbidity rate from tumours grew by 19%, reaching 352 cases per 100,000 population. The highest tumour morbidity rate occurs among persons between 55–65 years of age. The Gomel and Vitebsk regions are those most affected by the rise in the primary morbidity rate from tumours. The third most common cause of death (11.5%) is traumas, accidents, and poisonings. Their prevalence grew by 15.1% from 1994 to 2003. The rise in their incidence particularly affected teenagers aged 15–17. From 1990 to 2003, the morbidity rate from respiratory diseases grew by 20%.

Priority areas for the public health care system were outlined in the Programme of Socio-economic Development for 2001–2005, the State Programme entitled "The Nation's Health" for 1999–2005, and in the Programme of State Guarantees for Health Care Provision for 2004–2009.

The main measures that are being taken to decrease morbidity and mortality from socially significant diseases are: developing the primary health care system; carrying out prophylaxis monitoring and regular medical check-ups; improving the quality of health care service; developing rehabilitation technologies for tumour patients; improving trauma prophylaxis; promoting healthy lifestyles.







# GOAL 7 ENSURE ENVIRONMENTAL SUSTAINABILITY

## GLOBAL TARGETS

### 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

By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers (globally)

## TARGETS CORRESPONDING TO BELARUS' LEVEL OF DEVELOPMENT

### Target 7.1

Develop national and regional prognoses and programmes of socio-economic development with a due account of environmental concerns and the rational usage of natural resources

### Target 7.2

Ensure public access to high quality drinking water

### Target 7.3

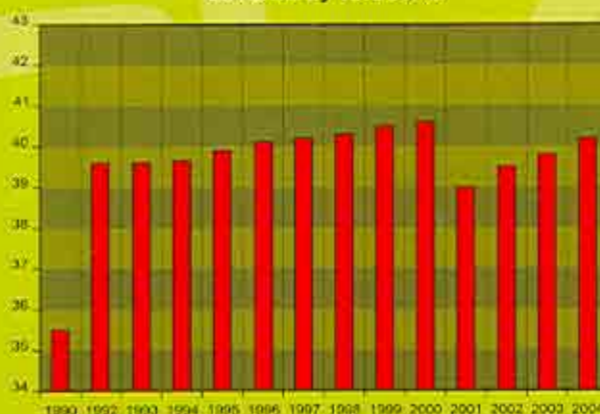
Provide each citizen with comfortable and energy efficient housing that is affordable in terms of construction and usage

The National Strategy of Sustainable Socio-economic Development up to 2020 (NSSD-2020), which was approved by the Government in June 2004, determined Belarus' sustainable development objectives, targets, and principles. The 1998 law entitled "On Forecasting and Socio-economic Development Planning" mandates to include environmental priorities in socio-economic development forecasts and programming.

The following laws have been enacted: "On Environmental Protection", "On the State Assessment of Environmental Impact", "On the Protection and Utilization of Fauna Species", "On the Protection of Atmosphere", "On the Radiation Security of the Population", "On the Protection of the Population and Territories from Natural and Man-made Emergencies", "On the Sanitary and Epidemiological Welfare of the Population", "On Specially Protected Natural Areas and Objects", "On Ozone Layer Protection", "On the Drinking Water Supply", "On Waste Disposal", and "On Flora Species", as well as codes on mineral resources, on land, the Forest Code, the Water Code, etc.

The legislative and regulatory framework for environmental protection, and for economic mechanisms for using natural resources is continuously being improved. The National Plan of Action on Natural Resource Exploitation and Environmental Protection for 2001–2005, the National Strategy and Action Plan on the Protection and Sustainable Development of Biodiversity, and the state scientific and technical programmes entitled "Ecological Security", "Energy Saving", and "Resource Saving", among others, were introduced.

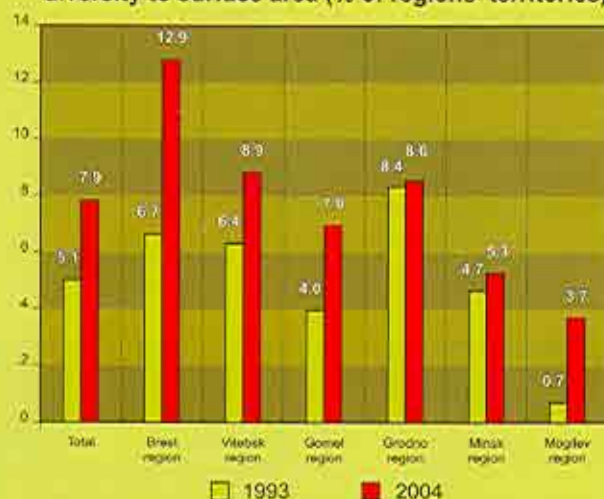
Proportion of land area covered by forest, %





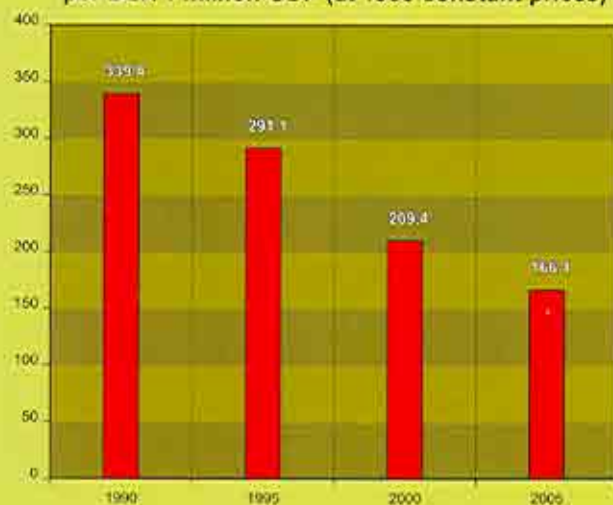
The proportion of the territory of Belarus covered by forests is constantly increasing. Considerable attention has been paid to biodiversity protection. As of 1 January 2005, there were 1,457 specially protected conservation areas and sites. These occupied 1639.4 thousand hectares, or 7.9% of the country's land area (in 1990 this figure was 5.8%), and are unevenly distributed among regions.

**Ratio of area protected to maintain biological diversity to surface area (% of regions' territories)**



The decrease in energy consumption and in emissions of polluting substances plays a vital role in ensuring environmental sustainability. According to the International Energy Agency, the gross energy consumption of energy resources per US\$ 1,000 of GDP (at PPP in 1995 prices) decreased

**Energy consumption (kg of oil equivalent) per BLR 1 million GDP (at 1995 constant prices)**

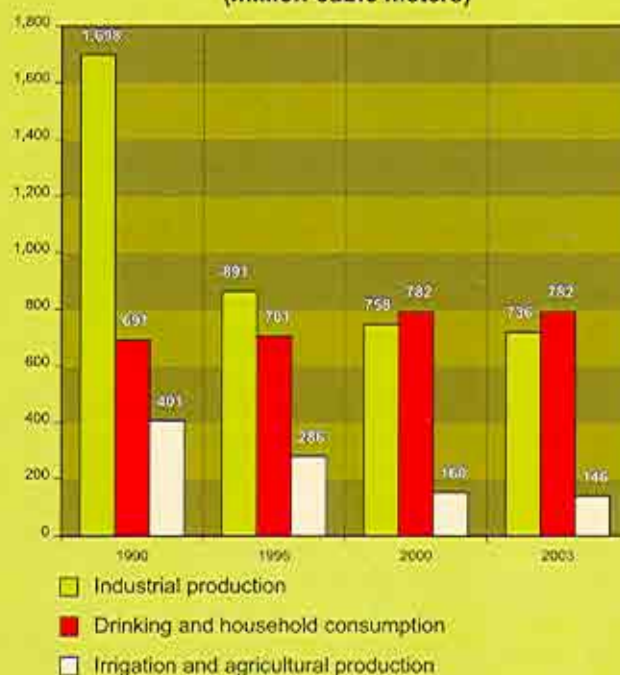


**Carbon dioxide emissions in Belarus (tons per capita)**



from 900 kg of oil equivalent in 1991 to 510 kg in 2002. In 2003, total emissions of polluting substances to the atmosphere decreased 2.6 times compared to its level in 1990, and the emissions from stationary sources decreased 3.2 times.

**Water consumption in Belarus (million cubic meters)**



Belarus has a relatively abundant supply of fresh water. It is sufficient to meet its present and future needs. Water intake and consumption have dropped substantially in recent years. In the future, water needs, as determined by industrial production growth



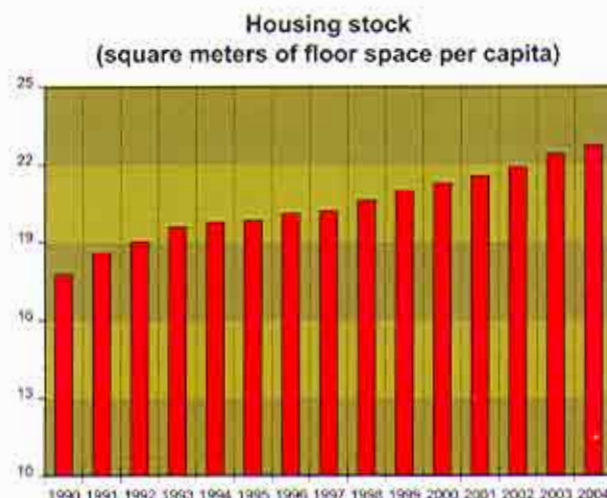
and the increased number of population having access to sanitation, are expected to rise without reaching its 1990 level.

Fresh water usage per capita is estimated at 220 litres per person per day, which is significantly greater than the current level in most European countries (at 120–150 litres per person per day). Daily per capita water usage is expected to reach 205 litres in 2010, and 195–200 litres in 2015. Underground water represents 87% of all fresh water used. In the future, this proportion is expected to reach 100%, because underground water is of a higher quality than ground water.

The main problems regarding the water supply relate to water quality, and to the fact that minimum sanitary standards for drinking water are not always met, especially in rural areas. The centralized plumbing system, which is supervised and contains high quality water, covers from 85% (in towns) to 99% (in cities) of residences in urban areas. At the same time, over 70% of the rural population receives drinking water from unprotected underground sources such as open wells. The latter are often polluted. A similar situation exists with the system of sewage diversion and purification. Only 15–20% of residences in rural areas are connected to centralized sewage systems; in urban areas this figure varies from 70 to 90%.

As of 1 January 2004, there were 22.3 square meters of housing floor space per resident. This figure breaks down to 20.0 square meters in cities and 27.8 square meters in rural areas. However the quality of housing in urban and rural areas is incomparable. Urban residents have much better access to utilities than their rural peers. As of 1 January 2004, there were 32.4 thousand people (0.3% of the total

population) living in old and dilapidated buildings, which could theoretically qualify as slums. Of those people, 25.7 thousand live in cities, and 6.7 thousand in villages.



The number of private residences as a share of the total housing supply has increased from 53.5% in 1990 to 81.2 at the beginning of 2004. The number of persons in need of improved housing conditions decreased from 669.8 thousand to 522.2 thousand within the same time period. In accordance with NSSD-2020, the per capita availability of housing should reach 24.5–25 square meters by 2010, and 27–28 square meters by 2015.

Ensuring environmental sustainability in Belarus is seriously affected by the aftermath of the catastrophe at the Chernobyl nuclear power plant. 1.2–1.3% of GDP is allocated for the mitigation of this event. A strategy for the sustainable development of the affected territories should be based on the need to improve the well being of local residents through the comprehensive ecological and socio-economic rehabilitation of the contaminated regions.



# MDG-RELATED TARGETS AND INDICATORS CORRESPONDING TO BELARUS' LEVEL OF DEVELOPMENT

TARGETS AND INDICATORS	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
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## GOAL 1 ERADICATE EXTREME POVERTY AND HUNGER

### Target 1.1

To reduce, by more than three times, the share of the population living below the national poverty line between 2000 and 2015

Proportion of population with incomes below the minimum subsistence budget (%)						38.4	38.6	32.1	33.0	46.7	41.9	28.9	30.5	27.1	17.8
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### Target 1.2

To promote employment, while keeping the rate of registered unemployment below 2.5–3%

Official unemployment rate (% of economically active population at the end of the year)		0.05	0.5	1.4	2.1	2.9	4.0	2.8	2.3	2.1	2.1	2.3	3.0	3.1	1.9
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### Target 1.3

To enable all members of the workforce to earn decent incomes by ensuring a regular increase in real wages at an annual rate of at least 6–7%

Real monetary income growth rate (average growth rate, % per annum)	12.4	0.2	-19.8	15.6	-17.2	-33.6	13.5	21.6	25.8	-2.5	14.1	28.1	4.1	3.9	9.7
Real wage growth rate (average growth rate, % per annum)	13.8	3.6	-12.4	-6.5	-30.9	-5.0	5.1	14.3	18.0	7.3	12.0	29.6	7.9	3.2	17.4

### Target 1.4

To halve, between 2000 and 2015, the proportion of the population consuming less than the minimum recommended daily calorie intake

Proportion of population with calorie intake below minimum recommended level (2,440 Kcal), %						46.4	44.5	41.9	43.7	45.9	46.2	46.3	46.6	50.2	46.7
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## GOAL 2 ACHIEVE UNIVERSAL PRIMARY EDUCATION

### Target 2.1

Ensure, by 2015, universal enrollment in general secondary education

Net general secondary enrollment ratio (ratio of enrolled children of the official age for the general secondary education to the total population of that age)	81.7	81.3	80.5	79.7	80.5	80.3	81.5	82.5	82.9	82.9	83.5	82.9	84.1	85.5	86.6
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	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
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# MDG-RELATED TARGETS AND INDICATORS CORRESPONDING TO BELARUS' LEVEL OF DEVELOPMENT

TARGETS AND INDICATORS	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
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## Goal 3 PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

### Target 3.1

Eliminate practices of gender discrimination in employment and expand economic opportunities for women

Economic activity rate for men/women (%)														68.4/ 81.5	
Proportion of women among registered unemployed (% of all registered unemployed)		80.0	81.4	66.3	63.7	64.3	63.8	66.6	66.7	64.2	60.7	60.3	63.3	67.1	66.1
Proportion of women among long-term (over 1 year) unemployed (% of all registered long-term unemployed)													79.4	80.3	83.0
Average wage of women as a proportion of men's wage (%)						79.1	81.0	74.6	78.0	75.2	81.0	82.7	80.9	79.4	

### Target 3.2

Expand women's participation in government and policy-making

Share of women in the national parliament (%)	4.0					4.0	14.0	14.0	14.0	13.5	18.4	20.2	19.2	19.3	29.9
Share of women among deputies of local councils (%)														44.3	

## Goal 4 REDUCE CHILD MORTALITY

### Target 4.1

To halve, between 1990 and 2015, the under-five mortality rate

Under-five mortality rate (per 1,000 live births)	15.2	15.4	15.5	15.4	16.2	16.5	15.8	15.3	14.3	14.8	12.3	11.6	10.9	9.9	9.1
Infant mortality rate (per 1,000 live births)	11.9	12.1	12.3	12.5	13.2	13.3	12.5	12.4	11.3	11.5	9.3	9.1	7.8	7.7	6.9
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004



# MDG-RELATED TARGETS AND INDICATORS CORRESPONDING TO BELARUS' LEVEL OF DEVELOPMENT

TARGETS AND INDICATORS	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
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## Goal 5 IMPROVE MATERNAL HEALTH

### Target 5.1

Reduce by 2015, the maternal mortality ratio to 12 cases per 100,000 live births

Maternal mortality ratio (per 100,000 live births)	22.0	31.0	21.0	20.0	19.0	14.0	22.0	26.0	28.0	20.0	21.0	14.0	18.0	17.0	17.0
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## Goal 6 COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

### Target 6.1

Halt by 2015 the spread of HIV/AIDS, including among the most vulnerable population groups

HIV prevalence (new cases per 100,000 population)	0.1	0.1	0.2	0.1	0.05	0.1	10.0	6.5	5.5	4.1	5.3	5.8	9.2	7.2	7.9
HIV prevalence among women (new cases per 100,000 women)	0.04	0.1	0.1	0.1	0.04	0.1	4.9	2.9	2.8	2.7	3.1	3.0	5.3	4.8	5.8
HIV prevalence among 15–24-year-olds (new cases per 100,000 of the total population of that age)	0.4	0.2	0.2	0.3	0.1	0.3	50.0	28.6	20.3	13.8	15.8	18.5	28.0	18.3	18.1
HIV prevalence among drug users (% according to the results of the epidemiological surveys)													9.1		10.9
Share of HIV-infected among children born by HIV-infected mothers (%)														12	10

### Target 6.2

Reduce, by 2015, the growth of tuberculosis cases

Morbidity with tuberculosis (number of new cases of active tuberculosis per 100,000 population)	29.8	30.9	33.8	37.3	42.5	44.3	49.3	53.4	55.6	53.6	49.9	47.5	45.0	46.6	50.6
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### Target 6.3

Decrease, by 2015, the incidence of deaths due to tuberculosis

Mortality from tuberculosis (per 100,000 population)	4.4	4.3	4.2	5.0	5.0	6.4	6.2	6.5	7.0	8.7	7.3	8.3	9.5	10.4	11.1
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004



# MDG-RELATED TARGETS AND INDICATORS CORRESPONDING TO BELARUS' LEVEL OF DEVELOPMENT

TARGETS AND INDICATORS	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
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## Goal 7 ENSURE ENVIRONMENTAL SUSTAINABILITY

### Target 7.1

Develop national and regional prognoses and programmes of socio-economic development with a due account of environmental concerns and the rational usage of natural resources

Proportion of land area covered by forest (% of total surface area)*			39.6	39.6	39.7	39.9	40.1	40.2	40.3	40.5	40.6	39.0	39.5	39.8	40.2
Ratio of area protected to maintain biological diversity to surface area (%)	5.8			5.1	5.8	5.8	6.5	6.9	6.9	7.0	7.5	7.6	7.8	7.6	7.9
Energy use (kg oil equivalent) per BLR 1 million GDP (at 1995 permanent prices)	339.4	326.6	314.3	296.2	284.1	291.1	284.4	264.8	242.7	221.1	209.4	201.0	189.7	180.1	166.1
Carbon dioxide emissions (tons per capita)**	8.8	8.5	8.1	6.3	4.8	4.2	4.2	4.3	4.0	3.7	3.3	3.5	4.1	3.7	

### Target 7.2

Ensure public access to high quality drinking water

Proportion of population with sustainable access to an improved water source (%)	61.6 (1989)									71.8					
Proportion of population with access to improved sanitation (%)	57.0 (1989)									68.7					

### Target 7.3

Provide each citizen with comfortable and energy efficient housing that is affordable in terms of construction and usage

Housing stock (square meters of floor space per capita)	17.9	18.4	19.0	19.4	19.6	19.7	19.9	20.2	20.6	20.8	21.2	21.6	21.9	22.3	22.6
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\* Data of the State Committee on Land.

\*\* Data of the Ministry of Natural Resources and Environment Protection (other green house gases in CO<sub>2</sub> equivalent are not included).



# OTHER BELARUS' INDICATORS RELATED TO THE MILLENNIUM DEVELOPMENT GOALS

## INDICATORS

1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004

## GOAL 1 ERADICATE EXTREME POVERTY AND HUNGER

Proportion of population below \$2.15 per day, %						0.79	0.45	0.45	0.41	0.13	0.30	0.16	0.11	0.64	0.11
Male						0.84	0.53	0.41	0.44	0.18	0.32	0.17	0.11	0.63	0.17
Female						0.75	0.39	0.48	0.39	0.09	0.29	0.15	0.11	0.64	0.07
Proportion of population below \$2.15 per day, %															
Male						11.46	9.8	6.9	4.8	4.4	3.7	2.7	1.2	9.0	5.5
Female						11.76	9.7	6.7	4.8	3.9	3.4	2.1	1.0	8.3	4.5
Poverty depth rate						9.5	9.3	7.4	7.9	12.7	10.8	6.9	7.0	5.9	3.4
Poverty incidence rate						3.4	3.3	2.6	2.8	4.9	4.1	2.5	2.5	2.0	1.1
Share of population receiving social welfare benefits, %									63.7	67.8	63.0	65.6	61.2	61.1	67.1
Male									63.0	66.7	62.3	65.0	62.2	60.4	65.6
Female									64.3	68.7	63.6	66.2	60.4	61.7	68.3
Share of population with low incomes (if social welfare benefits are not taken into account), %						38.4	38.6	32.1	33.0	48.8	44.1	31.3	32.2	29.3	20.0
Male						39.4	38.7	33.1	33.4	50.1	45.1	32.0	33.1	30.4	20.3
Female						37.4	38.5	31.3	32.7	47.7	43.3	30.7	31.6	28.5	19.7
Average lengths of being under the poverty line, months						5.1	5.1	4.5	4.3	5.8	5.4	4.0	4.2	3.7	2.7
Male						5.2	5.1	4.6	4.3	5.9	5.5	4.1	4.3	3.8	2.7
Female						5.0	5.0	4.4	4.2	5.7	5.3	3.9	4.1	3.6	2.6
Share of poorest 20% in national consumption, %						9.6	9.9	9.8	9.2	9.3	9.3	9.1	9.3	9.8	9.1
Proportion of population with calorie intake below minimum recommended level (2440 Kcal), %						48.4	44.5	41.9	43.7	45.9	46.2	46.3	46.6	50.2	46.7
Male						47.0	45.1	42.3	43.6	46.0	46.9	47.6	47.8	50.9	47.6
Female						45.9	44.0	41.5	43.8	45.8	45.5	45.2	45.7	49.7	45.9
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004



# OTHER BELARUS' INDICATORS RELATED TO THE MILLENNIUM DEVELOPMENT GOALS

INDICATORS	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
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## Goal 2 ACHIEVE UNIVERSAL PRIMARY EDUCATION

Net primary enrollment ratio, %*	96.4	95.3	95.8	93.8	94.2	93.7	94.0	96.4	106.3	107.3	107.8	105.4	104.0	102.5	100.5
Boys	96.6	95.5	95.9	94.2	95.0	94.5	94.7	96.8	106.6	107.7	108.2	106.0	104.4	102.8	100.8
Girls	96.3	95.0	95.6	93.3	93.3	92.9	93.3	96.0	105.9	106.9	107.4	104.7	103.6	102.2	100.2
Children reaching grade 5, %		97.3	97.8	98.1	98.6	98.4	96.8	96.1	96.6	97.2	97.9	98.6	98.1	98.2	98.2
Boys					98.9	98.1	96.8	95.8	96.9	96.5	97.2	98.3	97.7	97.9	97.8
Girls					98.4	98.6	96.8	96.4	96.4	97.8	98.6	98.9	98.5	98.4	98.6
Youth literacy rate (% of age 15-24)**	97.8									99.6					
Male	99.4									99.8					
Female	96.6									99.4					

\* Ratio of primary school students to the total number of children aged 6-9.

\*\* According to the population censuses of 1989 and 1999.

## Goal 3 PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Ratio of boys to girls in primary education (boys=100)	99.7	99.5	99.7	99.0	98.2	98.3	98.5	99.2	99.3	99.3	99.3	98.8	99.2	99.4	99.4
Ratio of boys to girls in secondary education (boys=100)	135.7	139.1	144.0	148.8	153.1	140.6	136.4	135.0	136.9	134.7	134.5	133.4	132.8	129.4	128.2
Ratio of boys to girls in tertiary education (boys=100)	123.7	126.0	119.7	118.7	116.9	118.8	121.5	126.7	133.4	134.8	135.0	138.2	139.9	139.5	137.8
Ratio of literate females to 1,000 males (age 15-24)*															
Urban	1086								979						
Rural	800								905						
Female share in non-agricultural wage employment, %			55.4	55.4	56.0	56.2	56.4	56.1	55.6	55.4	55.9	56.0	55.9	55.5	55.1
Seats in parliament held by women (as % of total)	4.0					4.0	14.0	14.0	13.6	13.4	13.5	18.4	20.2	19.3	30.1
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004

\* Number of literate women per 1,000 literate men aged 15-24, according to population censuses of 1989 and 1999.



# OTHER BELARUS' INDICATORS RELATED TO THE MILLENNIUM DEVELOPMENT GOALS

## INDICATORS

1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004

## Goal 4 REDUCE CHILD MORTALITY

Under-five mortality rate (per 1,000 live births)	15.2	15.4	15.5	15.4	16.2	16.5	15.8	15.3	14.3	14.8	12.3	11.6	10.9	9.9	9.1
Boys	17.4	17.7	18.0	17.9	17.7	19.1	17.9	17.6	16.8	17.3	13.8	13.0	12.2	11.4	10.5
Girls	12.8	13.0	12.8	12.8	14.6	13.8	13.6	12.9	11.6	12.1	10.7	10.0	9.4	8.3	7.7
Infant mortality rate (per 1,000 live births)	11.9	12.1	12.3	12.5	13.2	13.3	12.5	12.4	11.3	11.5	9.3	9.1	7.8	7.7	6.9
Boys															
Girls	10.0	10.3	10.4	10.6	12.1	10.9	10.7	10.4	9.1	9.3	7.9	8.0	6.9	6.4	5.8
One-year-olds fully immunized against measles, %	96.2	95.0	93.7	95.6	96.6	92.8	96.4	97.6	98.0	98.4	98.2	98.9	99.0	98.8	99.0

## Goal 5 IMPROVE MATERNAL HEALTH

Maternal mortality ratio (per 100,000 live births)	22	31	21	20	19	14	22	26	28	20	21	14	18	17	17
Urban	22	31	23	22	17	13	21	16	28	20	23	12	18	14	15
Rural	22	32	16	17	23	16	23	46	29	23	16	20	17	25	21
Birth attended by skilled health personnel, %	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9	99.9

## Goal 6 COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

HIV-infected (new cases)	14	12	21	10	5	8	1021	653	554	411	527	578	915	713	778
Male	12	9	18	7	3	4	758	497	402	267	362	420	633	460	475
Female	2	3	3	3	2	4	263	156	152	144	165	158	282	253	303
Share of women using IUD and hormonal contraception	27.8	30.8	33.1	35.7	34.4	33.5	34.1	33.1	34.6	31.1	30.9	31.9	34.2	38.0	37.1
Malaria cases (per 100,000 population)	0.1	0.2	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1	0.2	0.1	0.1	0.1	0.1
Tuberculosis cases (per 100,000 population)	29.8	30.9	33.8	37.3	42.5	44.3	49.3	53.4	55.6	53.6	49.9	47.5	45.0	46.6	50.6
Male	35.3	40.6	44.9	51.4	61.4	63.6	74.0	81.0	83.0	80.7	76.7	71.9	67.4	70.1	74.6
Female	15.5	22.4	23.9	24.8	25.8	27.2	28.0	29.0	31.0	29.7	26.1	26.0	25.3	25.9	29.5
	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004



## OTHER BELARUS' INDICATORS RELATED TO THE MILLENNIUM DEVELOPMENT GOALS

INDICATORS	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Tuberculosis-related mortality rate (per 100,000 population)	4.4	4.3	4.2	5.0	5.0	6.4	6.2	6.5	7.0	8.7	7.3	8.3	9.5	10.4	11.1
Male	7.1	7.5	7.0	8.6	8.8	11.2	11.5	12.5	12.8	15.8	13.3	15.4	17.5	19.7	
Female	1.9	1.5	1.8	1.7	1.6	2.1	1.5	1.3	1.8	2.5	1.9	2.1	2.3	2.2	

### Goal 7 ENSURE ENVIRONMENTAL SUSTAINABILITY

Proportion of land area covered by forest, %	35.5		39.6	39.6	39.7	39.9	40.1	40.2	40.3	40.5	40.6	39.0	39.5	39.8	40.2
Ratio of area protected to maintain biological diversity to surface area, %	5.8			5.1	5.8	5.8	6.5	6.9	6.9	7.0	7.5	7.6	7.6	7.6	7.9
Energy consumption (kg of oil equivalent) per BLR 1 million of GDP (at 1995 constant prices)	339.4	326.6	314.3	296.2	284.1	291.1	284.4	264.8	242.7	221.1	209.4	201.0	189.7	180.1	166.1
Carbon dioxide emissions, tons per capita*	8.8	8.5	8.1	6.3	4.8	4.2	4.2	4.3	4.0	3.7	3.3	3.5	4.1	3.7	
Proportion of population with sustainable access to an improved water source**	61.6									71.8					
Proportion of population with access to improved sanitation**	57.0									68.7					
Proportion of population with the private ownership to their housing***						59.3	62.7	62.8	61.9	64.6	73.5	73.2	74.7	73.3	73.4

\* Data of the Ministry of Natural Resources and Environment Protection (other green house gases in CO<sub>2</sub> equivalent are not included). Ozone-depleting substances are not produced in Belarus.

\*\* According to population censuses.

\*\*\* Data of the Ministry of Statistics and Analysis on the basis of household surveys.



## OTHER BELARUS' INDICATORS RELATED TO THE MILLENNIUM DEVELOPMENT GOALS

INDICATORS	1990	1991	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Tuberculosis-related mortality rate (per 100,000 population)	4.4	4.3	4.2	5.0	5.0	6.4	6.2	6.5	7.0	8.7	7.3	8.3	9.5	10.4	11.1
Male	7.1	7.5	7.0	8.6	8.8	11.2	11.5	12.5	12.8	15.8	13.3	15.4	17.5	19.7	
Female	1.9	1.5	1.8	1.7	1.6	2.1	1.5	1.3	1.8	2.5	1.9	2.1	2.3	2.2	

### Goal 7 ENSURE ENVIRONMENTAL SUSTAINABILITY

Proportion of land area covered by forest, %	35.5		39.6	39.6	39.7	39.9	40.1	40.2	40.3	40.5	40.6	39.0	39.5	39.8	40.2
Ratio of area protected to maintain biological diversity to surface area, %	5.8			5.1	5.8	5.8	6.5	6.9	6.9	7.0	7.5	7.6	7.6	7.6	7.9
Energy consumption (kg of oil equivalent) per BLR 1 million of GDP (at 1995 constant prices)	339.4	326.6	314.3	296.2	284.1	291.1	284.4	264.8	242.7	221.1	209.4	201.0	189.7	180.1	166.1
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Proportion of population with sustainable access to an improved water source**	61.6									71.8					
Proportion of population with access to improved sanitation**	57.0									68.7					
Proportion of population with the private ownership to their housing***						59.3	62.7	62.8	61.9	64.6	73.5	73.2	74.7	73.3	73.4

\* Data of the Ministry of Natural Resources and Environment Protection (other green house gases in CO<sub>2</sub> equivalent are not included). Ozone-depleting substances are not produced in Belarus.

\*\* According to population censuses.

\*\*\* Data of the Ministry of Statistics and Analysis on the basis of household surveys.



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