



MILLENNIUM DEVELOPMENT GOALS

UKRAINE – 2013

NATIONAL REPORT



MILLENNIUM DEVELOPMENT GOALS

UKRAINE – 2013

NATIONAL REPORT

Kyiv 2013

This Report highlights the status of achievement of the Millennium Development Goals (MDGs) in Ukraine using a wide range of informational, statistical and analytical materials. It analyses obstacles to the country's dynamic development, identifies major challenges at the current stage of implementation of the MDG targets, and offers recommendations for optimal ways to address them.

This publication will be useful to Government officials, staff of ministries and agencies, heads of and experts at central and local executive authorities, scientists, representatives of civil society organizations, and all who deal with sustainable human development issues in Ukraine.

The following photos are used in this report.

Page 43 : Liudmyla Hoshko, *Vacation Again*
Page 55 : Vitalii Sokur, *Down the Path of Tales*
Page 67 : Vira Pidhaina, *Wedding Kalach*
Page 77 : Ruslan Kaniuka, *A Country of Dreams*
Page 87 : Kostiantyn Hryshyn, *Move the Knight*
Page 97 : Andrii Andrushkiv, *Ukraine's Largest Quilt*
Page 115 : Mykola Shcherbak, *Duckweed*

Cover: Pavel Reznikov

The report uses photos from The Day newspaper's annual international photo competition.

This publication has been prepared in the framework of the "Acceleration of Millennium Development Goals Progress in Ukraine" Project, implemented by the United Nations Development Programme (UNDP) in Ukraine, in close cooperation with national and international experts. The opinions, findings and recommendations are those of the authors and compilers and do not necessarily represent the views of the UN.



After Ukraine declared independence, the United Nations was one of the first international organizations to provide support for transformation by opening its office in Kyiv in 1992. In June 1999, the UN Kyiv office was granted UN House status. The United Nations operations in Ukraine include support for the country's humanitarian, social and economic development. The following UN agencies are active in Ukraine: the United Nations Development Programme (UNDP), the United Nations Children's Fund (UNICEF), the United Nations Population Fund (UNFPA), the International Atomic Energy Agency (IAEA), the International Organization for Migration (IOM), the United Nations High Commissioner For Refugees (UNHCR), the World Health Organization (WHO), the International Labour Organization (ILO), and the Joint United Nations Programme on HIV/AIDS (UNAIDS). UN-related organizations are also active, including the International Monetary Fund (IMF), the World Bank (WB), the United Nations Office on Drugs and Crime (UNODC), and the International Finance Corporation (IFC). These organizations work in different areas and with their own strategies, but are united by an overriding strategic goal: to assist the people of Ukraine in their efforts to build a better future for their country. For more information on UN activities in Ukraine visit www.un.org.ua.

In 2000, the United Nations Millennium Declaration defined a global vision of the development in the form of the Millennium Development Goals (MDGs), with a clear system of targets and indicators and time-frames for achieving them. Reaching the MDGs means real changes in people's living standards in all countries of the world. The United Nations Secretary-General has issued Annual Reports on the status of the MDGs since 2001, providing a review of development trends in almost all United Nations Member States. In addition, more than 300 national reports have been published in 164 countries.

Ukraine joined the United Nations Millennium Declaration and committed to achieve the MDGs by 2015. In 2003 Ukraine became the first post-Soviet country to adapt the MDGs to its national development context.

The National Millennium Development Goals are:



Goal 1. Reduce Poverty



Goal 2. Ensure Quality Lifelong Education



Goal 3. Promote Gender Equality



Goal 4. Reduce Child Mortality



Goal 5. Improve Maternal Health



Goal 6. Reduce and Slow Down the Spread of HIV/AIDS and Tuberculosis and Initiate a Trend to Decrease their Scales



Goal 7. Ensure Environmental Sustainability

Since 2004, Ukraine has prepared three national reports outlining the progress in achieving the MDGs and a number of annual monitoring reports. In 2013, the Ministry of Economic Development and Trade of Ukraine conducted a comprehensive analysis of successes and obstacles to achieving the MDG targets by 2015. This work was conducted with support from "Acceleration of Millennium Development Goals Progress in Ukraine" Project implemented by UNDP and in partnership with the National Institute for Strategic Studies and M.V. Ptukha Institute for Demography and Social Studies of the National Academy of Sciences of Ukraine. To ensure the objectivity of assessment 200 leading experts from various MDG-related fields were involved into the process of discussion of MDGs, identification of problems and development of recommendations.

The MDGs highlight the biggest challenges facing Ukrainian society, thus they are both a reference and a system of priorities for the implementation of a strategy of reforms in Ukraine. The MDG targets and indicators are mainstreamed in national strategic and policy documents, particularly in the annual and extraordinary Addresses of the President of Ukraine to the Parliament on the Internal and External Situation of Ukraine, programmes of economic and social development, etc.



The Millennium Development Goals (MDGs) have provided one of the most inspiring and action-oriented global frameworks for addressing and overcoming deficits in human development. By defining the desired outcomes in human development terms, the MDGs placed the well-being of people at the very centre of development efforts. They also mobilized and inspired leaders, policymakers, citizens and partners to identify strategies and solutions to deliver on the promises.

The 2013 Millennium Development Report for Ukraine tracks the achievement of the seven goals and 33 targets. As such, it is an essential tool for reviewing the progress of national policies and programmes that address each one of the seven goals. After thirteen years, Ukraine has made substantial progress on all of the goals: lifting people out of extreme poverty, ensuring full educational coverage and reducing maternal and child mortality.

Progress in some areas still needs to be explored through the vision of reform and transformation that is currently being implemented. This includes expanding opportunities for women, ensuring the quality of education, decreasing the burden of HIV and tuberculosis and protecting the most vulnerable people from the devastating effects of multiple shocks. Ukraine has a lot to offer to the world globally and to its citizens domestically attaining its impressive potential.

We firmly believe that the unmet goals are within reach, but the nation needs to step up its efforts to achieve them rapidly. This must be done by deepening the sustainable human development aspect of reform and transformation, and identifying 'triggers for acceleration' that enable the nation to equalize progress among and within regions of the country and urban and rural areas. Rapid progress will also be achieved by intensifying social protection and the provision of high-quality social services geared towards improving the well-being of citizens.

Given the relatively short time remaining, the private sector and civil society will have to act as positive and constructive forces for change, playing an even greater role in supporting acceleration initiatives and policies.

In more than a decade of experience, MDGs have helped us understand what works and what does not. Strong national ownership and well managed institutions and farsighted policies which set the path for medium to long term strategies that foster robust and inclusive growth – growth that reaches everyone and that enable all people, especially the poor and marginalized, to benefit from economic opportunities – have produced gains. Decent work and social security, as well as targeted investments in health care system, healthy life style, education, infrastructure and agricultural productivity are essential.

Fulfilling our commitments on the MDGs must remain the foremost priority, providing a firm foundation for the bright future Ukraine aspires and deserves for its citizens' sustainable prosperity.

Alessandra TISOT
UN Resident Coordinator
UNDP Resident Representative

A handwritten signature in blue ink, appearing to read 'A. Tisot', positioned to the right of the printed name and title.

CONTENTS

ACKNOWLEDGEMENTS.....	7
ABBREVIATIONS	12
INTRODUCTION: THE MILLENNIUM DEVELOPMENT GOALS IN UKRAINE	13
SECTION ONE: UKRAINE: DIMENSIONS OF DEVELOPMENT	17
1.1. Economy of Ukraine in 2010–2012: Post-crisis Optimism and Risks of Stagnation	18
1.2. Social Development of Ukraine in 2010–2012: Achievements and Challenges	23
SECTION TWO: IMPACT OF THE MILLENNIUM DEVELOPMENT GOALS ON NATIONAL DEVELOPMENT	27
2.1. Implementation of the National MDGs in Strategic Planning of Social and Economic Development of the Country	28
2.2. Impact of the MDGs on National Development by Goals	30
SECTION THREE: PROGRESS TOWARDS ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS DEFINED FOR UKRAINE	39
3.1. Goal 1. Reduce Poverty	43
3.2. Goal 2. Ensure Quality Lifelong Education	55
3.3. Goal 3. Promote Gender Equality.....	67
3.4. Goal 4. Reduce Child Mortality	77
3.5. Goal 5. Improve Maternal Health	87
3.6. Goal 6. Reduce and Slow Down the Spread of HIV/AIDS and Tuberculosis and Initiate a Trend to Decrease Their Scales	97
3.7. Goal 7. Ensure Environmental Sustainability	115
SECTION FOUR: UKRAINE'S POST-2015 DEVELOPMENT PRIORITIES	129
BIBLIOGRAPHY	142
ANNEXES	151
Annex A. Incompleted Targets that Go Beyond 2015	152
Annex B. Global MDGs and MDGs Adapted for Ukraine	155
Annex C. Progress Towards Achieving the MDGs in Ukraine.....	168

ACKNOWLEDGEMENTS

The overall coordination of the preparation of the National Report 'Millennium Development Goals. Ukraine. 2013' was undertaken by: **Ella Libanova**, Academician of the NAS of Ukraine, Director of M.V. Ptukha Institute for Demography and Social Studies; **Anatolii Maksiuta**, First Deputy Minister of Economic Development and Trade of Ukraine; **Elena Panova**, Deputy Country Director, UNDP Ukraine; **Ricarda Rieger**, Country Director, UNDP Ukraine; **Kateryna Rybalchenko**, Senior Programme Manager, UNDP Ukraine; **Oleksandr Savenko**, Director of the Department of the Economy in Social and Humanitarian Areas, Ministry of Economic Development and Trade of Ukraine; **Natalia Sitnikova**, Project Manager, Acceleration of the Millennium Development Goals in Ukraine Project, UNDP Ukraine; **Andrii Yermolaiev**, Director of National Institute for Strategic Studies.

The National Report 'Millennium Development Goals. Ukraine. 2013' was prepared by a working group that included: **Tetiana Avramenko**, Research Fellow, National Academy of Public Administration; **Larysa Bochkova**, Consultant, State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases; **Liudmyla Cherenko**, Head, Division of Studies of Population Living Standards, M.V. Ptukha Institute for Demography and Social Studies, NAS of Ukraine; **Svitlana Cherenko**, Head, Phthisiatry Department, F.G. Yanovskii National Institute of Phthisiatry and Pulmonology, NAMS of Ukraine; **Adeline Gonay**, Head, UNDP Sub-office in Crimea; **Hanna Herasymenko**, Senior Research Fellow, Division of Social Policy, M.V. Ptukha Institute for Demography and Social Studies, NAS of Ukraine; **Oleksandr Holubtsov**, Research Fellow, T.G. Shevchenko Kyiv National University; **Oksana Khmelevska**, Senior Research Fellow, Division of Social Policy, M.V. Ptukha Institute for Demography and Social Studies, NAS of Ukraine; **Olena Kochemyrovska**, Head, Sector of Labour Relations and Human Potential, Department for Social Policy, National Institute for Strategic Studies; **Vyacheslav Kozak**, Research Fellow, National Academy of Public Administration; **Kateryna Kuritsyna**, Project Associate, Acceleration of Millennium Development Goals Progress in Ukraine Project, UNDP Ukraine; **Liudmyla Musina**, Advisor, Ministry of Economic Development and Trade of Ukraine; **Olena Palii**, Leading Research Fellow, M.V. Ptukha Institute for Demography and Social Studies, NAS of Ukraine; **Olha Pishchulina**, Head, Department of Social Policy, National Institute for Strategic Studies; **Yaroslav Zhalilo**, First Deputy Director, National Institute for Strategic Studies.

Significant contributions to preparing the report were provided by: **Gabrielle Akimova**, Child Protection Specialist, UNICEF Ukraine; **Maria Alekseyenko**, Head, Women's Consortium of Ukraine; **Tetiana Aleksandrina**, Head, State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases; **Tuya Altangerel**, Policy Specialist, MDG Group, Poverty Group, Bureau for Development Policy, UNDP; **Oldrich Andrysek**, Regional Representative for Belarus, Moldova and Ukraine, UNHCR; **Natalia Bielkina**, Head of Division, General Directorate for International Organizations, Ministry of Foreign Affairs of Ukraine; **Yaroslav Boliubash**, Executive Secretary, Union of Rectors of Higher Educational Institutions of Ukraine; **Liudmyla Chubyuk**, Deputy Head, Division of Demography, Income and Employment, Department of Economy in Social and Humanitarian Areas, Ministry of Economic Development and Trade of Ukraine; **Olena Chumakova**, Head, Division of Economy of Health, Department of Economy in Social and Humanitarian Areas, Ministry of Economic Development and Trade of Ukraine; **Elena Danilova-Cross**, Human Development and Social Inclusion Policy Analyst, Bratislava Regional Centre for Europe and CIS, UNDP; **Nadiya Dmytrenko**, Deputy Director, Department of Economy in Social and Humanitarian Areas, Ministry of Economic Development and Trade of Ukraine; **Nuzhat Ehsan**, UNFPA Representative in Belarus and Ukraine; **Ruslan Doroshkevych**, Head, Division of Social Policy, Main Office for Social Area Reform Affairs, Administration of the President of Ukraine; **Anastasiya Dumcheva**, National Professional Officer, Sexual and Reproductive Health and Critical Access Hospital Programs, Population's Health and Life Course Division of Noncommunicable Diseases and Health Promotion, WHO Ukraine; **Vladimir Gordeiko**, Project Manager, Strengthening National Capacity for Effective HIV/AIDS Response in Ukraine Project, UNDP Ukraine; **Natalia Gorshkova**, Director, Department of Macroeconomic Forecasting, Ministry of Economic Development and Trade of Ukraine; **Olha Hvozdetzka**, Director, Programme Department, All-Ukrainian Network of PLWH; **Olena Ivanova**, Project Manager, Support to Social Sector Reform in Ukraine Project, UNDP Ukraine; **Alexei Ilitski**, Strategic Information Advisor, UNAIDS Ukraine; **Yuriy Karakay**, Advisor to the President, Head of Main Office for Social Area Reform Affairs, Administration of the President of Ukraine; **Larysa Kobelianska**, Deputy Vice President, National Academy of Public Administration; **Yuriy Kobyshcha**, Technical Officer, STI/HIV/AIDS Strategic Information, WHO

Ukraine; **Boyan Konstantinov**, Programme Specialist, Bratislava Regional Centre for Europe and CIS, UNDP; **Vasyl Kremen**, President, National Academy of Pedagogical Sciences of Ukraine; **Volodymyr Kurpita**, Executive Director, All-Ukrainian Network of PLWH; **Oksana Kisselyova**, National Programme Coordinator, UN-Women Ukraine; **Ella Lahmah**, Programme Director, Development of Democracy Centre; **Volodymyr Lupatsiy**, Advisor to the Director, National Institute for Strategic Studies; **Olena Makarova**, Deputy Director, M.V. Ptukha Institute for Demography and Social Studies, NAS of Ukraine; **Yukie Mokuo**, UNICEF Representative in Ukraine; **Mariya Matsepa**, Monitoring and Evaluation Expert, UNICEF Ukraine; **Koh Miyaoi**, Gender Practice Leader, Bratislava Regional Centre for Europe and CIS, UNDP; **Angelina Niagu**, President, Physicians of Chornobyl Association; **Dorit Nitzan Kaluski**, WHO Representative in Ukraine; **Olena Nyzhnyk**, Director, Department of Regional Policy, Ministry of Economic Development and Trade of Ukraine; **Pavlo Onyshchenko**, Deputy Director, Department of Strategic Planning of Economic Development, Ministry of Economic Development and Trade of Ukraine; **Olena Ovchynnikova**, Programme Analyst, UNDP Ukraine; **Ihor Perehinets**, Deputy Representative, WHO in Ukraine; **Vadym Pishcheyko**, First Deputy Head, State Statistics Service of Ukraine; **Serhii Poliuk**, Project Coordinator, Health Care and Social Sphere, Delegation of the European Union to Ukraine; **Vyacheslav Potapenko**, Chief Consultant, Department of Ecological and Technogenic Security, National Institute for Strategic Studies; **Andriy Poshtaruk**, Programme Officer, UNFPA Ukraine; **Manfred Profazi**, Head of Mission, IOM Ukraine; **Natalia Ryngach**, Chief Research Fellow, M.V. Ptukha Institute for Demography and Social Studies, NAS of Ukraine; **Olena Sakovych**, Youth & Adolescent Development Specialist, UNICEF Ukraine; **Nataliia Salabai**, National Monitoring and Evaluation Officer, UNODC Ukraine; **Larysa Savchuk**, Coordinator of Activities 'HIV/AIDS in the World of Work', ILO Ukraine; **Sergiy Savchuk**, National Coordinator, ILO Ukraine; **Bogdana Shcherbak-Verlan**, Technical Officer, WHO Ukraine; **Yuliya Shcherbinina**, Senior Programme Manager, UNDP Ukraine; **Olena Sherstyuk**, Leadership and Advocacy Advisor, UNICEF Ukraine; **Anastasia Shkel**, Public Information Specialist, UNHCR Belarus, Moldova and Ukraine; **Ihor Shumylo**, Independent Expert; **Volodymyr Shyriayev**, Vice President, Physicians of Chernobyl Association, Chair of the Commission of the Public Council under the Ministry of Ecology and Natural Resources; **Mirzahid Sultanov**, Regional Advisor on HIV/AIDS in Ukraine and Moldova, UNODC; **Yulia Svavolya**, Coordination Specialist, UN Ukraine; **Valeriya Taran**, Project Manager, Child Health and Development, UNICEF Ukraine; **Tetyana Tarasova**, HIV/AIDS Officer, UNICEF Ukraine; **Jacek Tyszko**, Country Coordinator, UNAIDS Ukraine; **Natalia Vlasenko**, Deputy Head, State Statistics Service of Ukraine; **Andrii Volkov**, Head, Sustainable Development Division, Department of Real Sector Development, Ministry of Economic Development and Trade of Ukraine; **Serhii Volkov**, Senior Programme Manager, UNDP Ukraine; **Yuriy Voloshyn**, Head, Division of Systemic Projects and Technical Assistance of International Financial Institutions, Department of Cooperation with International Financial Institutions and Coordination of International Technical Assistance, Ministry of Economic Development and Trade of Ukraine; **Liudmyla Volynets**, Head, Office of the Ombudsman for Children under the President of Ukraine; **Oleh Voronenko**, Programme Officer, UNFPA Ukraine; **Pavlo Zamostian**, Deputy Representative, UNFPA Ukraine; **Yevgen Zelenko**, Communications Officer, UNDP Ukraine.

The following people participated in the discussion and finalization of the report:

Anna Avchukhova, Consultant, Sector for Labour Relations and Human Potential, Social Policy Division, National Institute for Strategic Studies; **Nadiya Bachek**, National Assistant, Increasing Accountability in Financing for Gender Equality Programme, UN Women Ukraine; **Andriy Bega**, Policy and Capacity-Building Officer, 'Home and Homes for Children' in Ukraine; **Volodymyr Bevez**, Head, Division of Social Policy, Scientific and Economic Research Institute; **Oleh Bilyovskyi**, Senior Consultant, Sector of Labour Relations and Human Potential, Department of Social Policy, National Institute for Strategic Studies; **Dmytro Bogdan**, Chief Consultant, Main Office for Social Area Reform Affairs, Administration of the President of Ukraine;

Tetiana Bolila, Project Analyst, Acceleration of Millennium Development Goals Progress in Ukraine Project, UNDP Ukraine;

Olesia Bondar, Executive Director, Ukrainian Women's Fund;

Iryna Borushek, Senior Advisor for Supervision and Risk Management, All-Ukrainian Network of PLWH;

Olha Bulyhina, Administrative Assistant for Project Coordination, UNDP Ukraine;

Olha Burbelo, Intern, Acceleration of Millennium Development Goals Progress in Ukraine Project, UNDP Ukraine;

Natalia Butok, Chief Specialist-Economist, Department of Services Statistics, State Statistics Service of Ukraine;

Yevheniya Bugayenko, Leading Research Fellow, Scientific and Economic Research Institute;

Yuliya Bystriakova, Associate Professor, State Ecological Academy of Postgraduate Education and Management;

Nelia Cherenko, Chief Specialist, Division of Strategic Planning, Department of Strategic Planning, Economics and Finance, the Ministry of Ecology and Natural Resources of Ukraine;

Olena Chmyr, Deputy Director, Scientific and Economic Research Institute;

Mariya Dmytrieva, Representative, Supervisory Board, Kyiv Institute for Gender Studies;

Olha Dolechek, Senior Expert, All-Ukrainian Network of PLWH;

Maria Gutsman, Executive Assistant to UNDP Country Director and Deputy Country Director;

Yurii Feshchenko, Chief Specialist for Pulmonology and Phthisiatry, Ministry of Health of Ukraine;

Fedir Fomin, Deputy Head, Division of Social Protection of Families, Ministry of Social Policy of Ukraine;

Vasyl Golovinov, Chief Consultant, Secretariat of the Committee for Science and Education, Parliament of Ukraine;

Leonid Ilchuk, Director, Centre for Prospective Social Studies, Ministry of Social Policy and NAS of Ukraine;

Iryna Kalachova, Director, Department of Statistics Services, State Statistics Service of Ukraine;

Olha Kalashnyk, Vice President, International Women's Rights Centre 'La Strada Ukraine';

Mykola Karpenko, Head, Division of Educational and Scientific System Development, Humanitarian Policy Department, National Institute for Strategic Studies;

Yurii Kharazishvili, Chief Research Fellow, Department of Macroeconomic Forecasting and Shadow Economy, National Institute for Strategic Studies;

Yevhen Khlobystov, Head, Department of Economic Problems of Environmental Policy and Sustainable Development, Institute of Environmental Economics and Sustainable Development, NAS of Ukraine;

Orest Kohut, Journalist, *Rozvytok i Dovkillia* newspaper;

Larysa Kolos, Head, School of Equal Opportunities;

Larysa Kolos, Epidemiologist, Central Sanitary Epidemiological Station, Ministry of Internal Affairs of Ukraine;

Sergii Kondruk, Deputy Head, Federation of Trade Unions of Ukraine;

Anna Koshykova, Head, Analytical Unit, All-Ukrainian Network of PLWH;

Oleksandr Kotsiuba, Head, Division of Pension Insurance, Research Institute for Labour and Employment, Ministry of Social Policy and NAS of Ukraine;

Oleksandr Koval, Head, Division of Social Risk Management, Department of Social Policy, National Institute for Strategic Studies;

Karolina Koviachina, Chief Specialist, Division of Social Risk Management, Social Policy Department, National Institute for Strategic Studies;

Olena Krasko, Head, Sector for Public Relations, Ministry of Economic Development and Trade of Ukraine;

Yevhen Krasniakov, Chief Consultant, Secretariat of the Committee for Science and Education, Parliament of Ukraine;

Tetiana Krasnopolska, Expert, Innovative Programmes Unit, All-Ukrainian Network of PLWH;

Iryna Kriuchkova, Chief Research Fellow, Division of Macroeconomic Forecasting, Institute for Economics and Forecasting, NAS of Ukraine;

Vitalii Krysko, Programme Associate, UNDP Ukraine;

Ihor Kuzin, Director, Centre for Monitoring and Evaluation of Programme Activities for Response to HIV/AIDS, Ukrainian Centre for Control of Social Diseases, Ministry of Health of Ukraine;

Zhanna Lavrentieva, Chief Specialist, Department of Living Standards and Poverty Monitoring of Strategic Planning, Ministry of Social Policy of Ukraine;

Maryna Lezebna, Head, State Employment Service of Ukraine;

Serhii Lisovskyi, Deputy Director, Institute of Geography, NAS of Ukraine;

Roman Liubchenko, Senior Expert, Innovative Programmes Unit, All-Ukrainian Network of PLWH;

Vitalii Lozovyi, Chief Research Fellow, Humanitarian Policy Department, National Institute for Strategic Studies;

Vira Lutkevych, Research Fellow, Scientific and Economic Research Institute;

Larysa Mahdiuk, Gender Expert, Women's Consortium of Ukraine;

Tetiana Makiichuk, Chief Scientific Consultant, Social Policy and Labour Division, Scientific and Expert Department, Office of the Parliament of Ukraine;

Ihor Mantsurov, Director, Scientific and Economic Research Institute;

Iryna Martynenko, Chief Specialist, Division of System Projects and Technical Assistance from International Financial Institutions, Department of Cooperation with International Financial Institutions and Coordination of International Technical Assistance, Ministry of Economic Development and Trade of Ukraine;

Olha Marushevska, Director, Centre for International Cooperation on Climate Change and Energy Saving, State Ecological Academy of Postgraduate Education and Management;

Hennadii Marushevskiy, Research Fellow, National Academy of Public Administration;

Anastasia Mazurenko, Expert, Monitoring and Evaluation Unit, All-Ukrainian Network of PLWH;

Tetiana Medun, National Project Officer, OSCE Ukraine;

Vasyl Melnyk, Deputy Director, F.G. Yanovskii National Institute of Phthysiatry and Pulmonology, NAMS of Ukraine;

Halyna Monastyrskya, Senior Research Fellow, Division of Socio-Economic Problems of Labour, Institute of Economics and Forecasting, NAS of Ukraine;

Maryna Murashova, Project Analyst, Strengthening National Capacity for Effective HIV/AIDS Response in Ukraine Project, UNDP Ukraine;

Yevheniya Musiyenko, Chief Consultant, Main Office for Social Area Reform Affairs, Administration of the President of Ukraine;

Olesia Nechyporenko, Training Programmes and Events Manager, Parliamentary Development Project II;

Olha Osaulenko, Programme Advisor, UNFPA Ukraine;

Liudmyla Ostapenko, Head, Department of Budget Policy and Social Protection, Federation of Trade Unions of Ukraine;

Vladlena Ozherdianova, Assistant to the Representative, UNICEF Ukraine;

Stepan Pak, Research Fellow, National Academy of Public Administration;

Valeriy Pavshuk, Deputy Director, Centre for Resource-Efficient and Clean Production;

Svitlana Pogorelova, Chief Consultant, Main Office for Social Area Reform Affairs, Administration of the President of Ukraine;

Vira Porovska, Project Assistant, Women's Consortium of Ukraine;

Dariya Prokopii, Leading Specialist, Sector of Labour Relations and Human Potential, Department of Social Policy, National Institute for Strategic Studies;

Kateryna Rostovstseva, Chief Consultant, Secretariat of the Committee for Health Care, Parliament of Ukraine;

Tetiana Rudenko, National Project Manager, Rule of Law and Human Rights, OSCE Ukraine;

Vitaliy Rudenko, Head, Ukrainian Public Movement 'Ukrainians Against Tuberculosis';

Victoria Sanovska, Head, Department of Methodological Support of the Social Work, Department of Family and Children, Ministry of Social Policy of Ukraine;

Serhii Savchuk, First Secretary, General Directorate for International Organizations, Ministry of Foreign Affairs of Ukraine;

Oleksandr Sharov, Head, Division of Research of Global Economy, Department of Foreign

Economic Policy, National Institute for Strategic Research;

Olha Shevchenko, Head, Division of Regional Development Strategy, Department of Regional Development, National Institute for Strategic Studies;

Liudmyla Shumylo, Officer, Monitoring and Evaluation Unit, All-Ukrainian Network of PLWH;

Tetiana Shyptenko, Chief Researcher, Division of Social Policy, Scientific and Research Economic Institute;

Marfa Skoryk, Executive Director, Kyiv Institute for Gender Studies;

Oleksii Solovyov, Head, Foetal Medicine Department, Nadiya Clinic;

Tetiana Sosidko, Senior Officer, Monitoring and Evaluation Unit, All-Ukrainian Network of PLWH;

Liudmyla Storozhuk, Head, Division of Organization of Medico-Social Assistance, Department of HIV/AIDS Control, State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases;

Natalia Sukhorukova, Chief Specialist, Department of Family, Youth and Sports, Kharkiv Oblast State Administration;

Alyona Tereshchenko, Deputy Director, Department of Reform and Development of Health Care, Head, Division of Maternity Care, Childhood and Recreation, Ministry of Health of Ukraine;

Vasyl Tolkachov, Project Manager, Capacity-Building for Low-Carbon Growth in Ukraine Project, UNDP Ukraine;

Tetiana Tymochko, Chair, All-Ukrainian Ecological League;

Ivan Us, Chief Consultant, Division of Foreign Economic Relations, Department of Foreign Economic Policy, National Institute for Strategic Studies.

Marianna Yevsiukova, Director, Law Department, International Women's Rights Centre 'La Strada Ukraine';

English copy-editing: **Wendy Knerr** and **Jon Stacey**, The Write Effect, Oxford, UK

Important contributions were made by experts of the UN System Agencies, the State Statistics Service of Ukraine, the Ministry of Social Policy of Ukraine, the Ministry of Education and Science of Ukraine, Ministry of Health of Ukraine, the Ministry of Ecology and Natural Resources of Ukraine, the Ministry of Youth and Sports of Ukraine, the Ministry of Agrarian Policy and Food of Ukraine, the Ministry of Foreign Affairs of Ukraine, the Ministry of Finance of Ukraine, the Ministry

of Infrastructure of Ukraine, the Ministry of Regional Development, Construction and Housing and Communal Services of Ukraine, the Ministry of Energy and Coal Industry of Ukraine, the State Water Resources Agency of Ukraine and the State Forest Resources Agency of Ukraine.

The report is based on intensive discussions among government officials, scientists, representatives of international organizations, and experts from non-governmental organizations. We would like to express our sincere gratitude to all the specialists who participated in the development and discussion of the report.

ABBREVIATIONS

AIDS	Acquired immune deficiency syndrome	NGO	Non-governmental organization
AR	Autonomous Republic	NISS	National Institute for Strategic Studies
ART	Antiretroviral therapy	NRF	Natural Reserve Fund
CIS	Commonwealth of Independent States	ODA	Official Development Assistance
CSW	Commercial sex workers	OECD	Organisation for Economic Co-operation and Development
DOTS	Directly Observed Treatment Short Course	OSCE	Organization for Security and Co-operation in Europe
EU	European Union	OST	Opioid substitution therapy
GDP	Gross domestic product	PATH	Programme for Appropriate Technology in Health
GEI	General educational institution	PEI	Preschool educational institution
HEI	Higher educational institution	PIRLS	Progress in International Reading Literacy Studies
HIV	Human immunodeficiency virus	PISA	Programme for International Student Assessment
ICT	Information and communication technologies	PLWH	People living with HIV/AIDS
IDU	Injecting drug user	PPP	Purchasing power parity
IFC	International Finance Corporation	SMT	Substitution maintenance therapy
ILO	International Labour Organization	TB	Tuberculosis
IMF	International Monetary Fund	TIMSS	Trends in International Mathematics and Science Study
IOM	International Organization for Migration	UAH	Ukrainian hryvnia
JIP	Joint Implementation project	UK	United Kingdom
MARA	Most-at-risk adolescents	UN	United Nations
MDGs	Millennium Development Goals	UNAIDS	United Nations Joint Programme on HIV/AIDS
MDR-TB	Multi-drug resistant tuberculosis	UNHCR	United Nations High Commissioner for Refugees
MEDT	Ministry of Economic Development and Trade of Ukraine	UNDP	United Nations Development Programme
MoH	Ministry of Health of Ukraine	UNFPA	United Nations Population Fund
MSH	Management Sciences for Health (international non-governmental organization)	UNICEF	UN Children's Fund
MSM	Men who have sex with men	UNODC	United Nations Office on Drugs and Crime
NAMS	National Academy of Medical Sciences	VEI	Vocational educational institution
NAS	National Academy of Sciences	WHO	World Health Organization
NCPI	National Commitments and Policy Instruments	QS	QS (Quacquarelli Symonds) World University Rankings

INTRODUCTION

THE MILLENNIUM DEVELOPMENT GOALS IN UKRAINE

The Millennium Declaration, endorsed by 189 nations at the UN Millennium Summit in 2000, started the process of achieving by the world community targets by 2015 in the areas where the inequality of global human development was the most acute. The Millennium Development Goals (MDGs) identified strategic areas of development such as: eradicating hunger and extreme poverty; ensuring access to education; promoting gender equality; reducing maternal and child mortality; decreasing the scales of HIV/AIDS and other diseases; achieving environmental sustainability; and harmonizing external aid for developing countries.

The MDGs have become one of the greatest innovations of mankind, as the UN Secretary-General Ban Ki-moon stated at the launch of the United Nations 2013 'Millennium Development Goals Report' at the annual session of the UN Economic and Social Council on 1 July 2013. The report provides an assessment of progress towards achieving the MDGs and a summary of monitoring of the implementation of MDG targets. According to the report, the proportion of people living in extreme poverty has been halved; 2.1 billion people have gained access to clean water; and notable gains have been made in the fight against malaria and tuberculosis. As the UN Secretary-General pointed out, progress in achieving development targets has been uneven. The report highlights disparities among regions and among groups within countries, as well as between urban and rural inhabitants. The report emphasizes that the global economic crisis has resulted in a growing number of unemployed people and has reduced the level of international development aid. "Now is the time to step up our efforts to

build a more just, secure and sustainable future for all," the UN Secretary-General stressed.

In 2000, Ukraine committed to meet the targets for achieving the MDGs by 2015. Its accession to the Millennium Declaration launched the process of reviewing national development priorities. It became the first post-Soviet country to adapt the global MDGs in 2003 and establish its national goals and targets.

The next steps towards achieving the MDGs became their integration into the national strategic planning system: targets and indicators of the national MDGs have been reflected in state strategic and programmatic documents since 2004, particularly in the annual and special Addresses of the President of Ukraine to the Parliament on the Internal and External Situation of Ukraine, and in the country's economic and social development programmes. Annual monitoring of the national MDG has been introduced as well.

The localization of the MDGs commenced in 2005 in three oblasts (Luhanska, Donetsk and Lvivska) and was then carried out in the Autonomous Republic of Crimea and Chernivetska oblast. Later, in 2010, targets and indicators of the national MDGs were reviewed and revised taking into account the specifics of national development after the economic recession and the challenges of global development. This resulted in the National Report 'Millennium Development Goals. Ukraine. 2010'. Ukraine presented the document to the international community at the UN General Assembly in September 2010. The MDGs in Ukraine have been a driving force for creating and implementing

Box 1.1. The MDGs for Ukraine (established in 2003 and updated in 2010)

- Goal 1. **Reduce Poverty** (3 targets, 5 indicators);
- Goal 2. **Ensure Quality Lifelong Education** (2 targets, 6 indicators);
- Goal 3. **Promote Gender Equality** (2 targets, 4 indicators);
- Goal 4. **Reduce Child Mortality** (1 target, 2 indicators);
- Goal 5. **Improve Maternal Health** (1 target, 2 indicators);
- Goal 6. **Reduce and Slow Down the Spread of HIV/AIDS and Tuberculosis and Initiate a Trend to Decrease Their Scales** (2 targets, 6 indicators);
- Goal 7. **Ensure Environmental Sustainability** (4 targets, 8 indicators).

state policy aimed at human development, and a basis for retargeting policy towards humanitarian objectives. New challenges arise on the way towards the achievement of the MDGs, which requires updating a long-term vision of the nation's future development. At the 67th Session of the UN General Assembly in 2012, the official delegation of Ukraine emphasized the importance for Ukraine to be involved in setting out sustainable development goals and defining the post-2015 development agenda.

In 2013, Ukraine was one of 88 countries to hold national consultations on the Post-2015 Development Agenda. On the one hand, it is a great honour for Ukraine to take part in defining the global development agenda, and, on the other hand, it is an opportunity to agree on strategic priorities for future national development. The results of the consultations will be taken into account in the national process of strategic planning to ensure that policies and strategies respond to the needs of citizens of Ukraine.

4500 Ukrainian people participated in the national consultations face-to-face. Together with those who took part in the electronic survey, the total number of those involved in defining future development priorities reached more than 25,000. In addition, 11,000 Ukrainians participated in the MY World global interactive survey to select the six most important of 16 development priorities for the future. The majority of the participants positively appraised both the consultation process and the involvement of a broad range of members of various population groups in identifying development priorities. Emphasizing the need to improve public administration, 86.8 percent of the consultation participants noted the necessity to set development goals and priorities for a long-term period (at least 10 years). The majority (66.2 percent of the total, 70.9 percent of urban residents, 78.4 percent of persons with higher education, 86.3

percent of civil servants, and 83.3 percent of students) of participants believe that the public's involvement in discussing development goals is important.

The national consultations took into account the opinions of representatives of government institutions, academia, civil society organizations, trade unions, small, medium and large businesses, national minorities, youth, people with disabilities, people living with HIV/AIDS etc. The national consultations on the future people want revealed how the broad Ukrainian society sees the future development priorities and targets. The following most important areas for future development were identified: *securing social justice; access to quality health care and education services; decent work; modernization of the economy; development of infrastructure; environmental protection; and improvement in the quality of governance.*

Learning the lessons from the MDGs achievement will allow the government to forecast trends in future development and to undertake comprehensive strategic planning. An objective analysis of progress towards achieving the MDG targets by 2015 was undertaken, by reviewing existing problems, their causes and possible consequences; considering unfinished business and new challenges; and recommending actions to accelerate progress towards achieving the MDGs. Seven expert discussions and seven round tables, electronic discussion on each goal, and a round table to present a draft report were arranged. 150 experts from various subject areas – government officials, UN agencies experts, economists, demographers, physicians, epidemiologists, ecologists, educators, journalists, private sector representatives, leaders of non-governmental organizations whose activities promote achievement of the MDGs, and other stakeholders – were involved in discussing and finalizing this report entitled 'Millennium Development Goals. Ukraine. 2013'.

Box 1.2. MDG Timeline in Ukraine

2000: Ukraine joined the UN Millennium Declaration at the UN Millennium Summit

2003: adaptation of the MDGs, development of a national system of MDG targets and indicators (the first National Report 'Millennium Development Goals. Ukraine – 2003')

2004: establishment of annual monitoring of national MDGs

2005: monitoring the progress of achieving the MDGs (Report 'Millennium Development Goals. Ukraine. 2000+5' presented at the 60th session of the UN General Assembly)

2005–2006: MDG localization in three pilot oblasts (Reports 'MDGs – Luhanska oblast', 'MDGs – Donetsk oblast' and 'MDGs – Lvivska oblast')

2007: monitoring the progress of achieving the MDGs (Report 'Millennium Development Goals. Ukraine. 2000+7')

2007–2008: public information campaign on the MDGs

2008: tracing the linkage between the MDGs, human development and Ukraine's European choice (National Human Development Report 'Human Development and Ukraine's European Choice')

2009–2010: monitoring the progress of achieving the MDGs (National Report 'Millennium Development Goals. Ukraine – 2010')

2011: tracing the linkage between the MDGs and the concept of social inclusion (National Human Development Report 'Ukraine: Towards Social Inclusion')

2011–2012: localization of the MDGs in the Autonomous Republic of Crimea and Chernivetska oblast (Reports 'MDGs – Crimea' and 'MDGs – Bukovyna')

2012: National Voluntary Presentation of Ukraine 'Promoting production capacity, employment and decent work to eradicate poverty in the context of comprehensive, sustainable and equitable economic growth at all levels to achieve the Millennium Development Goals' at the session of the UN Economic and Social Council

2013: national consultations on the Post-2015 Development Agenda (Report 'Post-2015 Ukraine: the Future We Want')

2013: monitoring the progress of achieving the MDGs (Report 'Millennium Development Goals. Ukraine – 2013')

UKRAINE: DIMENSIONS OF DEVELOPMENT

SECTION ONE

1.1. Economy of Ukraine in 2010–2012: Post-crisis Optimism and Risks of Stagnation

At the beginning of the millennium, Ukraine demonstrated relatively stable economic growth that enabled a consistent accumulation of its national wealth and an improvement in the social area. This had a positive impact on achieving the Millennium Development Goals (MDGs). GDP grew by about 7.5 percent per year on average between 2000 and 2007. During that period, Ukraine's GDP increased by almost 80 percent, whereas labour productivity grew by nearly 70 percent.

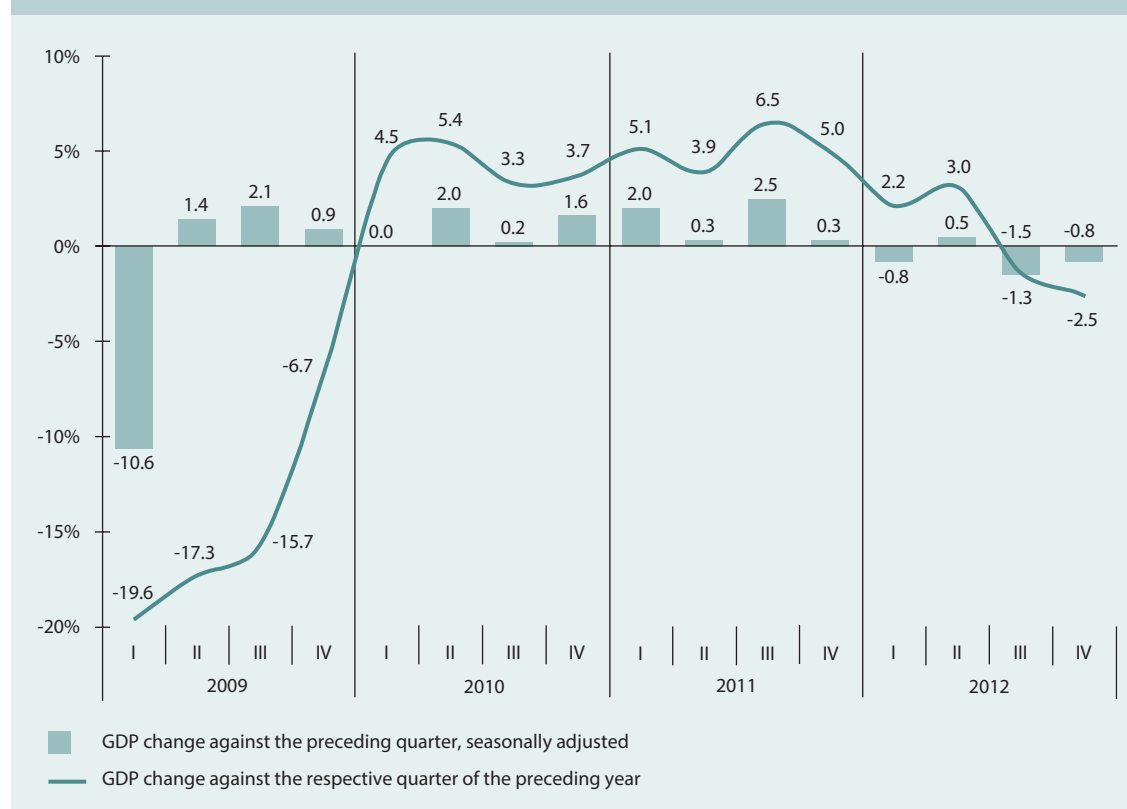
Positive economic and social development was taking place in Ukraine based on a raw-material-oriented export model of development, relying on the competitive advantages that emerged to a great extent due to cheap energy and human resources. That created an illusion of competitiveness of the national economy and a successful model of competition, which caused delays in tackling key systemic contradictions and implementing structural changes. As a result, early in the second decade after independence, Ukraine lost its leading position at the regional level and

faced a risk of appearing at the periphery of the new emerging world.

Uncertainty in the global economic outlook, negative trends in global finance, and a national budget crisis in developed countries could not but affect Ukraine's economy. The absence of any adequate position in the international division of labour increased Ukraine's dependence on fluctuations in the international economic environment. An irrational export structure (mainly based on raw materials and with a low value added) adversely affected economic growth. Unfavourable economic conditions were the key driver in forcing production output to decrease, particularly in metallurgy and some export-oriented machine-building segments, which became one of the core factors hindering economic growth in Ukraine.

The lack of any consistent policy to master competitiveness led to a rigid response of the Ukrainian economy to the world financial crisis of 2008–2009 and resulted in a collapse in 2009 of record-breaking depth. The threat of remaining

Figure 1.1.1. GDP Growth Rates in Ukraine, 2009–2012, percentage



outside the process of globalization, with the establishment of an open society and an information-based economy, is becoming increasingly real to Ukraine. Nevertheless, the global crisis provided potentially favourable conditions for in-depth systemic changes to the national model of development. The outcomes of such changes critically depended both on the effectiveness of the domestic policy of reforms and on shifts in the global economic environment.

A positive economic outlook was renewed in 2010, as Ukraine's GDP grew by 4.1 percent. Steadily positive figures of GDP growth throughout the year (Figure 1.1.1) allowed for optimism regarding the end of the economic crisis and the start of a post-crisis recovery phase.

Meanwhile, the resumption of growth in Ukraine occurred primarily due to a recovery in foreign markets. Exports of goods from Ukraine increased by 29.6 percent in 2010, including by 26 percent due to the price factor, secured by a post-crisis recovery of the global economy. Machine-building (up 36.1 percent), the chemical and petrochemical industry (up 22.5 percent) and metallurgy (up 12.2 percent) experienced the highest growth rates.

Economic growth throughout 2010 was considerably affected by consumer demand. This was observed in increases in consumer expenditure (by 7.5 percent in the third quarter and by 12.0 percent in the fourth quarter) and in retail trade turnover (by 9.8 percent annually). At the same time, industries oriented on the domestic market became more active. Production output grew by 3.2 percent in the food industry, 8.9 percent in light industry and 9.6 percent in the wood-working industry. The renewed growth was not accompanied by positive shifts in the structure of production, which was confirmed by the continuing investment crisis. Therefore, the Ukrainian economic growth in 2010 was dominated by trends that re-established the key features of a pre-crisis economic model notable for a high level of openness of the national economy and vulnerability to fluctuations of foreign markets.

Positive global economic trends promoted a continuation of the post-crisis recovery in Ukraine's economy in 2011. Annual GDP growth was 5.2 percent. This was accompanied by an increase in foreign trade indicators: exports of goods grew by 33.0 percent in value, whereas imports grew by 36.0 percent.

At the same time, growth rates were rather unstable throughout 2011; the impact of

export activities on the economy was becoming weaker, and an export slowdown started having a depressive impact on economic growth from the second half of the year. The country needed to change the economic growth ideology and retarget from external to internal sources. The main source of growth in 2011 was a dynamic expansion of end-consumer expenditure that grew by 11.1 percent, accounting for 9.4 percentage points of GDP growth. In addition, the GDP investment component (gross fixed capital formation) increased by 7.1 percent.

Production in 2011 grew by 8.0 percent in industry and 19.9 percent in agriculture compared to 2010. Meanwhile, considering the depth of the decline in key macroeconomic indicators during the crisis, such growth rates only served as a partial recovery of the positions lost. The effects of the internal growth factors were largely hindered by the lack of market reform, including the deregulation of entrepreneurial activities, creation of an enabling fiscal space, and modern organization of the financial system.

The full extent of the above-mentioned shortcomings became evident in 2012. The export-oriented, raw-material-driven, 'old industrial' model of the economy was increasingly malfunctioning because of the instability and actual curtailment of external markets.¹ The impact of foreign trade on GDP radically changed. A slowdown in world economic growth rates caused a contraction of demand in global markets and adversely affected Ukraine's export-oriented industries (Figure 1.1.2). Foreign trade volumes and dynamics in 2012 mirrored the impact of the dynamics of global economic trends on Ukraine.²

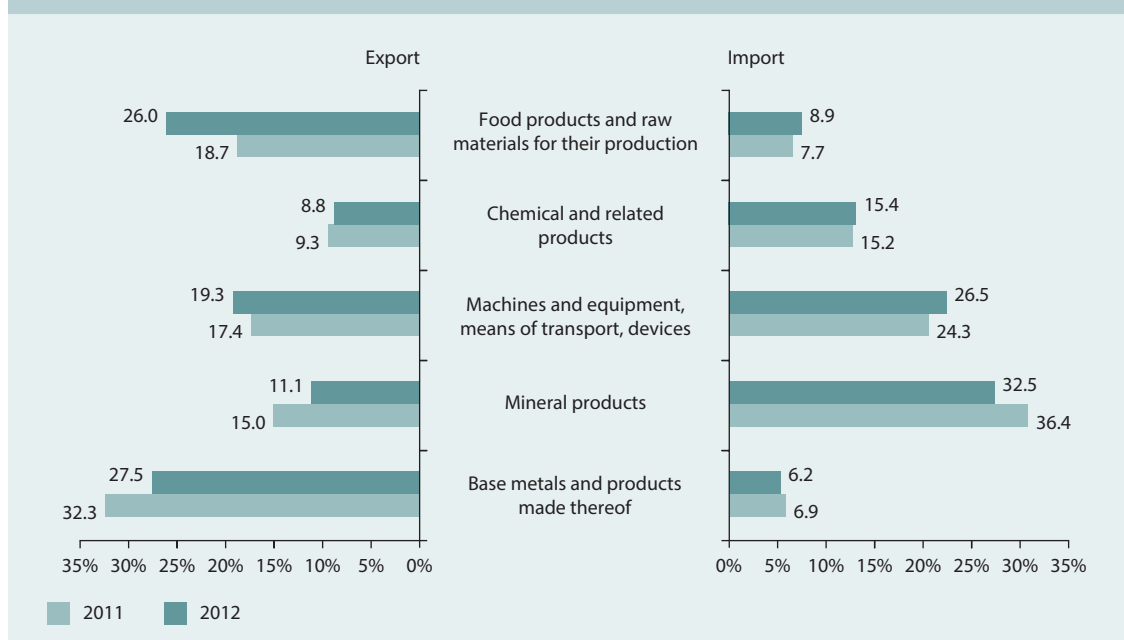
After a period of investment growth during the first half of 2012, investment activity slowed down in the second half of the year, and the volume of capital investment in 2012 only increased by 8.3 percent compared to 2011.

A key driver of economic growth in Ukraine in 2012 was the expansion of domestic demand (by 5.2 percent), which to a certain extent maintained production in domestically oriented economic activities, whereas a 7.7 percent decrease

¹ National Institute for Strategic Studies, *Prospects of Ukraine's Economy under Global Macroeconomic Instability. An Analytical Report*, NISS, Kyiv, 2013.

² In 2012, economic activity declined both in advanced economies and emerging markets. For example, the annualized GDP of EU countries for 2012 decreased by 0.4 percent. Ukraine's key trade partners in the EU demonstrated negative GDP trends (Italy, Spain, Hungary) or a slowdown in economic growth (Germany, Poland) during 2012.

Figure 1.1.2. Commodity Structure of Ukrainian Exports and Imports, 2011–2012, percentage



in external demand affected the dynamics in export-oriented activities accordingly.

The downward trend in industrial production throughout 2012 was caused by a combination of factors related to the deepening recession in a number of European countries, intensified in the second half of 2012 by domestic economic uncertainty, as well as continuing systematic structural inequalities. As a result, industrial production declined by 0.5 percent in 2012.

A relatively significant positive impact on industrial production was made by just two sectors in 2012 compared to 2011: the extractive industry (1.9 percent) and production and distribution of electricity, gas and water (2.0 percent). Production was growing at a slower pace in the food industry (only by 1.0 percent), and in the woodworking and pulp and paper industry (0.9 percent).

All other industrial activities demonstrated negative dynamics in 2012. The strongest decline occurred in the output of coke and refined oil products (by 18.4 percent), in particular because of a considerable reduction in the production output at oil-refining enterprises. A decline was recorded in export-oriented industries such as metal production and machine-building, where production output declined by 3.6 percent and 3.3 percent, respectively.

Some of the industries targeted mainly at domestic market needs also reduced produc-

tion (Figure 1.1.3). Output in light industry dropped by 6.6 percent; a decline in economic activity in construction and a decrease in volumes of building work caused a lower demand for non-metal mineral products (construction materials), so their output dropped by 8.0 percent.³ Overall, the decline in the output of 'rubber and plastic items, and other non-metallic products' was 6.0 percent during 2012.

After a period of relative stability in 2010–2011, a slowdown of economic dynamics resulted in greater risks to the public finance system in 2012. This was connected with aggravations of contradictions — in particular, between budget revenues and expenditures, and the needs for greater investment expenditure amid slower economic dynamics, and for an increase in the volume of social spending to ensure adequate social protection of the population — as well as between the requirements of central and local budgets. In particular, a moderate increase in budget revenue was combined with expenditure that increased by 18.7 percent during 2012 (to UAH62.2 billion). Social spending from the state budget was — not without reason — viewed in 2012 as a stimulator of faster economic growth.

A noticeable gap between the dynamics of state budget revenue and expenditure resulted in a

³ National Institute for Strategic Studies, *Prospects of Ukraine's Economy under Global Macroeconomic Instability. An Analytical Report*, NISS, Kyiv, 2013.

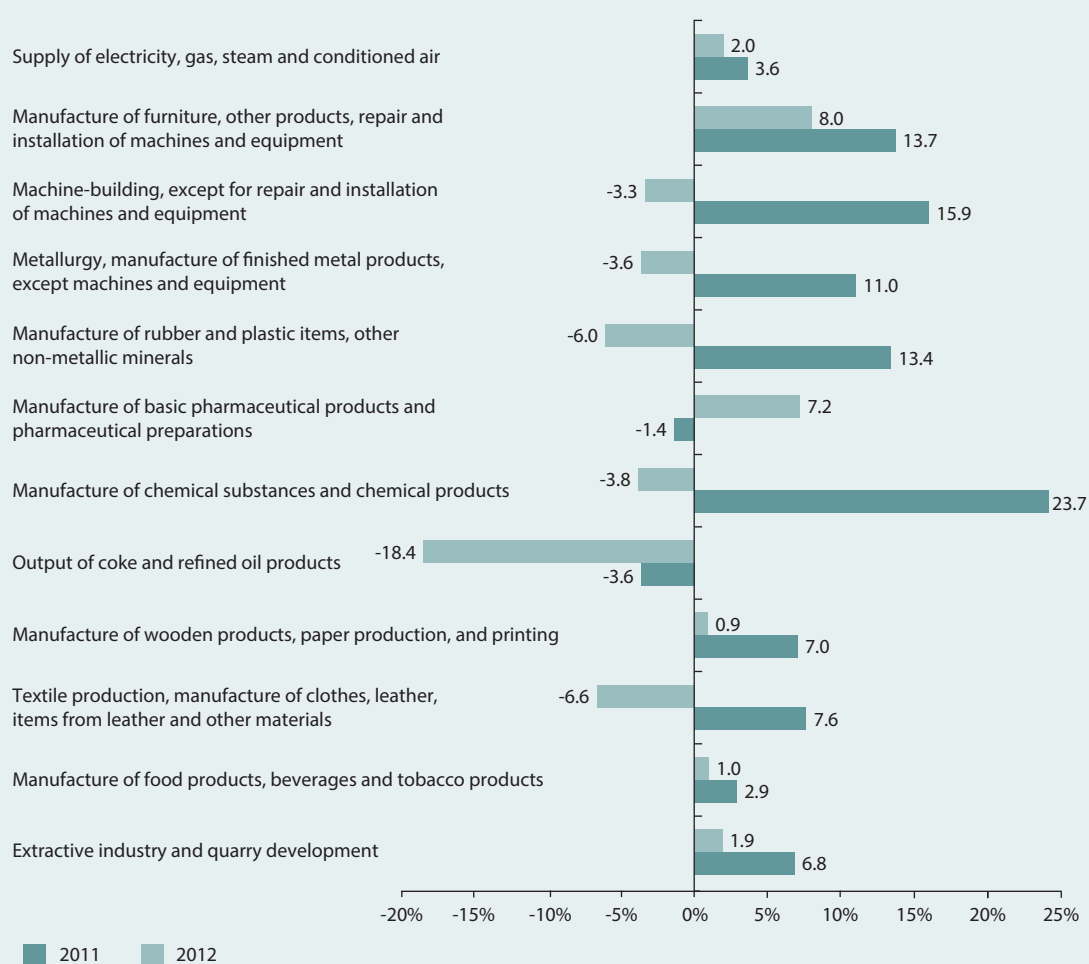
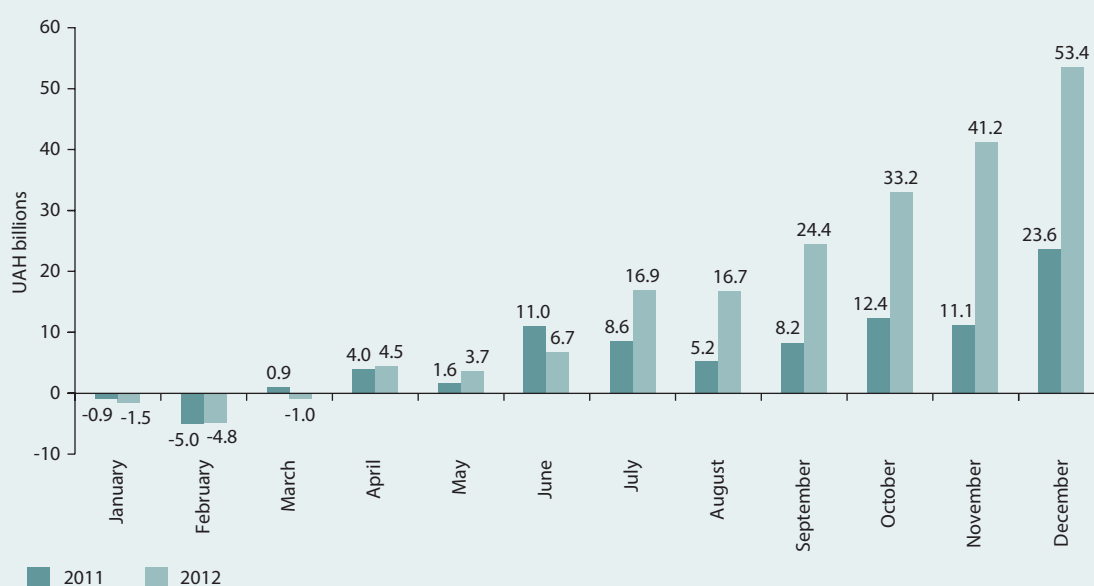
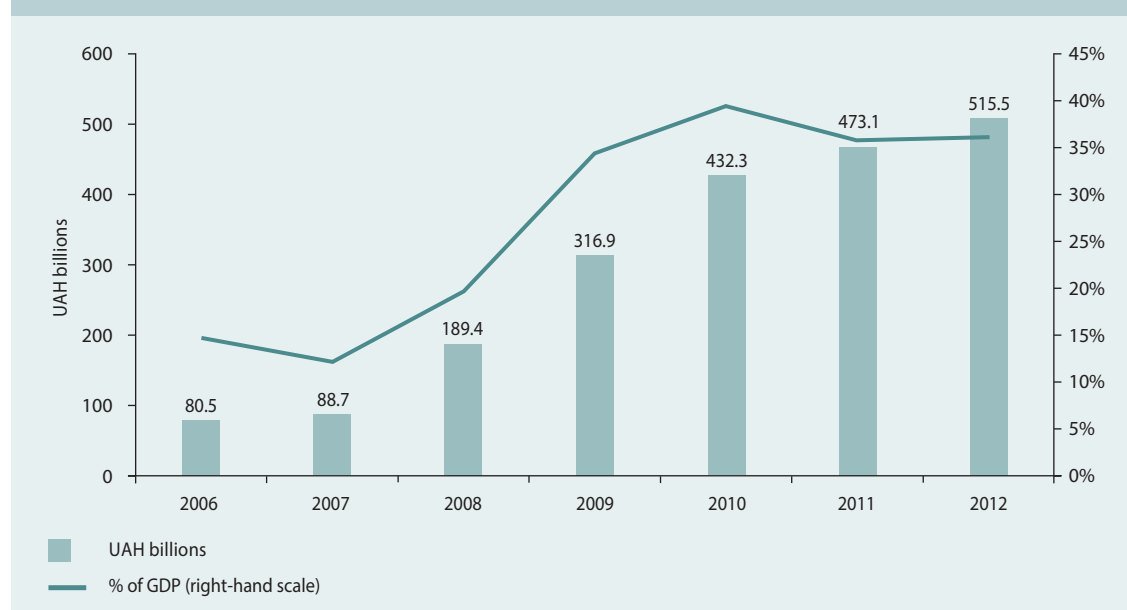
Figure 1.1.3. Industrial Output Growth Rates by Activity, 2011–2012, percentage**Figure 1.1.4. State Budget Deficit in Ukraine, 2011–2012, UAH billions, cumulative**

Figure 1.1.5. Government and Government-guaranteed Debt, Ukraine, 2006–2012

greater budget deficit (Figure 1.1.4). Along with the considerable amount of government liabilities subject to discharge in 2012, it resulted in the need for more active additional debt borrowings. The nominal amount of Ukraine's government debt continued to grow in 2012 (Figure 1.1.5). The need for additional funding of budget expenditure caused an increase in the budget deficit, with funding from domestic borrowings (government debt increased by UAH41.8 billion in 2012, including internal debt by UAH28.8 billion and external debt by UAH13.0 billion).

Negative dynamics were observed in agriculture in 2012. Taking the specificity of domestic agriculture into consideration, a key impact on output in 2012 was made by a natural factor — namely, unfavourable weather conditions during the sowing season, and late ripening and harvesting of crops — which adversely affected the yield of key agricultural crops. As a result, annual production declined by 4.5 percent.

Nevertheless, the stagnation in Ukraine's economy in 2012 can be regarded as another chance to replace the model of development by reducing the export orientation and substantially increasing the weight of domestic factors of growth — both consumer and investment demand. Such retargeting is possible if purposeful economic policy measures are implemented to develop the domestic market and intensify investment activities, as specified in the Programme for Intensification of Economic Development for 2013–2014 approved by the Cabinet of Ministers of Ukraine in February 2013.

Overall, the state of Ukraine's economy during 2010–2012 was favourable for achieving the social development targets specified by the MDGs. Meanwhile, the problems related to structural changes in the economy and in society at large, aggravated by a severe shortage of financial resources caused by the global financial crisis, resulted in a certain lag behind the planned targets in the areas.

1.2. Social Development of Ukraine in 2010–2012: Achievements and Challenges

The outcomes of economic development should be assessed based on the extent to which progressive social standards have been achieved. The impact of Government's initiatives on social development and the gradual implementation of the new social policy should ensure changes in income redistribution mechanisms, establish an effective system to protect people against social risks, and consolidate a middle class. Due to a prudent social policy, a rise in social standards was achieved in 2012: the per capita subsistence minimum increased by 14.9 percent, the minimum wage by 12.9 percent, the minimum pension by 10.5 percent, and salaries of public-sector employees by 19.2 percent.

Increases in the level of social benefits and social standards for certain categories of citizen have been taking place in recent years. In particular, the following benefits were increased in 2012: benefits for children in large families (up to UAH120 for children aged 3–13 years; up to UAH230 for children aged 13–18 years), and pension supplements for members of deceased war veterans' families (UAH353.6 — 42 percent of the subsistence minimum for pensioners). Payments to persons with disabilities who had taken part in the containment of the Chornobyl nuclear power plant accident were almost doubled. About 6 million clients of the former Savings Bank received compensation for some part of their deposits, amounting to UAH500–1000 per person.

Increases in the prices of gas and electricity for households resulted in considerable growth in the number of housing subsidy recipients: their number increased between October and December 2010 by almost one third compared to the same period of 2009, and between January and March 2011 by more than 70 percent. At the same time, the targeted nature of these subsidies was maintained, and the efficiency of the state support system was enhanced, including by simplifying the procedure of delivering benefits. Subsidies for paying for housing and utility services became more accessible to those in need. The threshold for housing subsidies was reduced. The State reimburses the families of incapacitated persons and pensioners for any expenses that exceed 10 percent of their family budget (previously 15 percent). Other families are reimbursed for housing and utility expenses above 15 percent of their

income (previously 20 percent). The limit on the level of income for a family to receive a housing and utility subsidy increased on 1 January 2012 for families with children or persons with group I–II disabilities from 50 to 100 percent of the subsistence minimum

Implementation of the Strategy for Streamlining the System of Privileges for some categories of citizen has been completed. At present, almost 15 million people are entitled to social privileges (key categories include large families, persons who took part in the containment of the Chornobyl nuclear power plant accident, war veterans and their children, pensioners, persons with disabilities etc.). The main problem for the system of privileges is the inconsistency between the State's obligations and the financial resources needed to provide them. As a result, not all persons entitled to benefits can exercise their right to them. This situation makes this social protection tool insufficiently targeted and not effective enough.

In the area of social support, the focus is on improving the demographic situation and providing targeted assistance to low-income families. Improvement of the protection system for families and children, particularly those in need of additional state support, has been a considerable achievement. Childbirth benefits have been raised by 2.3 times on average (up to UAH28,830 for the first child, up to UAH57,660 for the second child, and up to UAH115,320 for the third and subsequent children). Child-care benefits for low-income families and low-income single mothers have been increased. State support to families with children with infantile cerebral paralysis has attracted broad public interest. It will allow 30,400 children to obtain the necessary rehabilitation at an early age. In the framework of social initiatives, extra payments to care for a child with disabilities (with the most severe degree of functional constraints) have been increased by 50 percent from UAH486 to UAH972 (for children of up to six years), and from UAH605 to UAH1210 (for children of up to 18 years).

The practice of providing additional financial support to families fostering a child with disabilities has been introduced (at the same time, benefits to natural families with children with disabilities remain unchanged). In 2012 the number of orphaned children and children

deprived of parental care who were adopted and placed in family-based settings increased, whereas placements in boarding institutions decreased. During the year, 2407 children were placed in foster families and family-type children's homes.

Securing growth of income and employment. The average monthly wage of employees grew by 35 percent from 2010 to 2012. In 2012 the increase was 14.9 percent, to UAH3026 on average (Figure 1.2.1).

At the same time, wages in Ukraine remain low compared to those in neighbouring countries. Average wages in US\$ equivalent in 2011 were as follows: US\$331 in Ukraine (2012: US\$379); US\$1147 in Poland; US\$806 in Russia; US\$387 in Belarus; and US\$1252 in the Czech Republic. Wages remain critically low (42.2 percent in 2012) as a proportion of personal income, thereby decreasing motivation for highly productive and high-quality work. The share of social benefits and other social transfers in personal income has increased to 37.4 percent.

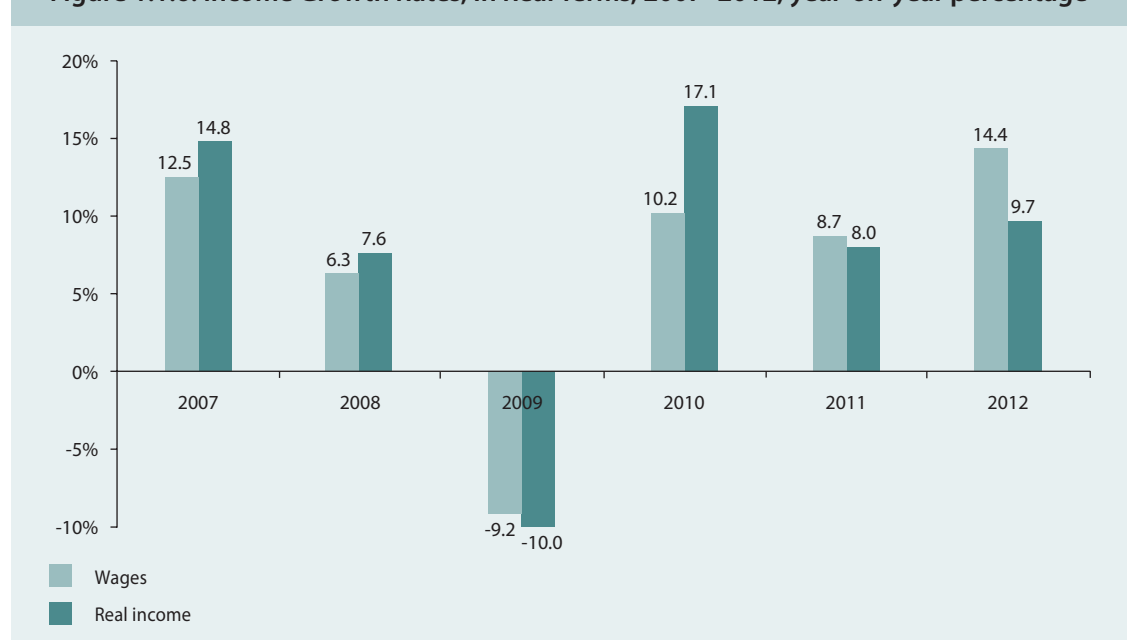
Positive trends in employment growth and unemployment reduction can be observed. The number of people aged 15–70 in employment increased by 162,800 between 2010 and 2012 (to 20.4 million). The employment rate of the population aged 15–70 was 57.7 percent in 2009, 58.5 percent in 2010, 59.2 percent in 2011, and 59.7 percent in 2012, thus higher than the figure in pre-crisis 2008. At the same

time, the number of unemployed people aged 15–70, as per the International Labour Organization (ILO) methodology, decreased from 2 million in 2009 to 1.7 million in 2012. The unemployment rate according to the ILO methodology fell to 7.5 percent in 2012 from 8.8 percent in 2009.

Effective measures are needed to overcome youth unemployment, since the 'first job' problem does exist in Ukraine. The unemployment rate (as per the ILO methodology) among persons aged 15–24 reached 17.3 percent in 2012 — i.e. almost every fifth young person is unemployed. During 2012, 887,800 under-35s were registered with the public employment service, of which 375,800 were placed in jobs.

The Law on Employment of the Population, adopted in July 2012, envisages new mechanisms to encourage job creation, particularly for the persons most vulnerable in the labour market: young people, persons of pre-retirement age, and persons with disabilities. The law has introduced mechanisms to: encourage employers to create jobs for persons not competitive enough in the labour market; enhance employers' interest in developing employees' skills; encourage young specialists to work in rural areas; and provide persons aged 45 and older with 'vouchers' for training in a new occupation. In October 2012 the Programme for Promoting Employment of the Population and Encouraging New Job Creation until 2017 was adopted.

Figure 1.1.6. Income Growth Rates, in Real Terms, 2007–2012, year-on-year percentage



Reform of the pension system was top on the agenda. The average pension was UAH1470.7 as of 1 January 2013, which represents an increase of UAH217.5, or 17.4 percent, from UAH1253.3 as of 1 January 2012. Pensions were recalculated in 2012 for 12.9 million people and increased by UAH141.6 on average. As a result of updating and increasing pensions, the number of pensioners receiving pensions of less than UAH1000 decreased from 7.6 million to 2.4 million. Among the shortcomings of the pension system reform, the following should be noted: the complexity of pension legislation, insufficient implementation of the principle of insurance (which infringes the principle of social justice in assigning pensions and causes people's low personal interest in future pension provision), imperfect financial administration etc.

The sphere of social services is characterized by low efficiency with high expenses, mainly depreciated infrastructure, outdated management methods and insufficient staff skills. The government started to prioritize the development of social services in 2011, and a number of strategic documents were adopted. 'The Strategy for Reform of the Social Services Provision System' was developed, and the basic Law on Social Services was amended. The adoption of a regulatory framework for diversification of social service providers was one of the most important innovations. From now on, services can also be provided at the expense of the public budget by NGOs, commercial organizations and individual entrepreneurs. However, local administrations (authorized to conduct social contracting) still need to develop their capacity (including allocating funds from local budgets) to establish a real market for social services.

Early identification of vulnerable families and provision of assistance to them has been declared by the Government an important social priority. Therefore, the institution of social workers was established, which includes 12,000 persons who started working in July–August 2012. Due to their activities, more than 1 million families were visited during the second half of 2012, of which 670,000 families live in rural

and mountainous areas and remote city districts, and 89,730 families have received social assistance; of those, 31,720 families bringing up 75,053 children were being assisted by social work specialists.

These specialists aim to detect families in the early stages of problems, provide them with timely support and prevent family crises and, in some cases, prevent the removal of a child from the family. In particular, 83,232 families received assistance in time and avoided difficult circumstances: this figure is almost five times higher than in 2011.

Around 3.5 million people were covered by various social services provided by state institutions and establishments as of early 2013. Currently there are 732 territorial social services centres (provision of social services); 737 centres of social services for family, children and youth; 324 boarding homes; 202 departments of socio-medical care; 87 facilities for homeless people; and 25 facilities for ex-prisoners.

Social policy is not confined solely to providing assistance to the most vulnerable population groups. Social justice means ensuring people's equal rights and opportunities to realize their full potential in work and to obtain appropriate remuneration for it. Overcoming unemployment, creating new modern jobs and raising productivity are cross-cutting tasks in the strategy of reforms in Ukraine.

Currently, a draft Concept of Social Development for Ukraine for 2013–2023 is under development. It focuses on the following priorities: developing labour potential; stabilizing demographic processes; reforming vocational education; improving the quality of the labour force; developing employment and national and regional labour markets; addressing problems related to labour migration; reforming the labour remuneration system; developing social insurance and pension provision systems; perfecting the system of social support for the most vulnerable population groups; strengthening the efficiency of social dialogue; and developing a system of corporate social responsibility.

IMPACT OF THE MILLENNIUM DEVELOPMENT GOALS ON NATIONAL DEVELOPMENT

SECTION TWO

2.1. Implementation of the National MDGs in Strategic Planning of Social and Economic Development of the Country

Since 2000 the Millennium Development Goals (MDGs) have served as a reference to define development priorities and have been applied in the process of strategic planning of social and economic development at the national and subnational (regional) levels. Introduction of the MDG targets and indicators has ensured the socialization of economic growth.

The national level. Building a state and adopting new tools to regulate social and economic processes, Ukraine needed a clearly defined strategy to achieve the common development goals that would be acceptable to society. Since independence, substantial changes have occurred in the national economy, which required the new system of strategic planning and forecasting. The MDGs became a 'driver of improvements' in this field. The global MDGs, defined in 2000, offered the world community new values and a new vision of growth, which resulted in rethinking the national development principles in Ukraine. After the MDGs had been adapted for Ukraine in 2003, changes in approaches to strategic planning and setting Ukraine's social and economic development goals have occurred.

The Poverty Reduction Strategy in 2001 became the first recognition of the significance of the MDGs for national development. The MDGs were taken into account in the process of creating the long-term 'Strategy of Economic and Social Development of Ukraine for 2004–2015: Towards European Integration', and they naturally became part of the strategic targets for Ukraine's development. The strategy covered the following development objectives: providing preconditions for Ukraine's acquisition of full membership of the European Union (EU); securing sustainable economic growth and rapidly overcoming the per capita GDP gap between Ukraine and the EU Member States; adopting an innovation-based development model and affirming Ukraine as a competitive highly technological state; and ensuring a social reorientation of economic policy. Three goals from the MDGs were included in this strategy: Reduce Poverty, Ensure Quality Lifelong Education, and Promote Gender Equality. The MDGs were also considered during the development of the next strategy, 'Ukraine 2020: Strategy of National Modernization'. A section, 'Human

Being and Sustainable Development', took the MDG targets on education, health and environment care into consideration.

Since independence, the development priorities defined in the Addresses of the President of Ukraine to the Parliament of Ukraine were at the heart of medium-term development objectives. Perception of the MDGs as goals that concern every individual promoted their greater significance and role for shaping the future social being. Among the strategic development areas mentioned by the Government, special attention was devoted to the need to improve the quality of social services (reforming the pension and social support systems, and reducing poverty).

The annual state programmes of economic and social development (which were developed up to 2012) have taken the MDG targets and indicators into consideration since 2004. The Programme of Economic and Social Development for 2010 (the anti-crisis programme) sets forth the following strategic targets: ensuring equal rights and opportunities for women and men in all aspects of public life (according to Goal 3); improving the efficiency of state support for vulnerable population groups; and reforming the provision of social services (according to Goal 1).

During the last 10 years in Ukraine, a number of sectoral and intersectoral programmes aimed at the implementation of the MDGs have been adopted, such as the Programme for Poverty Reduction and Prevention until 2015; Drinking Water of Ukraine for 2011–2020; Forests of Ukraine for 2010–2015; the Programme for the Out-of-school Education Development until 2014; the Programme for the Vocational Education Development for 2011–2015; the Programme for Preschool Education Development through 2017 etc. The MDGs became a basis for designing and implementing national projects in several MDG areas ('New Life — New Quality of Maternity and Childhood Protection', 'Quality Water', 'Open World').

The social initiatives announced by the Government in 2012 outlined new approaches to meeting the MDG targets and shaped strategic areas of social reforms. They are aimed at improving people's lives and developing human potential and cover optimization of income redistribution mechanisms, overcom-

ing a deep property gap, development of a middle class, creating an efficient system to protect people from social risks, and engaging modern levers for efficient employment and job creation. These initiatives further promote achievement of the MDGs.

The subnational (regional) level. Implementation of the MDGs in strategic planning at the regional level resulted in prioritizing the transformation of economic gains into people's improved well-being and quality of life. The launch of the national MDGs and their incorporation into the practice of planning and programming social and economic development (at the level of the Autonomous Republic of Crimea, oblasts, rayons and cities) exemplified capacity-building of public authorities for a 'new type' of strategic planning — i.e. open and results-oriented, where a result means people's improved living standards. Civil society representatives in pilot oblasts of Ukraine and the Autonomous Republic of Crimea were involved in setting strategic development targets and monitoring their achievement. With the localization of the MDGs, for the first time regional priorities were set and clear objectives for the development of the pilot oblasts and the Autonomous Republic of Crimea and their targets were defined based on public opinion. The localization of the MDGs proved that successful achievement of goals is possible only by actively involving regional authorities and regional communities in the process. The definition of MDG targets at the regional level is closely linked with decentralization and local self-governance reforms, which assumes the broad involvement of stakeholders in the strategic planning, implementation and monitoring of regional programmes.

Localization prevents the MDGs process from becoming governed from the top down, allows regional diversity to be taken into consideration, and stimulates reducing inequality among regions.

In practice, the MDG localization began with the setting of MDG targets at the regional level. In parallel with organizational and analytical work, guidelines for defining the MDGs at local level were developed, and a series of expert discussions on each MDG and training workshops for representatives of authorities, non-governmental organizations (NGOs), academia and other stakeholders on incorporating the MDGs into the system of forecasting and planning processes at the regional and local levels were held. The localization process involved NGOs, think-tanks and the general public; regional NGO networks (or public councils) on the MDGs were established to arrange feedback and provide independent assessment of progress of achievement of the MDGs as well as to ensure appropriate monitoring at the regional level.

The MDGs were localized in Luhanska, Donetsk and Lvivska oblasts in 2005–2006, in the Autonomous Republic of Crimea in 2011, and in Chernivetska oblast in 2012. The outcome reports 'MDGs — Luhanska oblast', 'MDGs — Donetsk oblast' and 'MDGs — Lvivska oblast' became part of long-term strategies of oblast development (up to 2015). The report 'MDGs — Crimea' supplements the existing strategy of Crimea's development, whereas the report 'MDGs — Chernivetska oblast' will be used for the preparation of a new oblast development strategy.

2.2. Impact of the MDGs on National Development by Goals

Reducing poverty. The transformational processes in Ukraine's economy during the first years after independence caused a drop of almost 60 percent in an average family's monetary income, and a considerable proportion of the traditionally middle-income population fell below the poverty line. On accession to the UN Millennium Declaration, Ukraine started developing its Poverty Reduction Strategy, which resulted in the definition of the notion of poverty and the tasks of overcoming it, such as: raising the level of employment and increasing employment income; introducing a system of targeted social assistance and social services; providing social support to vulnerable population groups etc. Up to 2009, action plans aimed at overcoming poverty were approved every year, and regional poverty reduction programmes were designed and implemented.

Poverty is one of the most critical problems of society that substantially restricts human development opportunities, induces social conflicts and constitutes a threat to Ukraine's social unity and national security. Reducing poverty, first of all in its most acute manifestations, has been recognized as the most important priority in the implementation of reforms in Ukraine. The government, with the involvement of the National Academy of Sciences of Ukraine (NAS), leading scientific institutions, social partners and NGOs, and taking national and international experience into consideration, developed the Programme for Poverty Reduction and Prevention until 2015. Its objective is to decrease the number of poor people among the working population, families with children, especially large families, orphaned children, children deprived of parental care, abandoned children, unemployed people, people with disabilities, pensioners, homeless people, and in rural areas, and to prevent chronic poverty.

The programme covers: reviving production and encouraging economic growth; promoting employment and developing the labour market; improving the labour remuneration mechanism and social dialogue as key factors for decent work; developing the social insurance system; improving the pension system and continuing pension reform; reforming the social protection system; securing social support for families, children and young people;

and improving medical services. Monitoring of key indicators of poverty is introduced (according to relative and absolute criteria, job creation dynamics, and ratio between the state social guarantees and the subsistence minimum).

The implementation of the social initiatives announced by the Government in 2012 became an important tool in poverty reduction. To enhance the efficiency of state support for the groups in need, social assistance to low-income families with children and with incapacitated persons, pension supplements for combatants and their children, and pension benefits to people affected by the Chernobyl nuclear accident and to retired military servicepersons were increased. Pensions to miners with disabilities and to other persons injured by occupational accidents and their family members were updated.

To ensure full coverage of the most vulnerable citizens, social services have been modernized. The institution of social work specialists has been established, with an additional 12,000 people who were tasked to provide timely and high-quality assistance to everyone in difficult circumstances and to ensure early detection of those at risk. As a result, the number of families that received necessary social services has increased fivefold.

The Parliament passed in July 2012 the Law of Ukraine on Employment of the Population that will promote job creation for the most vulnerable population groups such as youth, persons with disabilities, and persons of pre-retirement age, encourage employment of young specialists in rural areas, ensure the establishment of links between education and the labour market, and overcome the shortage of opportunities for career growth.

Ensuring quality lifelong education. The concept for reform of the education system in Ukraine was defined in the National Doctrine of Education Development approved in 2002. The Doctrine focused on ensuring equal access for every person to preschool, out-of-school, inclusive, vocational and higher education and declared the quality of education as a national priority and a prerequisite for national security of the State.

After the MDGs had been adapted in 2003 and the goal of ensuring quality education had been set out, Ukraine joined the European signatories of the Bologna Declaration aimed at creating a single European higher education space and enhancing academic mobility of students, teachers and researchers (May 2005). The MDGs have had an important impact on further development of education in Ukraine, its integration into the European education space and the creation of conditions to secure people's access to quality education. For example, the introduction of entrance examinations for higher education institutions (HEIs) based on external independent testing; introduction of the practice of concluding trilateral agreements between a student, an HEI and an employer; creation of a national system for monitoring the quality of education based on criteria used in EU Member States etc. were implemented.

A number of national programmes were aimed at achieving the MDGs: informatization of general educational institutions (GEIs), computerization of rural schools (2001–2003); informatization and computerization of vocational educational institutions (VEIs) (2004–2007) and of HEIs of accreditation levels I–II (2005–2008); development of out-of-school educational institutions (2002–2008); teachers (2002–2012); school buses (2003–2010); development of a distance learning system (2004–2006); provision of general, vocational and higher educational institutions with modern technical means of teaching in Natural and Technical Sciences and Mathematics (2005–2011) etc.

These programmes achieved the following results: the School Bus Programme is active in all regions of Ukraine; more than 90 percent of schools offer computing classes; state standards of general secondary and vocational education are being developed and approved; general external testing of educational attainments of secondary school graduates, which is a compulsory procedure for those willing to enter Ukrainian HEIs, is being adopted; the Trends in International Mathematics and Science Study (TIMSS) assessment is being conducted; reforms based on the principles of the Bologna Declaration have taken place (some documents have been adapted to meet European higher education requirements; a regulatory legal framework for international cooperation has been perfected; Bachelors' and Masters' degrees have been introduced; expanding

cooperation is underway with foreign educational institutions in training and research); the Compass Programme has started and compiled the HEI ranking among employers for the first time.

The activities to achieve this goal were aimed to:

- ✓ *improve the education management system* by strengthening the autonomy of educational institutions; streamlining the network of educational institutions; reforming the system of boarding facilities; delegating the functions of VEI management to the local level; and establishing aggregated regional HEIs;
- ✓ *raising the quality and competitiveness of education* by creating new standards of primary, basic and complete secondary education; implementing competency-based standards in vocational education; designing a national system of quality evaluation; and strengthening the motivation for employers to engage in the development of curricula, by coordinating educational and occupational standards with them etc.;
- ✓ *ensuring accessibility of education* by enhancing state support for the development of the network of preschool and out-of-school institutions; adopting new approaches to integrating children with special needs into society; and implementing the National Qualifications Framework; and
- ✓ *increase the efficiency of financing of education* by developing and adopting a unified standard of training costs per student; shifting the financing of educational institutions from the principle of maintenance of an institution towards the principle of budgeting for an institution based on the number of students and training costs per student; and changing approaches to the government order for specialist training.

To harmonize education and training with the requirements of the labour market, the Law of Ukraine on the Formation and Placement of a Government Order for Training of Specialists, Scientific, Scientific and Pedagogical, and Worker Personnel, Skills Improvement and Retraining was adopted in 2012.

To ensure accessibility of quality education, the following state programmes have been implemented: development of out-of-school education until 2014; development of preschool

education through 2017; raising the quality of school education in Natural Sciences and Mathematics until 2015; development of vocational education for 2011–2015; adoption of information and communication technologies into the educational and training process in GELs until 2015 ('Hundred Percent'); and the School Bus Programme (until 2015).

During the period 2010 to 2013 the Government's social initiatives included: creating 100,000 new places in children's preschool facilities (85 percent enrolment rate); securing state support to out-of-school educational institutions, to maintain and expand the current network; arranging all-Ukrainian and oblast summer schools; and providing children with special needs with technical and other rehabilitation equipment and special equipment for communication and information exchange.

The National Strategy of Education Development in Ukraine until 2021 aims to reform the education system based on the human priority principle; update the education system's regulatory framework to meet modern requirements; modernize the structure, contents and organization of education according to the competency-based approach; create opportunities for the realization of different educational models; establish educational institutions of various types and forms of ownership; build an efficient national system of rearing, development and socialization of children and young people; ensure accessibility and continuity of lifelong education; shape a safe educational environment, and 'ecologize' education; develop scientific and innovative activities to raise the quality of education; computerize education and enhancing the library and information resource support for education and science; ensure national monitoring of the education system; raise the social status of pedagogical and scientific pedagogical staff; and create a modern material and technical basis for the education system.

Promoting gender equality. Equal rights for women and men are secured in Ukraine at the legislative level. The key principles of gender equality are enshrined in the Constitution.

The adaptation of the MDGs in Ukraine in 2003 provided new momentum for the stronger political will required for gender equality. In 2001 the Parliament of Ukraine adopted the

Law of Ukraine on Preventing Family Violence, which became a driver for ensuring equal rights and opportunities for women and men in all areas of social life. Since July 2005, pursuant to the Decree of the President of Ukraine on Improving the Work of Central and Local Executive Authorities to Ensure Equal Rights and Opportunities for Women and Men, heads of central and local executive authorities were obliged to: cooperate with NGOs, including women's NGOs, to collect information on the status of ensuring equal rights and opportunities for women and men and to identify ways to prevent gender-based discrimination; and consider people's appeals on ensuring equal rights and opportunities for women and men. In addition, heads of ministries and other central and local executive authorities were required to draw up relevant action plans on an annual basis. In September 2005, the Parliament passed the Law of Ukraine on Ensuring Equal Rights and Opportunities for Women and Men, with the aim of achieving parity between women and men in all areas of social life and to remove any imbalance between the opportunities of women and men to exercise the equal rights granted to them by the Constitution and legislation of Ukraine.

According to this Law, the government shall: implement common state policy aimed at achieving equal rights and opportunities for women and men in all spheres of social life; adopt a national plan of action on gender equality and ensure its implementation; develop and implement state programmes on ensuring equal rights and opportunities for women and men; direct and coordinate the work of ministries and other executive bodies on ensuring gender equality; organize the preparation of a state report on the implementation by Ukraine of the UN Convention on the Elimination of All Forms of Discrimination against Women etc. The Law also envisages establishing advisory bodies and appointing advisers on equal rights and opportunities for women and men. The specially authorized central executive body responsible for the national action plan on gender equality summarizes the implementation of state programmes on gender equality; exercises control over the upholding of gender equality in settling human resource issues in central and local executive bodies; and develops proposals for ensuring gender equality in cooperation with other central executive bodies. The Ombudsperson exercises control over

the upholding of equal rights and opportunities for women and men and reviews complaints about cases of sexual discrimination.

To effectively implement the above-mentioned Law, in April 2006 the government adopted the decree which introduced the examination of current and draft legislation by gender and legal experts. In December 2006, the government approved the State Programme on Strengthening Gender Equality in Ukrainian Society until 2010 that provided for: bringing the legislation of Ukraine in line with international norms and standards in the area of gender equality, and harmonizing sectoral legislation with the Law of Ukraine on Ensuring Equal Rights and Opportunities for Women and Men; elaborating proposals for amendments to the legislation on elections and the Law of Ukraine on Political Parties in Ukraine concerning the introduction of gender quotas; preparing and publishing the annual state report on gender equality in Ukraine; initiating the establishment of the Interagency Gender Board under the Cabinet of Ministers of Ukraine etc. In September 2007, the Cabinet of Ministers established the Interagency Council on Family, Gender Equality, Demographic Development, Prevention of Family Violence and Combating Human Trafficking. It also approved a procedure for preparing annual state reports on family, gender equality, demographic development and prevention of domestic violence. Councils were then set up at the regional level of public administrations. Regional programmes on improving gender equality in all areas of regional development, which define activities and responsibility for their implementation, are approved by local authorities.

The government approved in December 2010 an action plan for the Stop Violence! National Campaign until 2015, which ensures the development of: curricula for courses on prevention of domestic violence; minimum standards of social services for persons having experienced domestic violence; and an awareness-raising programme on fostering a culture of gender equality and preventing all forms of domestic violence etc. In 2011, the National Academy of Public Administration published a training toolkit to provide civil servants and local self-government officials with knowledge on the issue, using innovative approaches to implementing the policy of gender partnership, equal rights and opportunities.

The adoption in September 2011 of the Law of Ukraine on Countering Human Trafficking, aimed at ensuring gender equality and international cooperation in this field, was also an important step. In November 2012, the government endorsed the Concept of the State Programme on Ensuring Equal Rights and Opportunities for Women and Men until 2016, which covers: bringing the legislation on equal rights and opportunities for women and men in line with international standards and EU legislation; mainstreaming gender approaches into the education system; designing a mechanism for exercising the right to be protected against discrimination on the grounds of sex etc.

In May 2013, the government approved the Programme for Family Support until 2016 that is aimed at preventing antisocial manifestations in the family, particularly violence, and ensuring social protection and support for families in difficult circumstances, including by conducting an awareness-raising campaign, popularizing a 'kind father' model and countering domestic violence.

Reducing child mortality and improving maternal health. The state of children's health determines Ukraine's future labour and human potential. Women's health is one of the crucial factors determining the health of the coming generations, whereas maternal health is one of the greatest values of society, constituting a basis for the economic and intellectual development of the State and for improvement of the demographic situation. After attending the UN Millennium Summit, in December 2000 the President of Ukraine approved the Concept of the Development of Public Health Care in Ukraine. It specified the following key areas for reforming maternal and child health care: expanding preventive, treatment, diagnostic and rehabilitation activities aimed at improving women's health; and developing the services of family planning, safe maternity, medico-genetic counselling etc. To meet the commitments undertaken by Ukraine to achieve the MDGs, in February 2001 the President approved the National Programme on Reproductive Health for 2001–2005, aimed at improving the demographic situation in the country, maintaining the population's reproductive health and safeguarding maternity and childhood.

In accordance with the MDGs and the WHO Health 21: the Health for All Policy Framework,

the government adopted the Intersectoral Comprehensive Programme 'Health of the Nation' for 2002–2011 in February 2002. The programme envisaged activities to meet people's health care needs; secure citizens' rights to quality and accessible health care; promote a healthy lifestyle; pursue an active demographic policy; and safeguard maternity and childhood.

The MDGs became a reference for the development of the Concept of Safe Maternity (2002), which ensured the development of state, sectoral and regional programmes to safeguard maternity and childhood. The government approved the Action Plan for the Implementation of the Concept of Safe Maternity, which conforms to the MDGs and makes use of international experience, particularly the WHO/UNICEF Child-Friendly Hospital initiative. In 2006, the State Programme on the Reproductive Health of the Nation until 2015 was designed. It defined the ways to improve reproductive health by raising the quality and accessibility of medical care and promoting a healthy lifestyle, responsible paternity and safe maternity. Due to this programme, treatment standards and protocols as well as modern perinatal technologies were introduced into health care facilities, which allowed the number of complicated deliveries to be halved (in the pilot regions of the Autonomous Republic of Crimea and Volynska, Donetska and Lvivska oblasts).

Due to the impact of the MDGs on national development, new approaches to reforming the health care system were adopted. The ideology of health care system reform is presented in the set of basic laws passed by the Parliament: the new wording of the Law on the Fundamentals of Health Care Legislation, the Law on the Procedure of Reform of the Health Care System in Vinnytska, Dnipropetrovska, Donetska and Kyivska oblasts, and the Law on Emergency Medical Care.

The reorganization of the primary health care network has been completed in the four pilot regions: centres of primary medical care have been established as an organizational basis for family medicine, and new contractual mechanisms for financing health care facilities are being tested. Due to the introduction of new labour remuneration principles for primary medical care workers based on the scope and quality of work, medical workers' wages in the pilot regions are now UAH5000–6000. Gen-

eral practice/family medicine outpatient clinics have been equipped at the expense of the public budget, including the procurement of vehicles. An electronic patient register is being established. Inpatient medical care is being concentrated in the pilot regions, and health care facilities are being selected to become a basis for multi-field intensive treatment hospitals in centres of respective hospital districts. According to the Law on Emergency Medical Care, passed in July 2012, the modalities of provision of emergency medical care in all regions of Ukraine must be changed to guarantee timely arrival of an emergency team on call: within 10 minutes in cities and 20 minutes in rural areas. Material support has been enhanced: budget funding to complete an emergency care doctor's first-aid kit bag with medicines has been increased 3–8 times; 286 modern ambulances purchased; and another 1000 medical vehicles are to be procured in 2013.

Ukraine has become one of the first countries in Eastern Europe to sign the WHO Framework Convention on Tobacco Control. Due to a higher excise duty, more stringent requirements for trading, cigarette pack labelling, prohibition of advertising, and a smoking ban in public places and public catering facilities, a reduction in tobacco smoking, especially among adolescents, is already being observed.

The National Project 'New Life — New Quality of Maternity and Childhood Protection' is also being implemented: 11 perinatal centres have been opened, where more than 25,000 babies have been born, and another 9 are to be set up in the near future. The establishment of high-technology perinatal centres reduces maternal and child mortality and improves the quality of medical care to women and newborns considerably. The development of public health care in Ukraine is taking place with due regard to Health 2020, the European policy for health and well-being approved in late 2012.

Reducing and slowing down the spread of HIV/AIDS and TB and initiating a trend to decrease their scales. The spread of HIV/AIDS and TB leads to lower life expectancy, greater demand for quality medical services, and aggravated problems of poverty, social inequality, homelessness and orphanhood. In 2000, the President of Ukraine approved the Decree on Urgent Measures to Prevent the Spread of HIV/

AIDS, which initiated the strategic planning of the national response to the HIV/AIDS epidemic and of meeting commitments to achieve the corresponding MDG.

The HIV/AIDS Prevention Programme for 2001–2003 ensured implementation of: awareness-raising activities for children and young people; cooperation with mass media to inform the population on the prevention of HIV/AIDS; activities to reduce the threat of HIV infection for most-at-risk groups (injecting drug users, commercial sex workers, men who have sex with men, prisoners etc.). As a follow-up to the 26th UN General Assembly Special Session on HIV/AIDS, initiated by Ukraine (June 2001), the President of Ukraine declared 2002 the Year of the Fight against AIDS. Ukraine became a member of the Board of the Global Fund to Fight AIDS, Tuberculosis and Malaria in 2002.

Following the decisions reflected in the Declaration of Commitment on HIV/AIDS, adopted by the UN General Assembly in 2001, and pursuant to the UNAIDS recommendations, in December 2004 the government obliged central executive authorities to monitor the situation around HIV/AIDS. Thus, the Ministry of Health (MoH) of Ukraine approved a list of national indicators for monitoring and evaluating the efficiency of relevant activities, to be used as the basis for preparation of the National Report.

In November 2005, the National Coordinating Council for Prevention of the HIV/AIDS, a single authority to coordinate activities aimed at implementing the policy to counteract HIV/AIDS in Ukraine, was established. The key objectives of the National Council are monitoring the implementation of programmes and actions to counter TB and HIV/AIDS; participation in drafting legislation, programmes and activities to counter TB and HIV/AIDS; and informing the Cabinet of Ministers of Ukraine and the public about the results of activities undertaken to counter TB and HIV/AIDS.

To confirm Ukraine's commitment to achieving this MDG, the Programme to Ensure HIV/AIDS Prevention, Treatment, Care and Support for 2009–2013 was approved, which is aimed at stabilizing the epidemic and reducing HIV/AIDS-related morbidity and mortality by ensuring the population's access to large-scale preventive activities and services of HIV/AIDS treatment, care and support.

In May 2013, the government approved the Concept of the Programme for Countering HIV/AIDS for 2014–2018, which targets a 50 percent decrease in the number of new infections among members of most-at-risk groups; the eradication of mother-to-child HIV transmission; access for all members of most-at-risk groups to HIV prevention programmes; 100 percent coverage of children and youth by HIV/AIDS prevention and healthy lifestyle promotion programmes; provision of all HIV-positive persons under medical supervision with health care and social services for care and support; access to continuous antiretroviral therapy for all HIV patients in need; a 50 percent decrease in TB-related mortality among patients with HIV/TB co-infection; promotion of a tolerant attitude among the general public to persons living with HIV and members of most-at-risk groups; and a 50 percent decrease in acts of discrimination against such persons.

The National Programme to Combat Tuberculosis for 2002–2005 was implemented to ensure: TB detection and diagnostics, treatment and prevention; dispensary work in pockets of high prevalence of TB infection; and activities to prevent and control the spread of TB. Anti-TB drugs, materials for microbiological diagnostics of TB, mobile photofluorographic units, bronchoscopes, and other devices were procured to carry out the programme.

Later, due to the Programme to Combat Tuberculosis for 2007–2011 improving the epidemic situation by reducing TB-related morbidity and mortality, enhancing the efficiency of TB treatment, strengthening the system of training and retraining of medical staff, and improving laboratory diagnostics of TB were ensured.

The Programme to Combat Tuberculosis for 2012–2016 aims to reduce the number of TB patients and decrease TB-related morbidity and mortality by providing the population with general and equal access to high-quality services on TB prevention, diagnostics and treatment.

The impact of the MDGs determined new requirements to increase the efficiency of TB prevention and control, in particular: immediate coverage of at-risk groups by screening and tuberculin testing, completing the optimization of the network of microbiological TB diagnostic laboratories, and establishing a National

Reference Laboratory according to WHO recommendations; specifying criteria for optimizing the network of health care institutions that provide medical care to TB patients; improving a model list of equipment for TB facilities, in particular of X-ray units; and speeding up the rate of decrease in incidence of TB (no less than by 3 percent annually). At the regional level, local executive authorities devise and approve regional TB prevention and control programmes.

Ensuring environmental sustainability. The Constitution of Ukraine provides for the right to an environment that is safe for life and health (Article 50). Ensuring ecological safety (Article 16) and sanitary-epidemic welfare (Article 49) are the duty of the State. The MDGs became a strong incentive and mechanism to secure these rights for citizens. This concerns, first and foremost, the provision of quality and safe drinking water to the population, since it remains one of the most significant issues, as it affects people's state of health and determines their mortality rate and life expectancy.

After signing the Millennium Declaration, Ukraine developed the Comprehensive Programme on Primary Provision of Centralized Water Supply to the Rural Communities that Use Imported Water for 2001–2005 and the forecast until 2010. The Law of Ukraine on Drinking Water and Drinking Water Supply, adopted in 2002, became another step in providing quality drinking water to the people. According to the MDGs, it introduced a monitoring mechanism — the National Report on the Quality of Drinking Water and the Drinking Water Supply Situation in Ukraine — that has been prepared annually since 2004 by the central executive authority responsible for housing and utilities, in cooperation with other ministries and agencies. Further steps included the Programmes on Drinking Water of Ukraine for 2006–2020 and 2011–2020, which aimed at: arranging protective sanitary zones of drinking water sources; building and reconstructing water intake facilities; installing drinking water tertiary treatment stations (plants) in centralized water supply systems; building and reconstructing water supply and sewage treatment facilities; providing drinking and wastewater quality control laboratories with modern control and analytical equipment; and bringing the regulatory legal framework on drinking water supply and water disposal in line with EU standards.

Ratification of the Kyoto Protocol in February 2004 was a significant step for Ukraine to meet the MDG targets. The ratification allowed the country to obtain foreign investments in environmentally clean technologies and to involve them in industries where processing facilities are one of the largest environment polluters. To implement this mechanism based on the principles of sustainable human development, in 2006 the government approved: the procedure of review, approval and realization of joint implementation projects; implementation of activities by central and local executive authorities and local governments to compile the annual National Inventory of Greenhouse Gas Emissions and the National Communication on Climate Change; works to create the National Greenhouse Gas Inventory of Anthropogenic Emission Allowances and design a national system of greenhouse gas emissions trading as well as a national and regional action plans for prevention of climate change; and promotion of establishing and developing relations with relevant institutions on climate change.

The adoption of the Law of Ukraine on the Basic Principles (Strategy) of the State Environmental Policy of Ukraine until 2020 was aimed at reducing the anthropogenic and man-made burden on the environment in Ukraine, which is several times higher than in advanced countries and causes low life expectancy in Ukraine.

To ensure the most efficient implementation of the Strategy of the State Environmental Policy and to improve the environmental situation and make it safer for human health, in particular by increasing forest cover and territories of biosphere reserves and natural national parks, and adopting energy-efficient and resource-saving technologies, the government approved the National Action Plan on Environmental Protection for 2011–2015, built on the MDG-defined monitoring principles.

There was an urgent need to implement additional activities to improve resources for the supply of drinking water; systems of centralized and decentralized water supply and sanitation; the supply of quality drinking water in adequate quantities; and the legal framework, regulation and standardization in this area. These issues were discussed at a special meeting of the National Security and Defence Council of Ukraine, which resulted in the Decree of the President of Ukraine on the Security of the

Water Resources of the State and Provision of Quality Drinking Water in Settlements of Ukraine.

A major role in meeting the MDG targets on sustainable environmental development is assigned to the implementation of national projects. The Energy of Nature project, implemented mainly in the Autonomous Republic of Crimea and Zaporizka oblast, provides for the creation of a 'clean' energy source: wind and sun. The project aims at addressing the cost-effectiveness of electricity transportation and environmental preservation, and promotes the attractiveness of developing tourism in these areas. The Clean City project includes constructing modern complexes for municipal solid waste processing, since one of Ukraine's communal problems is still the processing of industrial and domestic waste that overfills

dumps, does not meet environmental safety requirements and directly jeopardizes human life. The Quality Water project is a programme to provide the population with quality drinking water, since Ukrainians have the worst drinking water in Europe. Most diseases that considerably shorten life expectancy are connected with the quality of water. The project provides for the construction of drinking water treatment systems that should be installed first of all in kindergartens, schools and health care facilities. Through this project, Ukraine will reach European standards in observing one of the fundamental and basic human rights: the right to safe drinking water.

The impact of the MDGs on national development and the implementation of MDG targets have secured positive changes in Ukraine, thereby improving the quality of life of people.

PROGRESS TOWARDS ACHIEVING THE MILLENNIUM DEVELOPMENT GOALS DEFINED FOR UKRAINE

SECTION THREE

The situation regarding the achievement of the MDGs in Ukraine can be described as generally positive.

Positive trends were observed in **poverty reduction** in Ukraine. The poverty rate according to the absolute criterion (share of the population whose daily consumption is below US\$5.05 (PPP)) was reduced from 11.9 percent in 2000 to 2.3 percent in 2012, and the poverty rate according to the relative criterion (share of the population below the national poverty line) decreased at the same time from 26.4 percent to 25.5 percent. However, almost every third family with children is poor (32.6 percent), as is every fifth working person (20.7 percent). Consistent policy actions are required to achieve the target values.

To ensure quality lifelong education, important steps were made towards reforming this area. Almost 99.5 percent of children are enrolled by general secondary education, whereas pre-school education covers 93 percent of children in urban areas and 57.6 percent in rural areas. Nearly half (45.7 percent) of young people attend higher education; however, it is necessary to ensure that educational curricula conform to the requirements of the labour market (taking into account forecasts for economic development trends). The implementation of measures stipulated in the National Strategy of Education Development in Ukraine until 2021 will ensure this goal is achieved by 2015.

Promoting gender equality is a challenge in Ukraine. Achieving gender parity within authorities and public administration remains a critical task despite the successes and changes at the legislative and institutional levels. After the

election in 2012, the number of female Members of Parliament increased to 9.4 percent of the total, but achieving the target value (30 percent) by 2015 does not seem feasible. Women account for 12 percent of oblast council members, 23 percent of district council members, 28 percent of city council members, 51 percent of village council members and 46 percent of settlement council members. An average wage gap between men and women of about 30 percent is another manifestation of gender inequality. It is not deemed possible to achieve the goal, and positive changes require stronger political will.

A near halving of the **child mortality** rate during 1995–2012 (from 14.7 to 8.4 deaths per 1000 live births) occurred due to purposeful efforts made, including by reforming and developing the perinatal care system. Examples of inconsistent statistical data suggest the need to improve the observation system. In general, progress is significant, and target values are even expected to be exceeded.

Positive trends have been observed in **improving maternal health**: the maternal mortality rate in Ukraine has almost halved during 2000–2012 (from 24.7 to 12.5 deaths per 100,000 live births). Nearly all women (over 90 percent) undergo regular medical examinations in the early stages of pregnancy. Anxiety is caused by the fact that more than 40 percent of Ukraine's adult population (including women of reproductive age) aged between 18 and 65 has at least one chronic disease. The level of recognition among young people of their personal responsibility for their own health is insufficient, as is the level of promotion of a healthy lifestyle. Overall, progress is significant, and the target values can be exceeded.

Box 3.1. Estimation of the likelihood of achieving the Millennium Development Goals in Ukraine by 2015

Goal 1. Reduce Poverty: mixed progress/achievement possible by 2015

Goal 2. Ensure Quality Lifelong Education: mixed progress/achievement possible by 2015

Goal 3. Promote Gender Equality: no progress/achievement impossible by 2015

Goal 4. Reduce Child Mortality: noticeable progress/achievement expected by 2015 (exceeding the target values)

Goal 5. Improve Maternal Health: noticeable progress/achievement expected by 2015 (exceeding the target values)

Goal 6. Reduce and Slow Down the Spread of HIV/AIDS and Tuberculosis and Initiate a Trend to Decrease Their Scales: mixed progress/achievement possible by 2015

Goal 7. Ensure Environmental Sustainability: mixed progress/achievement possible by 2015

Successes have been achieved in **reducing the spread of HIV/AIDS and tuberculosis (TB)**: the number of new HIV cases was reduced in 2012, for the first time ever, by 1.7 percent from 2011, which indicates a decline in the intensity of the HIV epidemic. There are an estimated 220,000 HIV-positive people in Ukraine; HIV prevalence among adults is 0.57 percent. The number of persons with newly diagnosed HIV has decreased to 45.7 per 100,000. The mother-to-child HIV transmission rate is below 5 percent — at 4.9 percent in 2010, it is only about one sixth of the level of 27.8 percent in 2001. Successes have been achieved, first and foremost, due to preventive measures among most-at-risk groups, better organization of the response to the epidemic, and implementation of national programmes. A substantial improvement in the state of the TB epidemic in Ukraine has also occurred, largely due to the implementation of the national programme to combat TB. The incidence of TB decreased by

19 percent from 2005 to 2012 (to 68.1 cases per 100,000 population). In general, progress is being observed towards meeting the targets under this goal, and achievement of the target values is possible.

There is some progress observed in terms of **ensuring environmental sustainability**. However, due to the impact of human activity, about 70 percent of surface water and a large share of groundwater resources are no longer a source of safe drinking water. In 2012, 4.3 million tonnes of pollutants were emitted into the air. More than two thirds of pollutant emissions into the air from stationary sources come from Donetsk, Luhansky and Dnipropetrovsk oblasts. To achieve the goal, it is necessary to improve the management of natural resources, pursue a consistent environmental policy, and secure gradual environmentally friendly modernization of production. Overall, achievement of target values is possible, subject to urgent measures being taken.



GOAL 1
REDUCE POVERTY

Ukraine has achieved some progress in reducing poverty. To speed up the progress towards achieving this goal, it is necessary to focus on addressing non-monetary poverty and social exclusion.

TARGETS AND INDICATORS

Targets	Indicators
Target 1.A: Eradicate poverty according to the criterion of US\$5.05 (PPP) per day by 2015	1.1. Share of population whose daily consumption ⁴ is below US\$5.05 (PPP), %
Target 1.B: Decrease the share of the poor population (according to the national criterion of poverty) to 25 percent by reducing the number of poor people among children and employed people	1.2. Share of poor population according to the national criterion, % 1.3. Share of poor children, % 1.4. Share of poor employed people, %
Target 1.C: Decrease by 10 times by 2015 the number of people whose daily consumption is below the actual subsistence minimum	1.5. Share of population with consumption below the actual subsistence minimum, %

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2015
Indicator 1.1. Share of population whose daily consumption is below US\$5.05 (\$4.30) (PPP), %													
11.9	11.0	3.0	4.0	2.0	1.3								
					9.0	9.3	6.6	3.8	3.5	2.5	1.9	2.3	<0.5
Indicator 1.2. Share of poor population according to the national criterion, %													
26.4	27.2	27.2	26.6	27.3	27.1	28.1	27.3	27.0	26.4	24.1	24.3	25.5	25.0
Indicator 1.3. Share of poor children, %													
33.4	34.9	34.0	34.9	35.0	36.7	36.6	36.3	35.1	33.2	32.7	32.0	33.1	29.0
Indicator 1.4. Share of poor employed people, %													
21.6	22.6	22.0	21.1	21.6	22.3	27.2	21.7	21.1	20.6	19.6	19.6	20.7	15.0
Indicator 1.5. Share of population with consumption below the actual subsistence minimum, %													
71.2	69.2	65.0	59.9	51.0	38.7	31.0	30.5	19.9	24.8	23.5	25.8	24.0	7.0

US\$4.30 per day (PPP) was used prior to 2005, therefore the indicator 1.1 is presented by two dynamic series.

The table presents actual data of the State Statistics Service of Ukraine till 2012 and target values for 2015 (established in 2010).

⁴ Consumption is the average per capita aggregate household expenditure calculated per equivalent person according to the following scale: 1.0; 0.7; 0.7.

Ukraine has managed to achieve certain progress over 2010–2012 to attain the goal, which is evidenced by a decrease in the share of the population whose daily consumption is below US\$5.05 (purchasing power parity — PPP) (in 2012 it was 2.3 percent against the 2013 target value of 3.0 percent). The share of poor people according to the national criterion notably declined over 2010–2011 but grew to 25.5 percent in 2012. Unfortunately, the structure of the poor population according to the national criterion did not change: whereas the shares of poor children and poor employed people declined in 2010–2011, in 2012 these figures returned to the higher value observed in 2009. The third target has not been fully met, since the share of the population with consumption below the actual subsistence minimum increased drastically in 2009 then failed to return to its pre-crisis level and equalled 24.0 percent in 2012. Hence, this indicator is considerably off track, and it is not likely to catch up by 2015.

PROGRESS TO DATE

As a multifaceted phenomenon, poverty relates, directly or indirectly, to all domains of societal life, acting as a cause and a consequence at the same time. Modern interpretations expand the understanding of poverty, increasingly covering various aspects of deprivations. Poverty reduction issues affect all other MDGs: on the one hand, problems of bad health, unequal access to education, and an unsafe natural or social environment can result from monetary poverty, whereas, on the other hand, they become components of

poverty in its broad meaning, including non-monetary aspects.

Despite notable adverse consequences of the economic crisis, which affected both state budget revenues and the rate of growth of the population's real income, Ukraine managed to keep the scale of monetary poverty in 2010–2012 at a controllable level. Thus, 2010 became a crucial year in relation to relative poverty: for the first time, significant improvement occurred in all indicators, caused by a

Box 3.1.1. Definitions of Poverty Terms in Ukraine (according to the Poverty Reduction Strategy)

Poverty is the impossibility, due to shortage of funds, of maintaining the way of life inherent in a specific society at a specific time.

The **officially established subsistence minimum** is the cost of living for one person, and separately for those who belong to the main social and demographic groups, the rate of which is approved annually by the Parliament of Ukraine in the Law on the State Budget of Ukraine for the year.

The **actual subsistence minimum** is a subsistence level which is calculated monthly by the Ministry of Social Policy of Ukraine on the basis of statistical data on consumer prices.

The **relative (national) poverty line** is determined on the basis of a relative criterion to categorize various population groups as 'poor', which is calculated as a fixed proportion of per capita income (expenses). Ukraine is using the relative criterion of 75 percent of the median aggregate expenditures calculated per adult.

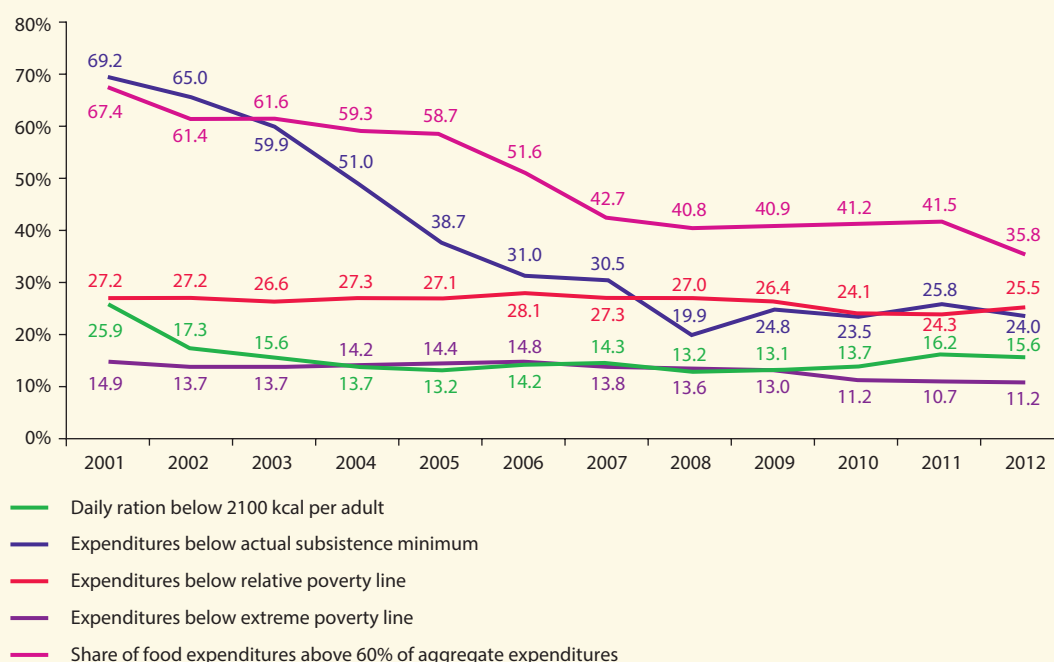
The **absolute poverty line based on daily consumption below US\$5.05 (PPP) per adult** is identified according to the criterion of daily consumption equal to US\$5.05 (PPP) for international comparison purposes.

The **absolute poverty line based on food consumption**, according to WHO recommendations, is a daily intake below 2100 kcal per adult.

The **poverty line according to the structural criterion** is a share of household consumption expenses on food above 60 percent.

The **extreme poverty line** is specified according to the criterion of 60 percent of median equivalent aggregate income (expenditures) calculated per adult.

The **poverty rate** is the proportion of families (households) whose level of consumption (income) per capita is lower than the determined poverty line.

Figure 3.1.1. Dynamics of the Poverty Rates according to Key Criteria, 2001–2012

Source: calculated based on the data from the Household Budget Survey conducted by the State Statistics Service of Ukraine

narrowing of the overall stratification in society. By maintaining payments to the poorest population groups at the pre-crisis level, disparities between low-income groups and the rest of the population were reduced; however, this was done at the expense of middle-income rather than high-income groups.

Poverty trends. The level of poverty evolved steadily between 2001 and 2008: a significant decline in absolute poverty according to the subsistence minimum and daily consumption below US\$5.05 per adult; a gradual decrease in the poverty rate according to the structural criterion; stable relative poverty (in terms of the national poverty line and the extreme poverty line); and maintenance since 2004 of the level of under-consumption in terms of the calorific value of daily intake (Figure 3.1.1).

However, all the above-mentioned trends started to change in 2009:

- ✓ First, the share of the population whose consumption is below the actual subsistence level increased in 2009, whereas the share of the population with expenditures on food of more than 60 percent of total household consumption stopped decreasing.
- ✓ Second, in 2010, the shares of the population with expenditures on food of more than

60 percent of total household consumption and with a low daily calorie intake (below 2100 kcal per day) started growing. However, the relative poverty rate and the extreme poverty rate notably decreased for the first time during the entire period.

- ✓ Third, a general improvement in monetary poverty occurred in 2011: decreasing poverty according to the officially established subsistence minimum, persisting low relative poverty indicator values and a further decline in the extreme poverty rate.
- ✓ Finally, growth in the relative poverty rate was observed in 2012, but the indicator has not returned to the 2009 value; meanwhile, positive changes have occurred in the poverty rate according to the structural criterion and in terms of low daily calorie intake; in particular, the share of those spending more than 60 percent of their income on food has achieved a record low figure for the entire period, at 35.8 percent.

In contrast to the above, the subjective poverty rate has been growing continuously since 2008: the share of population perceiving themselves as poor increased from 53.1 percent to 65.4 percent during 2008–2012.⁴ Meanwhile, the population's self-assessment in terms of their income's purchasing power slightly improved over that period, and the poverty rate accord-

ing to income self-assessment⁵ reached 37.5 percent in 2012, against 40.3 percent in 2009.⁶ This suggests that the psychological impact of the crisis was more significant than the direct financial losses caused by a decline in income.

Despite changes in processes at the national level, key poverty profiles in terms of socio-demographic and socio-economic groups remain unchanged. In particular, age profiles shape traditional groups of high poverty risks. Regardless of the criterion chosen, poverty rates among working-age and pensionable-age persons are lower than the nationwide average, whereas vulnerable groups include children and so-called 'old' pensioners — i.e. persons with no residual working capacity.

The structure of poverty by sex and age suggests the highest levels among groups of children aged 0–15 and persons older than 75. A notable peak value above the national average is observed in the group aged 35–45 that corresponds to the peak of labour activity and career growth. This is explained by growing expenditures on educating and raising the children whose parents most often belong to this age group. In general, the lowest poverty rates are typical for persons aged 45–65, when employment income reaches its highest value, then pension benefits supplement them and children start their independent lives. A relatively successful period is observed at 20–35 years of age, with poverty indicators equal to or below average, when employment income appears, but the peak of childbearing activity and related expenses on children have not yet occurred. However, an exception in this group are women aged 25–30, who are at high risk of poverty mainly due to being on child-care leave while the rate of the monthly subsidy for a mother and her child is no higher than the minimum wage. Poverty indicators dramatically grow above 75 years of age, especially among women, which is due to two factors: lower pension rates for older age groups compared to so-called 'young' pensioners, and a loss of residual working capacity and of an opportunity to earn some funds to complement their pension. Also, health-related expenditures of these 'old' pensioners are typically higher than those of younger people.

Gender aspects of poverty. Overall, gender has a minor impact on poverty indicators — i.e. no substantial gender-based differences in poverty rates can be observed. For most age groups, poverty indicator values among men are somewhat higher, whereas they are traditionally greater among women in the oldest groups (due to lower pensions).

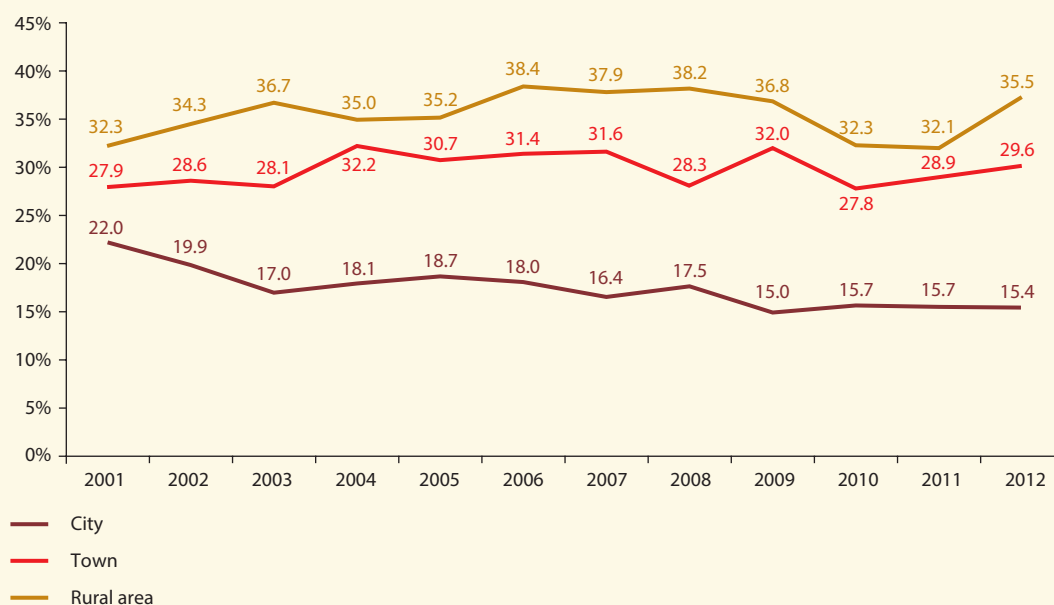
Child poverty. Extremely high values of poverty indicators among children have been observed throughout the period of poverty research in Ukraine, with age and intergenerational inequality being the most significant determinants. The core problem belongs to low wages, especially among young people at the early stage of their working lives that most often includes a period of raising children. Among households with children, the relative poverty rate in 2010–2012 was almost twice as much as among households without children (32.6 percent and 17.1 percent in 2012, respectively), whereas large families (with three or more children), households with two children, those with children under the age of three, and those with a double demo-economic burden are traditionally the most vulnerable. Because they are unable to deal with everyday life issues without assistance, single mothers rarely live as a separate household due to financial problems (less than 30 percent of the total number of households in the country). Other single-parent families live in complex multigenerational households that bear a double demo-economic burden and are at a high risk of poverty. Hence, high poverty risks are concentrated in households with children.

The problem of low wages is currently aggravated by regular delays in the payment of wages. As of early 2013, official wage arrears were UAH893.7 million. Although the total amount of debt to employees has reduced compared to the respective period of 2012, the problem has gradually become chronic.

Inequality trends. There is an inequality between urban and rural areas in terms of poverty indicators. During 2010–2011 poverty rates by settlement type were converging, which can be considered a positive trend. However, these changes were mostly due to the growing share of poor households in smaller towns. In 2012, the growth in poverty indicators affected mostly rural areas, which further increased the importance of the type of settlement as a factor in inequality. At the same time, the population residing in smaller towns is increasingly diverging from that of

⁵ The poverty rate according to income self-assessment is defined as the share of the population who continuously deny themselves the necessities except for food or who did not even manage to obtain sufficient food.

⁶ Calculated by the Institute of Demography and Social Studies based on the data from the Household Budget Survey conducted by the State Statistics Service of Ukraine.

Figure 3.1.2. Relative Poverty Rates by Settlement Type, 2001–2012, percentage

Source: calculated based on the data from the Household Budget Survey conducted by the State Statistics Service of Ukraine

large cities in terms of poverty characteristics in recent years, and is now rather closer to the rural population than to the population of big cities (Figure 3.1.2). Hence, a significant gap is emerging between cities and towns, as the factor influencing inequality moves from the type of settlement to the size of settlement.

This situation has emerged due to economic factors. The first crisis, its consequences and further trends adversely affected the living standards of town residents. In the first stage, a decrease in income was encountered by the populations of monofunctional towns established around enterprises affected by the crisis; in the second stage, loss of earnings affected the populations of towns with a traditional structure of producing consumer goods, particularly because the purchasing power of the income of the overwhelming majority of the country's population declined.

In recent years, regional differences in poverty rates have become evident. Regardless of the criterion chosen, two particularly vulnerable areas can be highlighted in 2012: the north-western region, with extremely high rates in Volynska, Zhytomyrska, Rivinska, Ternopil'ska, Khmelnytska, Chernivtska and Ivano-Frankivska oblasts and an above-average value in Lvivska oblast, and the south-central region with a poverty epicentre in Kirovohradska and Odeska oblasts and high rates in Poltavska

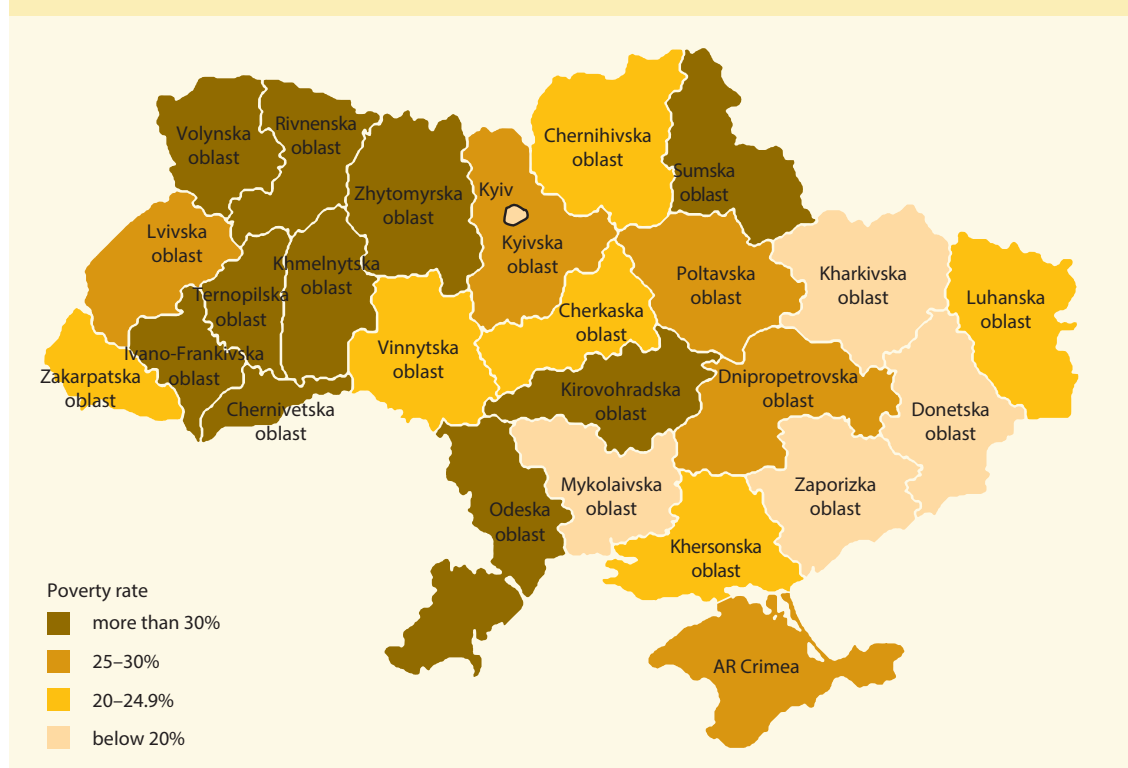
and Dnipropetrovska oblasts (Figure 3.1.3). The eastern and some parts of the southern region, on the contrary, are somewhat more secure.

While Kirovohradska, Rivinska, Volynska, Zhytomyrska and Ternopil'ska oblasts have traditionally been the regions with the highest risks of poverty, Dnipropetrovska, Lvivska, Ivano-Frankivska and Khmelnytska oblasts demonstrated the greatest vulnerability in 2011–2012. The area of extremely high risks historically consisted of regions mainly specializing in agriculture and those with low urbanization rates;⁷ however, changes in the geography of poverty have been occurring in recent years: for example, Khersonska oblast has moved from being an area of traditionally high risks to a group of successful regions, whereas Dnipropetrovska oblast, on the contrary, has appeared in a critical situation in 2011. These changes are most likely a consequence of the shift in vulnerability from rural settlements to towns.

The above-average share of population with higher education is one of the factors explaining lower poverty rates in industrialized regions. Education has a considerable effect on the poverty rate among Ukrainian households: having at least one person with higher educa-

⁷ The 'urbanization rate' means the urban population's share of the region's total population.

Figure 3.1.3. Relative Poverty Rate in Regions of Ukraine, 2012, percentage



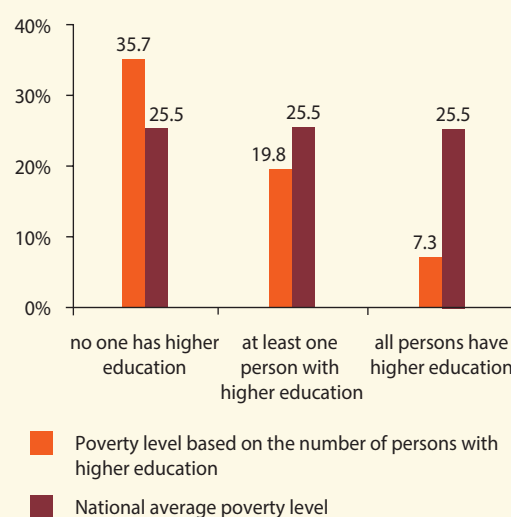
Source: calculated based on the data from the Household Budget Survey conducted by the State Statistics Service of Ukraine

tion in a household almost halves the relative poverty risk for the entire household (19.8 percent against 35.7 percent), whereas the country's lowest poverty rates (7.3 percent) are typical for households where all members have higher education (Figure 3.1.4). Interestingly, such a pattern persists regardless of the field in which education was acquired, labour market status and match between the occupation and the education acquired.

Poverty of living conditions. Unlike the traditional approaches to poverty assessment based on monetary criteria, poverty of living conditions (deprivation) defines people lacking certain basic goods. The problem of poverty of living conditions covers a wide range of attributes — from food, non-foodstuffs and services to an opportunity to engage in societal life and the accessibility of social infrastructure facilities. The deprivation poverty line in Ukraine is determined at the level of four or more deprivation attributes out of the main 18.

Overall in 2011, 25.6 percent of the population was poor in terms of living conditions. In particular, deprivations concern accessibility of health care services and social infrastructure facilities, which affect about 20 percent of the country's

Figure 3.1.4. Relative Poverty Rate Depending on Number of Persons with Higher Education in a Household, 2012, percentage



Source: calculated based on the data from the Household Budget Survey conducted by the State Statistics Service of Ukraine

Box 3.1.2. Household Deprivation Attributes that Passed Frequency and Consensus Control⁸

1. Household in which all adults of working age have low status in the labour market (unemployed, self-employed or household members working for free);
2. Unemployed for a long period of time (over 12 months), according to the ILO methodology;
3. Households experiencing poverty as defined in accordance with the relative national criterion;
4. Households unable to ensure adequate nutrition during a year, according to self-assessment;
5. Households that experience a shortage of funds for visiting friends with presents or for inviting friends to visit, according to self-assessment;
6. Households that experience a shortage of funds for family vacations outside their home and not at their relatives' homes, according to self-assessment;
7. Households that experience a shortage of funds for purchasing cinema tickets (or theatre or concerts) one or twice a year, according to self-assessment;
8. Households with a share of social assistance and assistance from relatives that amounts to 33 percent or more of total income;
9. Households without access to education (due to absence of sufficient funds for professional education or of pre-school institutions close to their place of residence);
10. Households in which no members of 25 years of age or older have a professional education;
11. Households without access to medical assistance (due to absence of a medical institution or pharmacy close to their place of residence, settlement not being covered by timely emergency medical services and no possibility of getting medical care or buying medication during a year);
12. Households that experience a shortage of funds for necessary paid emergency medical services, according to self-assessment;
13. Households living in poor conditions (in dormitories or communal flats with less than 7.5m² of living space per person, absence of a bathroom and lack of funds to install one);
14. Households without a telephone (home or mobile);
15. Households suffering from the absence of regular everyday transport from their settlement to a settlement with a more developed infrastructure;
16. Households suffering from a lack of availability of social workers or social assistance;
17. Households that have not accessed paid services in the field of culture during a year;
18. Households that place the responsibility for their well-being fully or partially on the state.

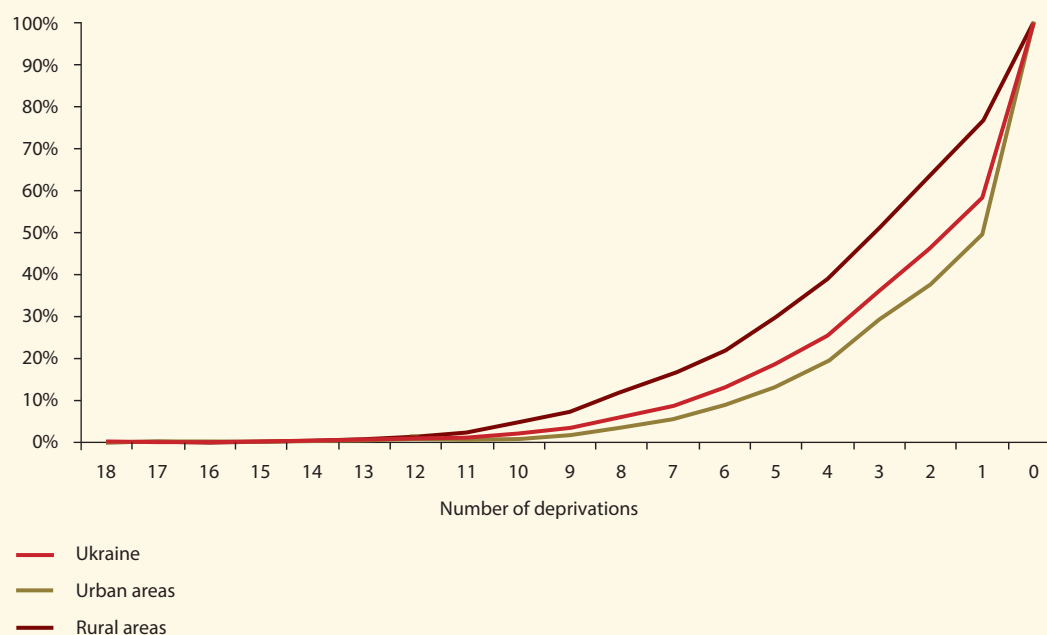
population. These problems are typical for rural areas: whereas they are critical for 3–7 percent of the population in cities, the proportion of those deprived is 4–12 times greater among rural inhabitants. For example, 49.1 percent of rural inhabitants are affected by a lack of facilities providing consumer services, 43.3 percent by a lack of timely medical emergency services, 25.8 percent by the absence of any health care facility close to their residence, 23 percent by having no regular transport to a settlement with a

more developed infrastructure, and 8.2 percent (or 14.7 percent of the rural population with children) by an absence of pre-school facilities.

The above-mentioned deprivations are caused by a considerable gap in Ukraine between urban and rural areas in terms of social infrastructure.

⁸ 'Consensus control' means selection of the attributes deemed by most people as necessary for normal life; 'frequency control' means selection of the goods possessed by most people in the country (social standard).

Figure 3.1.5. Cumulative Share of Population with Different Numbers of Living Condition Deprivation Attributes, 2011, percentage



Source: calculated based on microdata from the Household Budget Survey conducted by the State Statistics Service of Ukraine

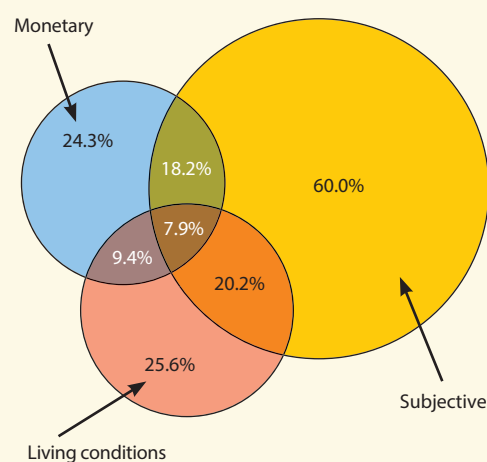
This problem already existed when Ukraine was part of the Soviet Union; however, it not only failed to be addressed after independence but has been aggravated since then. As a result, the degradation of the infrastructure of rural settlements has been becoming worse each year, especially in regions with an ageing population.

Clearly, the greater degree of deprivation and the higher cumulative percentage of deprivations are features of rural areas: whereas about half of urban inhabitants encounter no deprivation in terms of living conditions at all, the share of such persons in rural areas is only a third; instead, the deprivation poverty rate (four or more deprivations) in rural areas is twice as high as in urban settlements (39.1 percent against 19.2 percent) (Figure 3.1.5).

The non-monetary poverty trends for 2009–2011 cannot be definitely assessed: while the share of the population with four or more deprivations in terms of living conditions slightly decreased, the share of the population perceiving themselves poor is growing every year. Overall in 2011, almost 8 percent of the population could be categorized as poor under three approaches at the same time: monetary (relative poverty), subjective (by self-assessment) and deprivation-based (having four or more attributes of deprivation of basic goods) (Figure 3.1.6).

Different forms of poverty are influenced by different factors: whereas the presence and number of children in a household is a major determinant for monetary poverty, the age of household members and presence of pensionable-age persons in the household are the main factors of subjective poverty, and the locality of residence acts as a key determinant for deprivation poverty.

Figure 3.1.6. Poverty Rate according to Various Measurements Criteria, 2011, percentage



Source: calculated based on microdata from the Household Budget Survey conducted by the State Statistics Service of Ukraine

CHALLENGES FACED AND UNFINISHED BUSINESS

Low economic growth rates hinder the full realization of people's economic activity and the increase of employment income. Poverty rates have been dependent on economic development indicators in Ukraine since independence. Any change in the economic situation has been reflected, with a one- or two-year lag, in people's standards of living and poverty indicators, while the principles behind the state social policy have remained the same. An improvement in the economic situation every time caused a decrease in the absolute poverty rate determined by the subsistence minimum criterion or the criterion for international comparisons; however, the relative poverty dynamics had an opposite trend. For example, given equal income growth rates in all groups, the relative poverty rate remains unchanged or even increases. During the recent economic crisis of 2008–2009, when the real incomes of the middle-income population groups dropped while incomes of those in need were maintained at the pre-crisis level, the relative poverty rate went down. Hence, addressing the problems of a purely economic nature will promote a decline in the absolute poverty rate due to the automatic transfer of the impact to all population groups, including the poorest ones. The impact on relative poverty can be at best neutral, unless changes occur in the basic principles of distribution policy. Subject to a favourable scenario of economic development, it will be possible to solve a number of problems related to monetary poverty, especially in its extreme manifestations, within a short time-frame. Otherwise, the poverty situation can only be influenced by distribution mechanisms.

The unchanging principles and mechanisms of income distribution restrict the positive dynamics of relative poverty. A decline in the relative poverty rate in 2010 happened due to active state support to the most vulnerable population groups by means of income reallocation from middle-income groups. The reserve for decreasing poverty within the existing distribution mechanisms was completely exhausted; in the future, even to keep the figures at the 2010 level, it will be necessary to make major changes to the system of taxation and distribution of national budgetary funds. If the current distribution principles and mechanisms remain, Ukrainian society will stay polarized, with a small number of rich households and a large number of low-income ones. In which case, the relative poverty indicator will revert to the values observed in previous

years, while the differences in income will be growing, as before, due to the gap between the richest 10 percent and the rest of society. A transition to new distribution principles is limited by the existence of unregistered income, because any efforts of, for example, shifting the tax burden from poor to rich households will result, under the current conditions, in a heavier tax burden placed on middle-income groups and in further dilution of the group with middle-class attributes.

Low wages, especially among young people, shape a problem of extremely high child poverty. For a long time in Ukraine, certain employment traditions resulted in considerable age-related income gaps. The acquisition of a high status in the labour market, that guarantees an income above the country's average, takes place when childbearing activity declines. Hence, young people giving birth to and raising their children most often fail to obtain a status with a guaranteed high income, which results in growth of the risk of poverty as each subsequent child is born. The system of state support for families focuses on providing assistance for two to four years after a child's birth (except only for large families) when one of the parents is forced not to work. Therefore, the childbirth and child-care benefits can temporarily make up for a parent's loss of earnings but cannot reliably decrease the risk of poverty for families with young children. Furthermore, the problem of a shortage of money is aggravated by the lack of adequate social and support infrastructure: primarily by no opportunity to place a child in a pre-school facility, by the inaccessibility of health care and educational establishments that provide services of higher quality, by the absence of out-of-school facilities etc.

The considerable incidence of monetary poverty in small settlements, combined with the problem of restricted access to social services, creates a particular vulnerability. Higher monetary poverty rates in rural areas are caused by restricted opportunities for efficient employment and by the predominance of work at personal land plots, with related problems of selling the produce. However, a wider gap between urban and rural areas can be seen in non-monetary poverty indicators due to rural people's limited access to social services. This could be described as social exclusion of the rural population, since most rural residents suffer from a number of deprivations of basic aspects of life. In addition, unequal access due to the locality

of residence can be viewed as social injustice. The main difficulty lies in the need for a comprehensive solution to the problem, requiring substantial long-term investments and radical reform in certain fields, particularly health care and education.

Ineffective state support for poor households and inefficient spending of budget funds for social support hinder the process of reducing monetary poverty and infringe the principle of social justice. The state social support system today has no impact on the scale of poverty for a number of reasons, including: failure to consider a family's income when assigning social benefits and other social allowances,

which results from the application of mainly a category-based approach (entitlement to assistance for certain categories of clients), instead of a targeted approach (consideration of every specific case); and a mismatch between the officially declared and real incomes of claimants for targeted assistance. As a result, funds from social programmes are scattered to a great number of recipients,⁹ while only a small share of the funds reach the poor ones.¹⁰ Even funds from targeted programmes mostly reach non-poor population groups, particularly as far as housing subsidies are concerned. This type of distribution of budget funds allocated for social support does not promote lower inequality and poverty in society, thereby violating the principle of social justice.

RECOMMENDATIONS TO ADDRESS CHALLENGES

Poverty as a comprehensive problem concerns all aspects of societal life, hence special conditions for the development of the economic, ecological and social environment need to be provided to mitigate and partly solve it. Subject to favourable economic developments, the incidence of absolute poverty decreases, and additional financial capabilities emerge for state policies to have an impact on the non-monetary components of poverty. However, during an economic crisis or stagnation, when all financial reserves are exhausted, the key policy focus shifts to distribution processes and the involvement of all civil society entities in addressing the problem of poverty.

Changing the principles and mechanisms of income distribution. The main idea is to retarget the taxation system towards reallocating income from the wealthiest population groups to the poorest ones, thereby mitigating the burden placed on middle-income groups. To achieve this objective, the promotion of a gradual legalization of incomes by better administration of income from illegal sources is needed. The main goal of the income allocation system must be human — not economic — development. For example, preferential taxation or subsidies should only be used for the sectors or enterprises able to address specific problems: by significantly increasing the number of jobs in a depressed region, making products that are socially necessary in the given territory, reducing prices of socially significant products or services etc.

Reducing the incidence of child poverty. To achieve this task, the focus should be placed

on labour remuneration. It is necessary to gradually increase wages by increasing minimum wages (compared to other state guarantees). On the one hand, to expand parents' opportunities to provide financially for their family, special attention should be paid to the large-scale implementation of flexible working schedules, especially for mothers with young children. On the other hand, it is necessary to allow a mother to return to her work after a maternity leave in or ahead of time by improving the availability of places in pre-school facilities. Also, the elimination of non-monetary aspects of child poverty will be promoted by enhancing the availability of free services for all stages of a child's development (through multi-channel funding). In terms of vulnerable children, it is necessary to ensure that all poverty-related problems they encounter are handled effectively (timely identification, recording, social inspection and follow-up; provision of comprehensive assistance to families with children to prevent crisis situations; continuous long-term monitoring of the situation of children in difficult life circumstances etc.). In terms of homeless children, it is necessary to ensure the possibility of assessing the scale of homelessness (by organizing official data collection). To reduce the incidence of poverty among children with disabilities, it is essential to improve their living standards and enhance their social inclusion and self-realization.

⁹ Over half (57 percent) of households receive at least one social support programme.

¹⁰ The poorest 30 percent of households receive less than 50 percent of the funds from social support programmes.

Improving access to social services for rural residents. It is necessary to shift the development focus from financing the social sphere (infrastructure facilities and staff wages) to securing the availability of basic services for all population groups. The health care reform that has been initiated, involving rural settlements first of all, should be assessed today from the perspective of the availability of various service levels for various population groups. If the assessment outcome is negative, then the reform should be adjusted; in particular, basic facilities and equipment should be preserved to improve service accessibility and quality by allocating budget funds more efficiently and promoting the mobilization of finance from individuals, communities and business. In addition, reforming the system of distributing inter-budget transfers based on uniform social service provision standards will decrease territorial differences in non-monetary poverty.

Improving the efficiency of the state social support system and increasing its impact on poverty. The key task is to retarget the social support system from assistance to all vulnerable

or non-competitive population groups towards assistance to the poorest groups. To do this, it is necessary to ensure better targeting of social assistance to poor households by improving legislative, methodological and technical aspects of the state social support system. This approach would ensure a higher efficiency of the distribution of budget funds for social goals and, accordingly, an opportunity to increase social transfers to the poorest population groups within the limits of available funding.

Under current conditions, when complicated social problems become more acute amid a lack of financial capacity for addressing them effectively, a new approach to sharing responsibility is needed. It is necessary to focus on sharing responsibility, including financial responsibility, between all the civil society entities (the State, business, the community and individuals) to ensure equal access to high-quality social services, comply with principles of social justice in the allocation of funds for social support, and provide special conditions for the development of socially vulnerable population groups.



GOAL 2
ENSURE QUALITY
LIFELONG EDUCATION

Accessible, high-quality education is a precondition for sustainable economic and social development. Harmonizing professional education with the labour market, particularly by modernizing specialist training to meet the needs of the economy, is important. The limited 'development resources' require that the full utilization of internal capacity of the education system to update content, search for and implement new forms of knowledge transfer and improve the educational process.

TARGETS AND INDICATORS

Targets	Indicators
Target 2.A: Increase enrolment rates in education	2.1. Net enrolment rate in pre-school educational institutions for children aged 3–5 in urban areas, % 2.2. Net enrolment rate in pre-school educational institutions for children aged 3–5 in rural areas, % 2.3. Net enrolment rate for children in secondary education, % 2.4. Net enrolment rate in post-secondary institutions for those aged 17–22, % 2.5. Cumulative gross number of persons undergoing retraining or professional development, thousands of people
Target 2.B: Raise the quality of education	2.6. Number of general educational institutions with internet access, %

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2015
Indicator 2.1. Net enrolment rate in pre-school educational institutions for children aged 3–5 in urban areas, %													
65.1	73.3	79.5	82.6	85.8	86.9	87.2	87.3	88.0	86.5	87.5	87.6	93.0	95.0
Indicator 2.2. Net enrolment rate in pre-school educational institutions for children aged 3–5 in rural areas, %													
24.0	24.4	27.5	29.9	33.2	38.0	41.7	44.9	47.6	47.8	49.7	53.2	57.6	60.0
Indicator 2.3. Net enrolment rate for children in secondary education, %													
97.7	98.1	98.3	97.8	99.1	99.3	99.4	99.5	99.7	99.1	97.3	98.8	99.5	99.9
Indicator 2.4. Net enrolment rate in post-secondary institutions for those aged 17–22, %													
31.5	32.5	34.8	35.0	37.2	41.8	44.1	45.4	46.3	46.9	47.0	45.9	45.7	56.0
Indicator 2.5. Cumulative gross number of persons undergoing retraining or professional development, thousands of people													
–	158	–	167	188	193	193	197	293	224.5	249.4	264	–	320
Indicator 2.6. Number of general educational institutions with internet access, %													
–	–	–	–	–	–	–	–	42	43	57	69.1	76.4	90

Values of indicators 2.1 and 2.2 are provided by preliminary data of the State Statistics Services of Ukraine, since the respective surveys are conducted once in two years. Data for indicator 2.6. are available for the period before 2008.

The table presents actual data and expected target values for 2015 (established in 2010).

Ukraine's legislation on pre-school and general secondary education has been improved in recent years, in particular: pre-school education has been made compulsory for senior pre-schoolers; the 11-year period of study for acquiring complete general secondary education has been introduced; new state standards of pre-school and general secondary education, the Regulations on the Educational District, the Regulations on the General Educational Institution, the Procedure for Organization of Inclusive Learning at General Educational Institutions, and the Regulations on Distance Learning have been approved; and the Concept of Literature Education, the Concept of Inclusive Education, etc. have been devised. An important achievement is the harmonization of legislative and regulatory frameworks on general secondary education for children with special educational needs with international standards, including the UN Convention on the Rights of the Child. In 2012, three Ukrainian universities were included in the QS World University Rankings.

Ukraine manages to maintain fairly high indicators in education (literacy, enrolment in complete general secondary and higher education). During recent years, it has managed to enhance its education policy and improve its implementation, particularly by introducing a number of state programmes for various education levels. There is no gender-based limit to access to education at any level; a gender disparity in favour of women even exists among those enrolled in higher education.

The most recent achievements in the field of education include: the creation of a new generation of education standards; approval of the National Qualifications Framework; improvement of the mechanism of the government order for specialist training and staff retraining; upgrading of occupational training profiles and areas; adoption of innovative educational technologies; continued development of out-of-school education; development of state and public management of education; updating of the monitoring system etc.

However, amid many positive changes, challenges still exist such as overcoming local disparities in access to quality education, matching professional education and the labour market's requirements, adopting new budgeting technologies in the education system, and using economic regulators and incentives to encourage initiatives in the field of education.

PROGRESS TO DATE

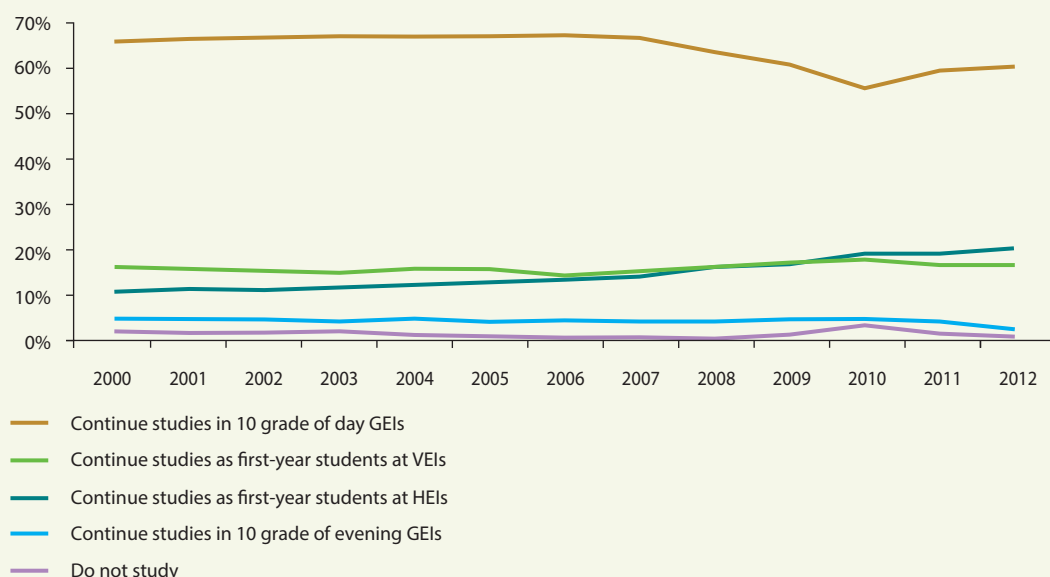
An increase in the education enrolment rate for children aged 3–5 has occurred due to the following: pre-school education became compulsory for senior pre-schoolers in 2010, and the Programme for Pre-school Educational Development through 2017 was approved in 2011. To improve the quality and update the content of pre-school education, the programme 'Vpevnyyi Start' (Confident Start) for development of pre-schoolers has been approved; the functioning of pre-school education institutions (PEIs) has been improved;¹¹ and a new edition of the Basic Pre-school Educational Component has been adopted. Innovations are being implemented,

including health improvement technologies for pre-school children, systems of electronic registration for kindergarten admission, new forms of work with parents, and dissemination of best practices through publications.

To increase the enrolment rate for children in pre-school education, certain types of institution have been expanded,¹² and the number of first-grade schoolchildren starting studies in PEI premises has declined. However, due to an increase in the total number of pre-school children in Ukraine, kindergarten occupancy has been steadily growing every year.

¹¹ For example, supervision of the organization of catering, arranging physical training and health promotion activities, enhancing medical services for pre-schoolers, maintaining business documentation, and certification of HEIs.

¹² Groups have been established at schools and child development centres; work on educational complexes and advisory units for parents has been organized; and various forms of social and pedagogical patronage have been implemented.

Figure 3.2.1. Dynamic of Distribution of GEI Year 9th Graduates by Further Educational Attainment, 2000–2012, percentage

Source: State Statistics Service of Ukraine

Although the pre-school education network has increased by 768 institutions over the last two years (by restoring buildings, putting 27 new facilities into operation etc.), many buildings that could serve as PEIs are still not used for their intended purpose. There are relatively few private kindergartens (305 facilities, or 1.9 percent of the total number of PEIs), and most of them are situated in urban areas.

According to the estimates of the Institute for Demography and Social Studies based on the Budget Household Survey,¹³ 14.7 percent of rural households with children were unable to find a PEI place in 2011, compared to only 4.1 percent in urban areas. The percentage of rural families with one child deprived of access to pre-school education was 10.6 percent, with two children was 19.3 percent, and among large families was 23.9 percent. The limited access to pre-school education is often caused by financial issues. Lack of funds to pay for PEI services by parents is the main reason for 16.6 percent of children not attending a PEI. Other reasons such as no available places, the institution's unacceptable opening hours, or its remoteness from the place of residence are secondary.¹⁴

¹³ The Survey is conducted by the State Statistics Service once in two years.

¹⁴ Libanova, E.M., National Report 'Sustainable Human Development: Securing Justice', M.V. Ptukha Institute for Demography and Social Studies, NAS of Ukraine, Kyiv, 2012, p. 180, 236–237.

Progress in the net enrolment rate for children in secondary education has been achieved due to the State guaranteeing compulsory and free-of-charge complete general secondary education. There are various types of educational institutions in Ukraine. After graduating from basic school, young people can continue their studies at General (GEIs) (day or evening ones), Vocational (VEIs) or Higher Educational Institutions (HEIs).

Currently, there is a trend among young people to simultaneously acquire a complete general secondary education and an occupation/qualification (Figure 3.2.1). Whereas 16.2 percent of pupils entered VEIs and 10.9 percent entered HEIs after completing Year 9 in 2000, the figures in 2012 reached 16.8 percent and 19.7 percent, respectively. Therefore, the share of school-children who continue their studies in senior grades of day schools (2000: 66.5 percent; 2012: 60.4 percent) and evening schools (4.1 percent and 2.6 percent, respectively) is decreasing.

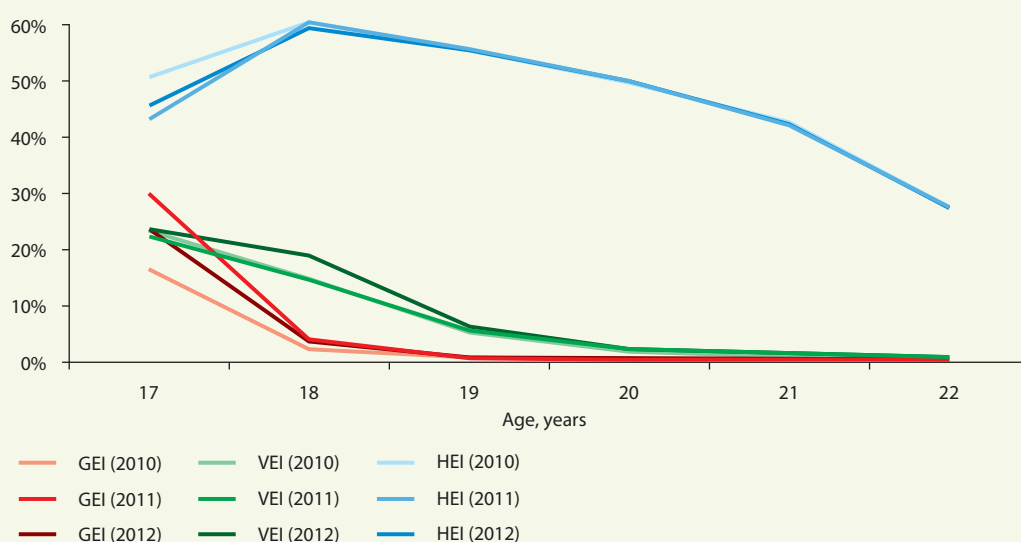
Completing general secondary education improves an individual's labour mobility. At the same time, requirements for qualifications (even for low-paid occupations) are growing. Therefore, the volatile values of the indicator 'Ninth-grade graduates who did not continue studies after acquiring basic secondary education' during the last 12 years (Figure 3.2.2) indicate a 'hidden' problem.

Figure 3.2.2. Number of Year 9th Graduates who Did Not Continue Studies after Acquiring Basic Secondary Education, 2000–2012



Source: State Statistics Service of Ukraine

Figure 3.2.3. Education Enrolment Rates for Young People, number of GEI pupils, VEI and HEI students as a proportion of the total number of persons of their age



Source: State Statistics Service of Ukraine

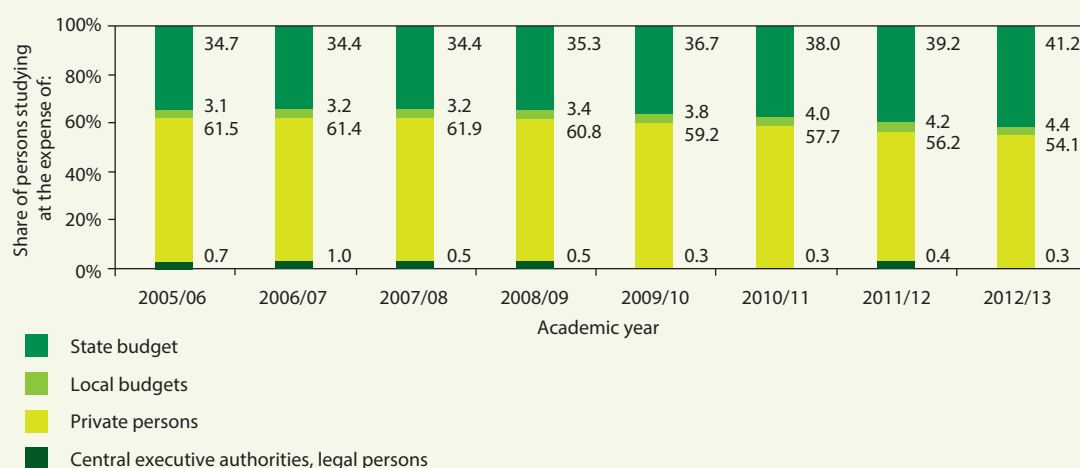
Declining interest in attaining a higher educational level, particularly among pupils from low-income and socially disadvantaged families, increases a risk of spreading and consolidating a 'culture of poverty'. Among adolescents aged 15–17 who do not study anywhere, urban residents (2003: 54.1 percent; 2012: 55.9 percent) and boys (59.6 percent and 53.7 percent, respectively) prevail.¹⁵

A lack of progress in the net enrolment rate in post-secondary institutions for those aged

17–22 requires an adjustment of its target value. Structural shifts in the number of pupil and student contingents of relevant ages should be taken into account (Figure 3.2.3). The transition to an 11-year period of schooling has increased the share of 17-year-olds among GEI pupils¹⁶ (2010: 17.0 percent; 2011: 30.8 percent; 2012: 24.1 percent). In addition, the share of 18-year-old upper-grade pupils has grown (2.6 percent, 4.0 percent and 3.5 percent, respectively). The enrolment

¹⁵ Excluding children needing physical and/or mental corrections.

¹⁶ Excluding pupils of special schools (boarding schools) and pupils of special classes.

Figure 3.2.4. Sources of Funding for Training of HEI Student, 2005–2012

Source: State Statistics Service of Ukraine

of young people in vocational education has been increasing: the share of VEI pupils among the population aged 17 was 24.4 percent in 2012, and among those aged 18 was 19.6 percent. Thus, a minor decline in the coverage of young people by higher education has occurred due to a reduction in the size of the student population aged 17–18. Enrolment of young people aged 19–22 in higher education remains fairly stable.

The dynamics of indicators related to youth enrolment in higher education suggest that its availability is being maintained, including due to greater state funding, social sup-

port and the removal of institutional obstacles. Educational policy should be aimed at improving the objectivity, openness and transparency of the admission process, and the pre-university youth training system and professional guidance for young people in higher education.

The share of pupils studying in HEIs at the expense of state and local budgets has been growing, from 37.6 percent in 2006 to 45.6 percent in 2012 (Figure 3.2.4.). In 2012, more than half of the total number of students (53.2 percent) were admitted to the initial cycle of training at the expense of state and local bud-

Table 3.2.1. HEI Enrolment of School Graduates in 2005 and 2012, percentage

	Enrolled in HEIs:					
	I–II accreditation levels		III–IV accreditation levels		I–IV accreditation levels	
	2005	2012	2005	2012	2005	2012
Total enrolment in the initial cycle of training after graduating from school, including:	77.6	78.3	70.6	68.9	72.4	71.1
– after graduating from middle school with a certificate of basic general secondary education	37.6	53.3	5.3	11.8	13.5	21.2
– after graduating from senior school with a certificate of complete general secondary education	40.0	25.0	65.3	57.1	58.9	49.9

Source: State Statistics Service of Ukraine

gets. In addition, socially vulnerable citizens have the right to privileged admission to HEIs in Ukraine.¹⁷ Persons entitled to privileges are granted 25 percent of budget-funded places in HEIs, and this quota is fixed for any subject at all state-owned HEIs. Contrary to popular opinion, HEIs are no less accessible to young people in rural areas than those in urban areas. Rural residents have an opportunity to choose both their future occupation and educational institution. The transition from secondary to higher education is ensured (Table 3.2.1), and the majority of pupils (2012: 71.1 percent) go to an HEI immediately after graduating from school.

Increases in the number of workers who undertake retraining or professional development are defined by the growing needs of the knowledge-based economy and changes in local and sectoral labour markets. Absolute and relative numbers of persons of pre-working and working age are expected to decrease substantially within the next 15 years. This process will speed up in 2015–2020, since the largest population age groups will start leaving the boundaries of working age.¹⁸

The provision of lifelong educational opportunities is enshrined in the Law on the Professional Development of Workers and the Law on Employment of the Population (2012). In particular, the right to obtain a voucher for free retraining is provided for persons older than 45 with vocational or higher education. The procedure for confirming results of informal vocational training for persons in worker occupations has also been approved. This procedure is based on defining the level of a person's professional knowledge, skills and abilities using measurement tools and assessment criteria.

Since 2011 was declared the Year of Education and the Information Society, the adoption of information and communication technologies (ICT) into the teaching process has received special attention. The introduction of ICT in the

middle tier of education is stimulated by social corporate responsibility (e.g. cooperation with Kyivstar, a leading domestic telecommunication provider, and well-known global companies such as Microsoft, Intel, Apple, Samsung Electronics etc.).

Due to the implementation of the Programme 'Hundred Percent', 76.4 percent of schools were covered by internet access in 2012. However, this process is progressing much better in urban areas. As many as 94.9 percent of urban day GELs have internet access, compared to 67.1 percent in rural areas.

In addition, the quality of education has been improved due to the introduction of new educational standards for primary schools in 2012, according to which children will start learning information science in the second year and a foreign language in the first year as compulsory subjects. In addition, teachers are trained in ICT basics and improve their skills in using the most advanced information technologies in the teaching process. The number of pupils per each school computer has decreased significantly, from 54 in 2005 to 25 in 2012.

ICT use in the educational process has considerably expanded. The International Ukrainian School has been working since 2007 for children of Ukrainian nationals living abroad, and distance learning has been organized for pupils living in 60 different countries. Other activities include internet competitions on various school disciplines, internet meetings for parents of future first-form pupils, monitoring surveys among pupils etc.

According to TIMSS 2011 results, Ukrainian Year 8 pupils obtained 479 points in Mathematics and 501 points in Sciences. Compared to 2007, Ukraine has improved its results by 17 and 16 points, respectively, which enabled it to rise in the international rankings from 25th to 19th position in Mathematics and from 19th to 18th in Sciences.¹⁹

¹⁷ Orphaned children, children deprived of parental care, children with disabilities, children of military servicemen and law-enforcement staff killed on duty, and other categories.

¹⁸ Libanova, E.M., *National Report 'Sustainable Human Development: Securing Justice'*, M.V. Ptukha Institute for Demography and Social Studies, NAS of Ukraine, Kyiv, 2012, p. 158.

¹⁹ Prokopenko N., *'Temporary answers to eternal questions'*, Newspaper Mirror of Week, No. 47–48 of 21–27 December 2012, Kyiv, 2012.

CHALLENGES FACED AND UNFINISHED BUSINESS

The quality of educational attainment needs to be further improved, and this constitutes the main challenge for the educational system. The quality of knowledge relayed to young generations depends not only on the quality of teachers' work. **There is an inconsistency between the resources of the educational system (material and technical as well as teaching and methodological frameworks) and the new dictates of the time.** Overcoming the existing differences in learning conditions in educational institutions of various levels and types is critical.

There is a problem with staffing in schools, particularly in rural areas, among teachers of foreign languages, information science and the natural sciences. Currently, no school subject is 100 percent provided by teachers with completed higher education. The share of retirement-age teaching staff who apply outdated teaching methods has been growing in recent years. Provision of equipment in GEI classrooms is insufficient, and there are considerable regional disparities. For example, the level of provision of the necessary equipment in the different regions varies from 17 to 40 percent for Physics classrooms, from 18 to 49 percent for Chemistry laboratories and classrooms, and from 14 to 24 percent for Biology laboratories and classrooms.²⁰

The problem of lagging behind modern requirements in computerization of school education, and insufficient provision of educational institutions, particularly in rural areas, with high-speed internet connections and licensed software is still critical. In general, the problem of 'outdated computers and lack of internet' is recognized by education managers as one of the biggest challenges for the modern Ukrainian school.²¹

The most difficult procedure in the framework of computerization of education is to provide children with disabilities and children under long-term medical treatment with distance learning. If this is implemented, it will ensure **expanding inclusive education**²² and coverage of children

who do not attend schools due to health issues. According to the Ministry of Health, 71,500 children with special needs were integrated into GEIs in 2012. However, 10,900 children aged 6–18 did not complete general secondary education due to their health. A considerable proportion of them (84.1 percent) are children who need special physical and/or mental support. Barrier-free access to the first floor of educational establishment for pupils with disabilities has already been arranged in 14,000 schools (73.4 percent of the total number of day GEIs, excluding special schools). However, access for these pupils to the second floor is provided in only 63 schools (0.3 percent), and to the third and upper floors in only 18 schools (0.09 percent).²³

Possible consequences of optimization of **the school network**, particularly in rural areas, are actively discussed in society. People see school optimization as being associated with a complicated situation in pre-school education — overcrowded kindergartens in urban areas or their complete absence in some rural areas. For rural communities a school remains almost the only viable socio-cultural centre amid the imperfect system of local government and an extremely limited infrastructure of social and cultural services in rural areas. Even now, the available network of rural GEIs is physically unable to ensure adequate coverage of adolescents with complete secondary education. In nine regions of Ukraine, the number of rural day GEIs of levels I and II is greater than the number of institutions of levels I–III (for example, 2.9 times in Ternopil'ska oblast, 2.4 times in Lviv'ska oblast, and 1.8 times in Zakarpatska oblast), whereas there are only eight rural institutions of level II–III in the whole country. Of Year 9 graduates in rural areas, 55.8 percent continue studies in Year 10 in day GEIs, whereas the figure for urban areas is 64.8 percent.²⁴

Expanding the sphere of paid services does not guarantee access to quality education, particularly higher education. An over-extended high school network and the possible training of a broad spectrum of specialists by an institution without taking into account its core profile are highly criticized. In recent years, however, the main negative trends have been suspended (in particular, by applying licensing and accreditation). The total number of HEIs has decreased

²⁰ Kremen, V.H., V.P. Bekh, M.I. Burda, 'National report on the situation and development prospects of education in Ukraine', National Academy of Pedagogical Sciences in Ukraine, Pedahohychna Dumka, Kyiv, 2011, 304.

²¹ Ten acutest challenges for the modern Ukrainian school, Results of a survey conducted by the Ministry of Education and Science, Youth and Sports of Ukraine among education managers of various levels (14 August 2012)

²² The position of Teaching Assistant was introduced in 2012 for classes with inclusive teaching.

²³ Data from the State Statistics Service as of 2012/2013 academic year.

²⁴ Data from the State Statistics Service as of 2012/2013 academic year.

by 9 percent from 904 in 2007 to 823 in 2012, whereas the number of persons studying in standalone structural units of HEIs has declined by 36 percent from 309,500 to 197,500.

The process of harmonization between vocational education and the needs of the labour market is taking place rather slowly and inefficiently. A high demand for higher education among young people over recent decades has caused considerable changes in the population's educational and occupational structure and decreased the competitiveness of young specialists in the labour market. A considerable number of specialists have to take jobs in other fields or acquire other qualifications due to a shortage of quality jobs with decent conditions and pay, especially for young people. A youth unemployment rate (among youth aged 15–24) that was 17.3 percent in 2012 — double that of the general population — suggests that the potential for self-realization will deteriorate in the future. Since the existing educational and qualification outcomes (particularly Bachelor's degrees) often fail to match employers' requirements, labour and education legislation should be improved.

'Outdated' budgeting technologies are used in the educational system, in most cases based on a normative formula for allocating financial resources for education, which ignores the real

funding gap of the previous year and is not linked to the number of pupils and students. As a result, the process of priority financing is continued for those educational institutions where the cost of attendance is higher. Specialized schools (gymnasias, lyceums etc.), where additional subjects are taught, and where there is a better pupils-to-teachers ratio and modern equipment, are in a privileged position.

Implementation of the budgeting principles and establishment of a clear relationship between the financing of an educational institution and the quality of its performance are the important issues. A system of moral and material incentives for teachers has not yet been developed. The quality of educational services (especially in pre-school, secondary and out-of-school education) increasingly depends on the amount of payments from the population (including informal payments).

Due to an imperfect legislative framework to diversify funding sources for education, educational institutions still have limited capabilities to mobilize additional funds and use grant support for research projects and educational innovations. Among the managerial, pedagogical and scientific communities, the issue of granting autonomy to educational institutions, particularly HEIs, is the most difficult one.

RECOMMENDATIONS TO ADDRESS CHALLENGES

The guarantee of **accessibility of quality pre-school education** should be reinforced by financial mechanisms aimed at accelerating the development of the relevant infrastructure, enhancing the efficiency of pre-school education, meeting people's needs for quality child-care, and providing budget support to parents to pay for PEI services. In urban areas, an alternative to the shortage of kindergarten places could be to expand the system of flexible attendance and promote the development of private and corporate pre-school facilities. In rural areas, it could be to establish educational districts and family-type kindergartens. Including the repair, reconstruction and building of PEI facilities in regional development programmes would ensure that the pre-school educational network is restored.

The quality of school education is of principal importance. It is in school that the country's 'competitive future' is formed, and it is the school that greatly determines the success of further professional education of young people.

Therefore, state support should be targeted at equalizing the teaching, material and technical frameworks of urban and rural schools,²⁵ adopting innovative educational technologies and expanding a network of new types of educational institutions.

The development of a system of state educational investments should be based not only on an increase in expenditures but also on improving its effectiveness. Therefore, it is important to train skilled workers and specialists with higher education at the expense of the state budget only in the fields where there is a shortage of specialists, and to award government accreditation only to the institutions that ensure high standards and quality of training. In this context, it is necessary to ensure transparency and fairness of the admissions procedure in VETs and HEIs of

²⁵ Including by building and rebuilding educational institution premises, carrying out timely repairs and providing logistical and sanitary and hygienic conditions for teaching.

accreditation levels I–II as well as to consider a possible merger of these educational institutions into one sector.

Licensing and accreditation should become more effective in influencing the quality of higher education. In addition, the impartiality and reliability of expert opinions in relevant procedures should be guaranteed. The requirement of ensuring the practical application of educational programmes calls for a need to find ways of introducing a legislative regulation for the work of HEI and VET students. Guaranteeing the quality of higher education should be ensured by adopting the new Law on Higher Education. Broadening the academic, financial, organizational and staff autonomy of high schools should be considered, first and foremost, from the perspective of improving the quality of educational services.

Accelerated computerization of education is required, including by connecting educational institutions to the high-speed internet, providing computerized teaching resources and supplying multimedia equipment to key educational institutions in educational districts. The possible timely replacement of outdated computer equipment should be considered (for example, by enhancing the financial autonomy of educational institutions or approving relevant rates).

Creating electronic textbooks and teaching encyclopaedia and developing a network of electronic libraries at every educational level should be another important priority. Full-scale integration of Ukrainian education in the international educational environment assumes free access of educational institutions to world information resources, including scientific ones. Thus, enhancement of Ukrainian HEIs' access to the content of the Scopus information and scientific database system becomes critical.

Expansion of the inclusive learning model envisages the consideration of its diverse interdisciplinary and social aspects (particularly in the development and approval of new state sanitary norms and regulations and of the rules for maintaining educational institutions and the organization of the teaching process). A barrier-free teaching environment for children with special needs — in particular, unhindered access of children with disabilities to educational institutions — should be created in the short term. This work will be more efficient if

non-governmental organizations and other social partners are involved.

The following activities are considered important: developing full-scale scientific and methodological support for inclusive education involving the best scientists and experts; creating a system of distance learning for children with disabilities and children under long-term medical treatment; providing special educational institutions (groups, classes) with specialist computer software; improving the network of special educational institutions; and disseminating the practice of inclusive and integral teaching in pre-school and out-of-school educational institutions.

Strengthening the capacity of the educational workforce is critical in the short and medium term. A comprehensive solution is needed to address staffing problems: raising the skill level of teachers, improving their gender and age composition, and adopting efficient mechanisms to encourage inflow and retention of young staff, particularly in rural areas. It is also necessary to boost the workforce capacity of inclusive and correctional education and to ensure training and improve the skills of teachers and teaching assistants to work in inclusive classes.

Other measures include improving the system of pedagogical education and removing disparities in the network, structure and content of training of teaching and scientific teaching specialists. It is reasonable to expand the practice of training of teaching employees for all education levels on the basis of integrated curricula (combination of specialities, or of a speciality and a specialization).

The work of post-graduate pedagogical education institutions and HEI structural units, on which teacher retraining and professional development is based, should be improved. To enhance the system of retraining and professional development of pedagogical and scientific pedagogical staff and managers of educational institutions, the standards of post-graduate pedagogical education should be improved.

Improving monitoring in education. Evaluation of the quality of all educational levels should take place with transparency and openness. It is necessary to implement, as soon as possible, the National GEI Ranking System and publish the school ranking results on the official Ministry of Education website each year. It is also important to develop criteria to evalu-

ate the quality and performance of educational activities of academic institutions. Ukraine's participation in the international comparative studies on the quality of education (particularly TIMSS, PISA, PIRLS) should be enhanced.

An efficient system of external and internal evaluation of the quality of higher education must be established. Such a system should be set up with due consideration of European standards and recommendations. At present, the practice of ranking of higher education is being extended at the global (supernational) level. This raises the prospect of leading Ukrainian universities entering the main international rankings of the world's best universities in the near future.

Another important step is to **establish productive intersectoral partnerships** to harmonize the activities of education and the labour market, determine volumes and areas of staff retraining and professional development, and improve procedures for forecasting the development of professional education. In this regard, the Strategy for Development of the National Qualification System for the Period until 2020 should be approved. It is also reasonable to expand the practice of involving

employers' associations in drafting legislative and regulatory acts on vocational education.

Further deepening of international cooperation is needed for stronger competitiveness of the domestic educational system in the global educational marketplace. It is necessary not only to enhance the practice of educational and scientific exchanges, internship and training abroad of pupils, students, pedagogical and scientific pedagogical employees but also to perfect, as soon as possible, relevant financial mechanisms to ensure this process. An increase in the number of foreign students should be viewed as prospective investments not only in higher education but also in the development of the national economy. It is necessary to enhance the representation of the relevant national structures engaged in international education in other countries to encourage promotional and informational work, and to implement the enrolment procedure for foreigners to study in Ukraine (including at VElS). Benefits for foreign nationals of undertaking education in Ukraine might include acceptable costs of studies, the country's 'geographical' attractiveness, possible state scholarships, tolerant social attitudes and a high quality of education.





GOAL 3
PROMOTE GENDER
EQUALITY

During the last decade the country has managed to achieve certain progress in setting up institutional mechanism for gender equality. The national legislative framework has been aligned with international standards, special authorized bodies have been established, and a powerful sector of non-governmental organizations working to counteract gender inequality has been developing. However, achievement of the target values by 2015 is not realistic, and achievement of the goal of promoting gender equality is only possible subject to stronger political will.

TARGETS AND INDICATORS

Targets	Indicators
Target 3.A: Ensure gender representativeness at the level of no less than 30–70% in representative bodies and high-level executive authorities	3.1. Gender ratio among the Members of the Parliament of Ukraine, number of women/number of men 3.2. Gender ratio among the members of local authorities, number of women/number of men 3.3. Gender ratio among the higher-level civil servants (categories 1–2), number of women/number of men
Target 3.B: Halve the gap in incomes between women and men	3.4. Ratio of average wages between women and men, %

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2015
Indicator 3.1. Gender ratio among the Members of the Parliament of Ukraine, number of women/number of men													
8/92	8/92	5/95	5/95	5/95	5/95	9/91	8/92	8/92	8/92	8/92	8/92	9/91	30/70
Indicator 3.2. Gender ratio among the members of local authorities, number of women/number of men													
42/58	42/58	42/58	42/58	42/58	42/58	35/65	35/65	37/63	37/63	37/63	44/56	–	50/50
Indicator 3.3. Gender ratio among the higher-level civil servants (categories 1–2), number of women/number of men													
15/85	16/84	17/83	17/83	17/83	22/78	21/79	22/78	22/78	23/77	25/75	27/73	28/72	30/70
Indicator 3.4. Ratio of average wages between women and men, %													
70.9	69.7	69.3	68.6	68.6	70.9	72.8	72.9	75.2	77.2	77.8	74.9	77.6	86

The table presents actual data and expected target values for 2015 (established in 2010).

Gender inequality — i.e. inequality on the grounds of sex — is to a greater or lesser extent inherent in all societies, regardless of a country's social and economic development, state system or political structure. At a global level, unequal opportunities for women and men are observed in various spheres of life — access to economic resources and managerial responsibilities, participation in the labour market and political involvement — and the problem of unequal access to education or health care is still relevant in some regions of the world. In Ukraine, despite women's high educational attainments and fairly high levels of economic activity and employment, they encounter barriers to promotion to top positions, are underrepresented among high-ranking officials, and receive lower wages than men.

Having assumed commitments to address gender issues in the framework of the MDGs, Ukraine set a number of targets related to eliminating the above-mentioned manifestations of inequality between women and men. In particular, national targets on gender development focus on securing parity in representation of women and men in elective authorities and public administration as well as on reducing gender inequality in wages. These targets are reflected in the system of indicators that describe the participation of women and men in representative authorities of various levels — in the national Parliament and local government bodies, in top civil service positions (among managers of categories 1–2) as well as the gender wage ratio in the national economy.

PROGRESS TO DATE

Achieving gender parity within representative authorities and public administration remains an important task, since Ukraine is most notably behind developed countries in terms of this indicator. Although the number of women representatives among the members of the 7th convocation of the Ukrainian Parliament slightly increased (42 women among 445 members, or 9.4 percent), the existing level of representation of women and men in the Parliament remains too far from the target value set for 2015 (no less than 30 percent of either sex). It is also impossible to achieve an interim target value for 2013 (25/75) without a change in general approaches to the political process in the country, particularly without applying the principle of parity of representation of women and men to electoral lists. Although draft laws with amendments to the election laws have been repeatedly submitted to the Parliament for consideration, they are not supported by the Members of Parliament.

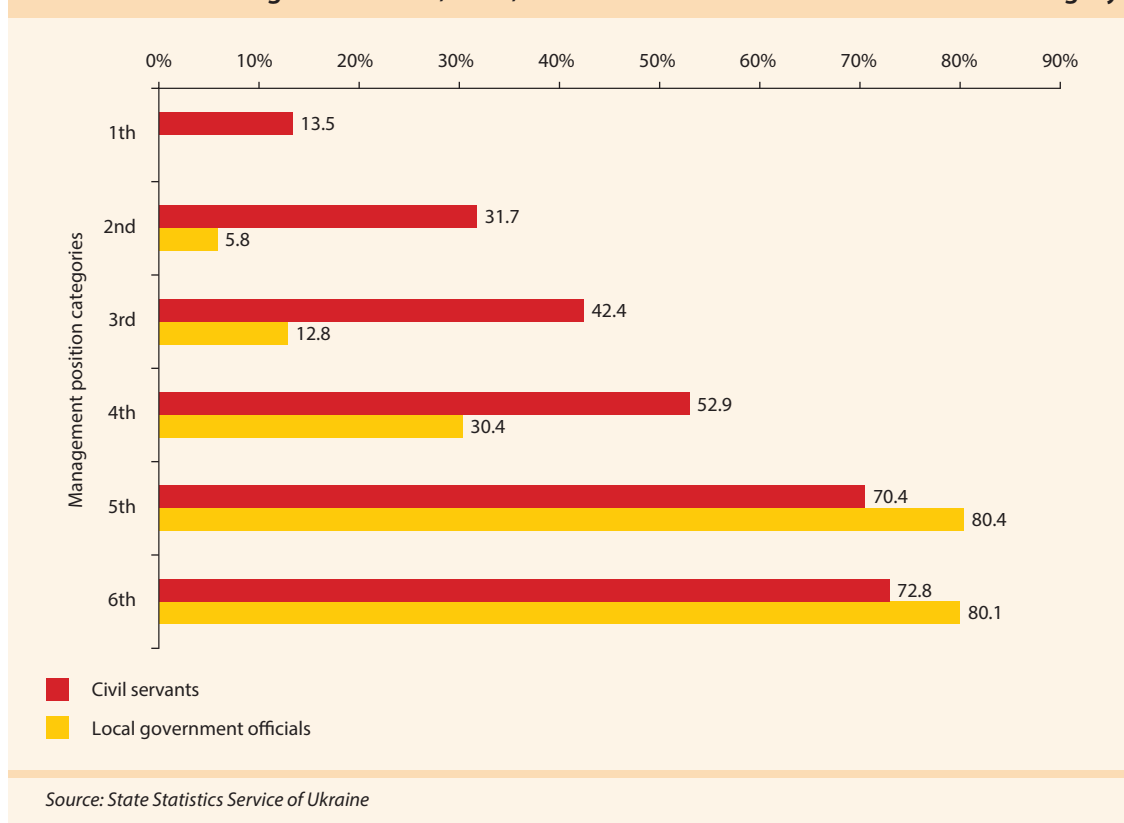
The situation with regard to achieving this target looks even more unfavourable if compared to the global trend of enlarging women's representation in national parliaments. In 2012, women occupied on average 20.4 percent of parliamentary seats in the countries of the world (42 percent in the Scandinavian states and 15 percent in the Arab states). Ukraine is also behind all former Soviet countries in terms of women's representation in the national Par-

liament.²⁶ Therefore, unless radical changes occur in the political arena, Ukraine will be moving away from modern gender democracy standards, which would affect its international image and restrict its aspirations of European integration.

The number of women among the members of local councils is higher. According to the Ministry of Social Policy of Ukraine, in 2012, women accounted for 12 percent of members of oblast councils, 23 percent of rayon councils, 28 percent of city councils, 51 percent of village councils and 46 percent of settlement councils. However, the relationship between the council's level of authority and its gender composition remains obvious: women are traditionally much better represented in lower-level representative authorities, particularly village and settlement councils. These elected positions are more accessible to women because of their proximity to local communities, previous activities and programme slogans, as well as lower financial expenditures for election campaigns. On the other hand, a narrower scope of responsibilities and fewer resources administered by local councils reduce the barriers to women's

²⁶ As of 2012, the share of women in national parliaments was the following: Belarus: 26.6 percent, Lithuania: 24.5 percent, Kazakhstan: 24.3 percent, Kyrgyzstan: 23.3 percent, Latvia: 23.0 percent, Uzbekistan: 22 percent, Estonia: 20.8 percent, Moldova: 19.8 percent, Tajikistan: 19.0 percent, Turkmenistan: 16.8 percent, Azerbaijan: 16.0 percent, Russian Federation: 13.6 percent, Georgia: 12 percent, Armenia: 10.7 percent.

Figure 3.3.1. Representation of Women in Executive Bodies of Ukraine by Category of Managerial Position, 2012, share of total number of officials in each category



electoral success compared to those that prevent women's promotion to national managerial levels.

In general, the public administration system in Ukraine can be described as a 'feminized' sector of employment, since women comprised 76.8 percent of the total number of civil servants in 2012. However, their numerical superiority is secured mainly due to officials at lower managerial levels: although women account for over two thirds of managers of categories 5–6, their share declines swiftly as the seniority of the position increases. Among managers of category 1 — i.e. the high-ranking officials responsible for decision-making of national importance — only 13.5 percent are women.

Limited opportunities for women's access to top management positions, which is summarized in the notion of the 'glass ceiling',²⁷ is also observed among members of local government bodies in Ukraine: in 2012, women occupied up to 80 percent of managerial positions in categories 5–6, and 5.8 percent in category 2 (Figure 3.3.1).

A gradual increase in the proportion of women among higher-level civil servants (categories 1–2), to 27.8 percent in 2012, should be considered positive. If this trend remains the same over the next several years, it is quite probable that the target of women comprising 30 percent of top-ranking officials will be achieved. However, since progress in this domain is secured by female managers of category 2 (31.7 percent of the total number of staff in 2012), special attention should be paid to ensuring opportunities for women's equal access to top-level managerial positions and to increasing their representation in the government and among top officials of central executive authorities.

Women's representation among civil servants in managerial positions also has certain regional characteristics. Although the differences remain minor amid the generally low indicator value, there is a group of administrative units with a comparatively higher share of women among higher-level civil servants (Figure 3.3.2). These are some central and southern oblasts: Kirovohradska: 23.2 percent, Mykolaivska: 22.3 percent, Khersonska: 21.3 percent, Zaporizka: 21.2 percent. The lowest representation of women in managerial positions is in the western region as

²⁷ Wirth L., 'Breaking Through the Glass Ceiling: Women in Management', Geneva, International Labour Office, 2001, 186.

Figure 3.3.2. Representation of Women among Civil Servants in Executive Positions, by Regions of Ukraine, end of 2012



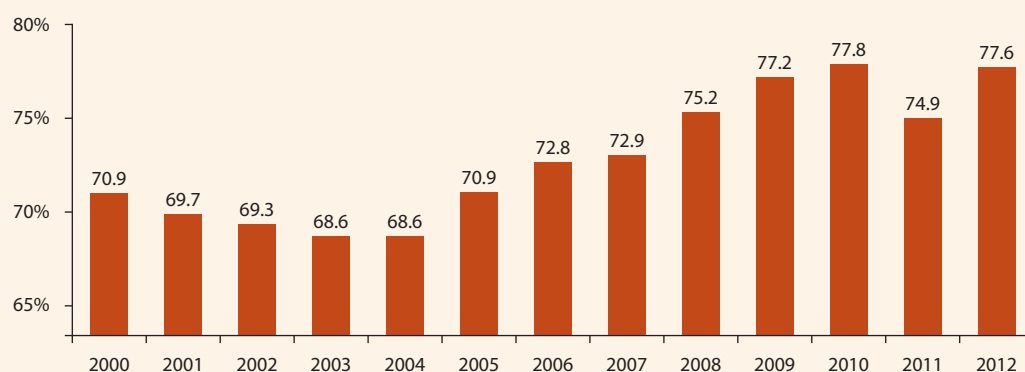
well as Donetsk oblast and Kyiv. The latter has the country's lowest representation of women in executive positions among civil servants (15 percent). Women's limited access to top ranks of the civil service in the capital is caused by stronger competition due to concentration of managerial leaders and financial flows of national importance. The impact of the 'glass ceiling' on women's promotion to executive positions is also stronger in Donetsk oblast, with its traditionally 'male' structure of employment and industrial development. Lower representation of women in managerial positions in the western oblasts can be attributed to more prominent traditional views of women's role in society, according to which women must prioritize their family responsibilities and give up public life in favour of their private life. An important factor in this region is also external labour migration, which is characterized by a high level of feminization. Migratory movements are mainly formed by working-age women who have failed to realize their potential in either the labour market or in social and political life in Ukraine.

The wage gap between women and men, observed in the overwhelming majority of countries, is a key indicator of gender inequality

in the labour market.²⁸ Women's average wage has been around 70 percent of men's average wage since 2000 in Ukraine; however, the trend has been rather contradictory in recent years (Figure 3.3.3). Whereas wage differences in men's favour were growing slowly up to 2004, a positive trend of reducing the gender wage gap emerged from 2005, leading to its historical low in 2010 (when women's average wage reached 77.8 percent of men's average wage). A significant backward step then happened in 2011. Despite a certain stabilization in the situation during 2012, when women's average wage was 77.6 percent of men's average wage (UAH2661 against UAH3429 per month, respectively), achievement of the expected 86 percent target value in 2015 seems hardly probable.

The adoption of the Unified Rate Schedule in the public sector in 2005 intended to reduce the gender wage gap by gradually increasing wages in the most 'feminized' economic activities including the social sector (education, health care, social services, culture etc.). However, further accel-

²⁸ According to Eurostat data, the average wage gap between women and men in the European Union countries (EU-27) was 16 percent in 2011, varying between 2 percent in Slovenia and 27 percent in Estonia (<http://epp.eurostat.ec.europa.eu>).

Figure 3.3.3. Ratio of Average Wages among Women and Men in Ukraine, 2000–2012

Source: State Statistics Service of Ukraine

eration of this trend was associated with another factor: due to the financial and economic crisis in 2008–2009, wage rates were ‘frozen’ or even partially decreased in most economic sectors, which resulted in inter-position and intersectoral equalization of labour remuneration for workers — both women and men. Moreover, since the crisis had a greater effect on economic activities where male employment is traditionally concentrated (construction, extractive and heavy industries, transport), a deceleration in the growth rates of ‘male’ wages — rather than a faster increase in ‘female’ wages — provided an additional driver to reduce the gender pay gap.

Remarkably, gradual economic recovery resulted in a new jump in the gender wage gap in 2011, perhaps due to faster wage growth in the market sector of the economy than in the public social sector, where female employment is concentrated. Only after restoration of the Unified Rate Schedule and a gradual increase in salaries for public employees did women’s average wage approach men’s again in 2012.

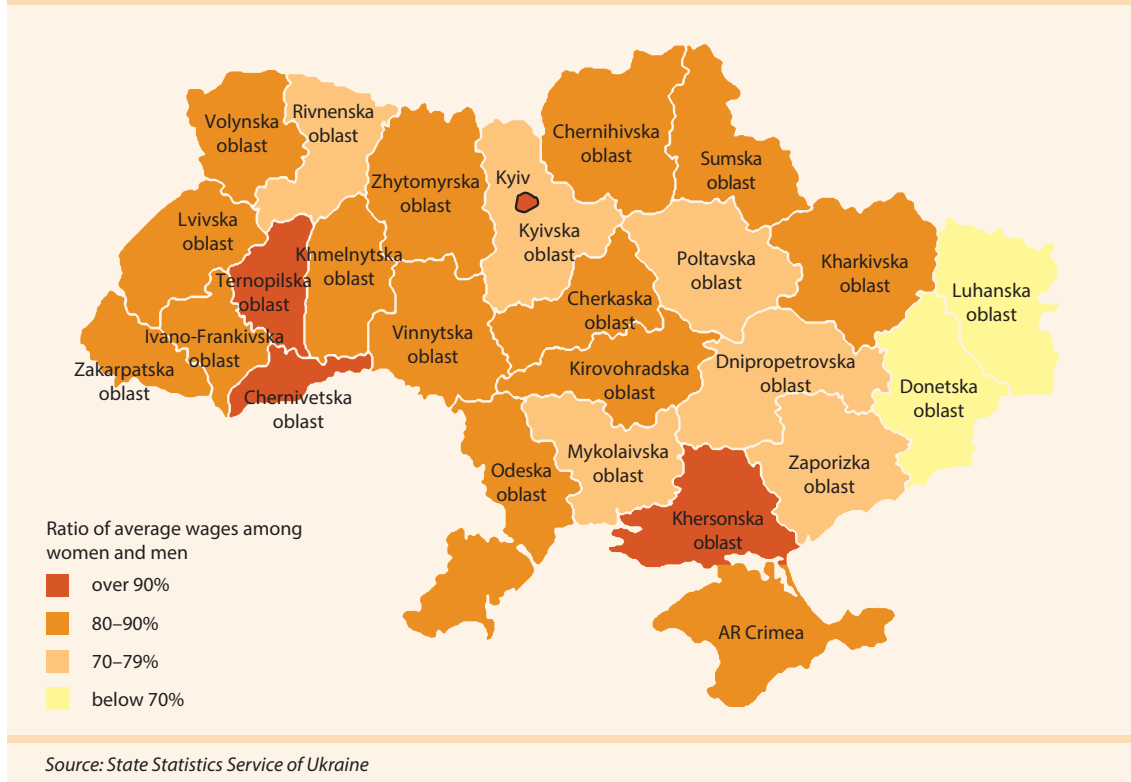
These data confirm the strong impact of occupational gender-based inequality in Ukraine’s labour market on differences in wage rates between women and men. The traditional concentration of female employment in the social sphere, featuring lower labour remuneration levels (a ‘horizontal’ form of gender-based occupational segregation), and women’s limited access to executive positions in all economic activities (a ‘vertical’ form of occupational segregation) determine women’s lower wages compared to men, who prevail among those employed in highly paid occupations and dominate among top managers both in the private and public sectors.

For example, in most traditionally ‘female’ economic activities, women’s average wage is not much lower than men’s. In education, health care and social services, where women account for more than three quarters of employees, the average level of ‘female’ wages is only 10 percent lower than ‘male’ wages; moreover, women’s average wage in pre-school educational institutions is even 13.4 percent higher than men’s, and 5.2 percent higher in general secondary educational institutions. This can be explained by a generally low wage rate in the above-mentioned sectors: the monthly average wage in Ukraine was UAH3026 in 2012, compared to UAH2527 in education and only UAH2201 in health care and social assistance.

The situation in the industrial sector is the opposite: men’s average wage is 30–35 percent higher than women’s in extractive sub-industries, metal production and machinery and equipment manufacturing. The greatest gender pay gap to men’s advantage (by 54 percent) is recorded in mining of coal, lignite and peat, which is clearly related to statutory restrictions on women’s employment in underground work. Other industries featuring considerably higher ‘male’ wages include the manufacture of office equipment and computer hardware, and production of equipment for radio, TV and communications (women’s average wage is 40 percent less than men’s). Gender pay differences remain considerable also in such highly paid sectors as financial activities (men’s average wage is more than 30 percent higher than women’s) and communications (more than 40 percent higher).

Regional disparities also illustrate the relationship between the gender pay gap and the average wage rate. The largest gender pay gap (over 30 percent) is in industrial oblasts of eastern

Figure 3.3.4. Ratio of Average Wages among Women and Men in Regions of Ukraine, 2012



Ukraine (Figure 3.3.4), where economic activity is dominated by extractive and heavy processing industries and there are low numbers of women in top positions in the civil service. Moving westward, wage differences between women and men become smaller, with the country's lowest pay gap recorded in Chernivetska oblast (below 7 percent) as well as in Khersonska and Ternopil'ska oblasts and Kyiv. Whereas in the latter case, the city's capital functions determine high-level development of the service industry, offering high pay rates and favourable opportunities for women's employment and promotion, the smaller gender pay gap in the western region is due to a generally low wage rate amid high unemployment, a lack of industrial potential, and widespread seasonal employment in the agricultural sector.

With lower average incomes, women naturally face higher risks of poverty and social vulnerability. Women comprise the overwhelming majority of the low-income population applying for state social assistance: the number of women is 1.2 times greater than that of men among recipients of family benefits, 1.4 times greater among recipients of social benefits, and 2.1 times greater among subsidy recipients. The greater dependence of women's well-being on state assistance is also indicated by the gender breakdown of

people's personal income:²⁹ the contribution of employment income is larger in men's aggregate income structure, whereas women's aggregate income relies more on pensions, various social benefits, assistance from relatives etc.

Alongside this, women show specific 'profiles' of poverty in Ukraine, including single elderly persons (especially those older than 75) and women with infants who mainly give up employment in the labour market in favour of family responsibilities. Clearly, the risk of poverty for this population group rises in single-parent families that do not receive proper male support to raise children and ensure family well-being. Gender inequality is aggravated by insufficient effectiveness of the social protection system, a low level of social transfers, and unsatisfactory development of social infrastructure.

The manifestation of gender inequality in Ukrainian society also has a different side to it. Placing the role of the family breadwinner on men and traditional gender stereotypes of an 'ideal' man result in aggravation of the 'male' dimension of the medico-demographic crisis in Ukraine. An extreme psycho-emotional burden, stress, insuf-

²⁹ Budget Household Survey, State Statistics Service of Ukraine.

ficient dissemination of healthy lifestyle knowledge, risky behaviour, and a lack of public security are all factors contributing to high mortality among working-age men. High rates of socially dangerous diseases (tuberculosis, HIV/AIDS) and malignant neoplasms closely related to lifestyles as well as high mortality caused by external fac-

tors (injuries, poisonings etc.) and by suicides remain an important manifestation of gender inequality in society. Therefore, a comprehensive approach to the development and implementation of a gender policy which would take into account various aspects of gender inequality in society is needed.

CHALLENGES FACED AND UNFINISHED BUSINESS

Some indicators of the gender targets demonstrate certain progress in 2012, but key issues remain persistent and systemic. Despite a certain popularization of gender-related issues in Ukraine due to active non-governmental organizations, greater coverage in mass media and implementation of a number of social projects aimed at counteracting inequality, there is still a lack of understanding and a positive attitude to addressing gender issues among the public at large and policymakers.

Insufficient political will to implement gender transformations remains a key barrier for addressing gender problems in society. The administrative reform commenced in 2010, which entailed inter-agency transfer of institutional powers concerning the development and implementation of gender policy, resulted in slower implementation of gender initiatives. In particular, the State Programme for Ensuring Equal Rights and Opportunities of Women and Men was 'frozen'; lobbying for draft laws on the introduction of gender quotas in the election process became less active. At the regional level, the incomplete administrative reform led to reduced institutional capacity of the gender equality promotion mechanism and weaker coordination among central and local authorities, including elimination of the local gender advisers. Although an Expert Council was established under the Ministry of Social Policy to consider appeals against gender-based discrimination, the mechanism remains insufficiently accessible to the public at large because appeal procedures are not transparent and not tested enough.

Due to the 'viability' of traditional gender stereotypes on the division of roles in society, the problems mentioned above are not perceived as being particularly important.³⁰ The reinforcement of gender stereotypes is supported by frequent manifestations of sexism in mass media and advertising due to the lack of relevant legislation.

Meanwhile, anti-gender-equality movements are becoming more active, and their representatives disseminate incorrect information about the content of the gender equality promotion policy.

A steadily high level of occupational gender-based segregation in Ukraine's labour market determines not only differences in earnings between women and men but also qualitative characteristics of their employment, its prestige and social status. There are a number of factors behind the gender-based division of labour, including both objective factors (in particular, a statutory prohibition to employ women in certain occupations with hazardous or harmful working conditions) and subjective attitudes of members of both sexes on their choice of occupation, which are sometimes 'programmed' by prevailing gender stereotypes. There are also discriminatory factors such as employers' biased treatment during the recruitment or dismissal of workers of one or another sex, calculation of their wages or their career progression.

People are not fully aware of the legal aspects of gender discrimination, and are unable to 'diagnose' its manifestations in the workplace due to a low level of self-organization of society. At the same time, women themselves sometimes demonstrate a low regard for their professional merits and are inclined to give up career aspirations for the family's benefit.³¹ For example, according to the European Sociological Survey,³² in Ukraine the share of respondents who believe that a woman must be ready to work less at a paid job to pay more attention to her family is the largest among the countries in the region.³³

³⁰ Centre for Social Expertise of the Institute of Sociology of NAS of Ukraine, 'Gender stereotypes and public attitudes to gender problems in Ukrainian society'; UNDP, Institute of Sociology, NAS of Ukraine, Kyiv, 2007, 145.

³¹ Ukrainian Centre of Social Reforms and the Social Monitoring Centre, 'Sociological Survey "Research on Women's Participation in the Labour Force in Ukraine – 2012", conducted with support from UNFPA, Ukrainian Centre of Social Reforms and the Social Monitoring Centre, 2012.

³² European Sociological Survey.

³³ This opinion was expressed by 38 percent of Ukrainian female respondents, whereas this figure constituted less than 3 percent in Sweden, Norway, Denmark and the Netherlands, and 6 percent in Germany and the UK.

The problem of **insufficient development of the social infrastructure and of the system of institutional support for workers with family responsibilities** is still pressing. This results in an unequal division of family responsibilities between women and their male partners and in an excessive burden of domestic work for most women, which restrains their professional development. The market for domestic services is still underdeveloped. Developing it would promote shortening women's 'second work

shift' in housekeeping. Besides, the general situation of the provision of basic amenities to households, especially in rural areas and small settlements, needs to be improved. At the same time, the deterioration of the transport infrastructure in regions aggravates social exclusion of the rural population due to limited mobility and restricted access not only to personal service centres but also to health care and education facilities, employment centres and social services.

RECOMMENDATIONS TO ADDRESS CHALLENGES

Strengthening the national mechanism for securing gender equality is important to trigger gender transformations in society, including both improvement of the legislative and institutional frameworks and development of relevant counselling and advisory bodies as well as support to non-governmental organizations. To successfully implement gender transformations, there is a need to finalize policy documents designed to help promote gender equality in society and to provide sufficient funding for the foreseen activities. Ukraine has strong experts, educators, civil activists and human rights advocates on gender equality issues who could be attracted to develop an effective national gender policy. Finally, the statistical support for monitoring and evaluation of progress in addressing gender issues should be improved. This covers both regular review of the system of relevant indicators and expansion of the list of gender-disaggregated data collected by state statistics bodies and used to inform policy decisions and to direct investments.

Enhancing women's participation in decision-making remains an important priority not only because of the need to adhere to democratic governance principles but also because of the great potential that women's empowerment in various areas of life has for the country's development. It is crucial to achieve parity in the level of representation of women and men at top levels of public administration, which will promote expanding women's involvement in top management positions in the private sector and their economic empowerment. Obviously, amid an expansion of male corporate practice, there is the need for temporary positive discrimination measures — i.e. direct support for female candidates in representative and executive authorities. This may include introducing gender quotas when drawing up electoral lists of political parties, or establishing targets for the percentage of representatives of both sexes

in executive positions. Given women's considerable presence within the skilled staff of the civil service, the active stance taken by non-governmental organizations, and support from international experts in addressing this task, its achievement currently depends directly on the political will of the Members of Parliament and on support from government officials.

At the same time, actions of 'indirect' impact, which would promote both more ambitious career aspirations among women themselves and compliance with a gender-sensitive personnel policy in organizations of various forms of ownership, are important. These activities must enjoy state support and include systematic promotion of best international practices of securing gender parity in decision-making, popularization of women's success stories (support for special information publications, creation of programme and publication series in mass media), organization of competitions for best managers or companies adhering to the principle of gender equality in their personnel policy etc.

The employment and labour remuneration policy must be restructured — both in relation to the gender aspect (raising the prestige and wage rates in traditionally 'female' occupations, to ensure that more men gradually move into those areas) and the introduction of innovative labour models (a general reduction in the number of jobs requiring manual labour and featuring harmful working conditions and high injury rates, in favour of creating new 'knowledge-intensive' jobs and developing the service sector). That would enable not only the modernization of the national economy but also the mitigation of gender inequality in employment. At the same time, a systematic increase in wage levels in the public sector will lead to a smaller intersectoral wage differential and thus to a smaller gender income gap.

The advocacy work with employers to encourage them to treat workers without discrimination and provide more favourable employment conditions for persons with family responsibilities must be stepped up. In particular, harmonization of workers' professional and family priorities includes developing distance employment and telecommuting from home as well as opportunity to choose a flexible work schedule or part-time employment. Although the national legislation allows men to take leave to care for children under the age of three, this practice remains hardly acceptable either to most employers or to employees themselves. However, as the experience of Nordic countries suggests, the wider involvement of men in parenthood and equal division of family responsibilities is the most promising way of not only promoting gender equality in society but also of increasing birth rates.

Social policy measures should ensure targeted social support to vulnerable population groups, since certain low-income profiles in Ukraine have a distinct gender dimension, and women's lower personal income leads to a greater dependence of their well-being on the 'generosity' of state social guarantees. A proactive type of social policy is needed to encourage people to search for a way out of hardship through their own efforts, because women are more passive in looking for new jobs and show greater reliance on assistance from state employment services, which is confirmed by unemployment data.

Further development of social infrastructure — namely, improving access to health care and educational institutions as well as social welfare services — remains important, since the scope of household work in Ukrainian society remains substantially greater than in European

countries. Family responsibilities, associated not only with maternity and raising children but also with attending to and caring for incapacitated family members (sick or elderly relatives and those with disabilities) and housekeeping, act as the main restrictive factor for women's social realization. The lack of pre-school facilities in rural areas and their excessively high occupancy rates in urban settlements, complicated by a shortage of financial resources and skilled staff in these facilities, is a problem for working women with children. Therefore, addressing this problem will need both direct enlargement of the network of state-owned and communal pre-school facilities and allocation of subsidies for the development of private kindergartens, including the arrangement of family-type kindergartens in rural areas.

Finally, gender policy measures will remain ineffective unless changes occur in public opinion and people's general attitudes to gender issues are transformed. Therefore, **overcoming the stereotypes of gender roles is the most important and most difficult task** that will require long-term and systematic work. Key activities in this field should include implementing awareness-raising campaigns for specific target groups (civil servants, educators, mass media) and introducing large-scale social advertising for the general public that should advocate ideas of equalizing gender roles in society, encourage men's greater involvement in family and parental responsibilities, and overcome manifestations of sexism and discriminatory treatment in the information space. An expansion of the practice of introducing a gender component into the curricula of educational institutions is important, since it offers an ideal opportunity to embed an understanding of gender equality into the consciousness of young people.



GOAL 4
REDUCE CHILD
MORTALITY

Protection of children's health is an integral part of the health care system, whose performance impacts the further development of society. Child mortality is one of the most important indicators of public health, reflecting people's living standards, educational attainments and the cultural level of society — particularly of young people — environmental conditions, the effectiveness of the health care system etc. The targets to reduce child mortality are not limited to the medical sphere. Social services, educational and fostering institutions, the mass media and non-governmental organizations are also involved in achieving them.

TARGETS AND INDICATORS

Targets	Indicators
Target 4.A: Decrease the mortality rate among children up to five years of age by one quarter	4.1. Mortality rate among children of up to five years of age, number of children of corresponding age who died per 1000 live births 4.2. Infant mortality rate, number of infants up to one year of age who died per 1000 live births

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2015
Indicator 4.1. Mortality rate among children of up to five years of age, number of children of corresponding age who died per 1000 live births													
15.6	14.9	13.5	12.9	12.4	12.9	12.4	13.6	12.2	11.3	11.0	10.7	10.2	11.0
Indicator 4.2. Infant mortality rate, number of infants up to one year of age who died per 1000 live births													
11.9	11.3	10.3	9.6	9.5	10.0	9.8	11.0	10.0	9.4	9.1	9.0	8.4	9.3

The table presents actual data of the State Statistics Service up to and including 2012 and target values for 2015 (established in 2010).

Significant progress has been made to achieve the goal over 2000–2012. According to the dynamics of the indicators of child mortality, it is realistic not only to achieve the goal but also to surpass the target values by 2015. This positive trend has been ensured by an improved economic situation, lower poverty rates, stabilization of social processes, and the efforts of health care and social welfare institutions. Child mortality is declining amid a rather complicated social and economic situation in the country; this may mean that certain changes in the public conscience have occurred in Ukraine. Moreover, the consolidation of a civil society features changes in the system of values, which include the notion that the life of a child is of primary importance, and a more responsible attitude to parenthood among young people.

PROGRESS TO DATE

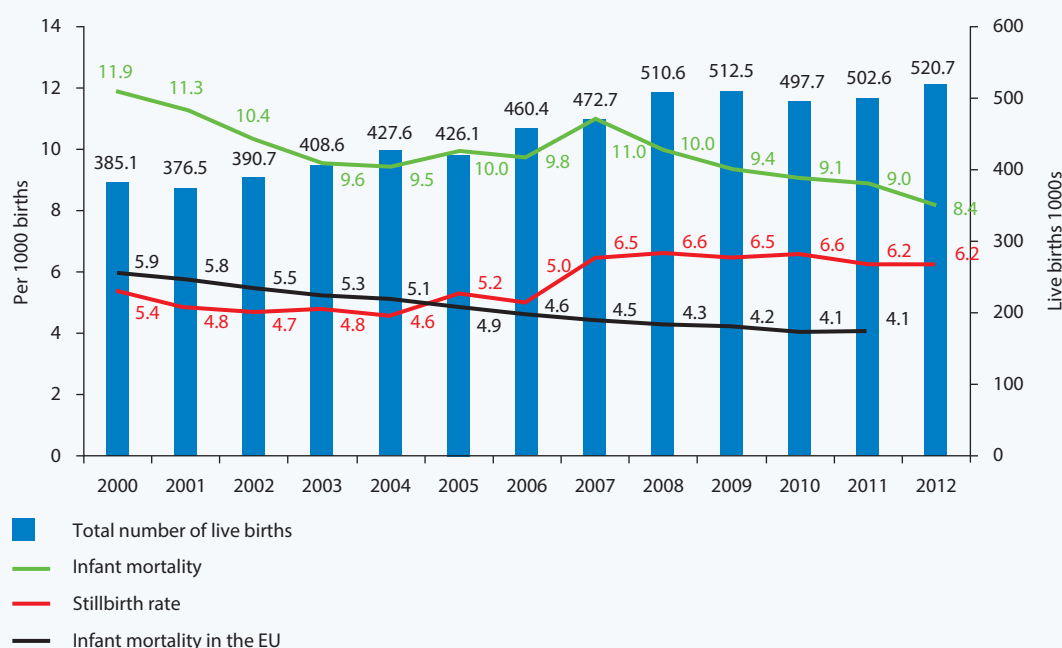
Child mortality indicator trends. Child mortality (the mortality rate among infants (0–1 years) and children of up to five years of age) has noticeably decreased between 2000 and 2012. Before 2007, the child mortality indicator fluctuated, but since 2008 it has been demonstrating a steady downward trend. The variations in the indicators were caused both by objective factors (general changes in people's quality of life, particularly accessibility of health care, family income levels, quality of housing conditions etc.) and by changes in the methodology of registering and recording birth and death. The slight increase in child mortality indicator values in 2007 happened since on 1 January 2007 Ukraine switched to new international standards for assessing the criteria for the perinatal period and live and stillbirths. Due to

this, in 2008, child mortality indicators resumed a downward trend, but the stillbirth rate has actually not changed during recent years.

The progress made towards achieving the goal became evident in 2010, when the indicators exceeded the target values for 2015 (11.0 and 9.3, respectively). In 2012, the infant mortality rate in Ukraine was at a record low for the last 20 years, at 8.4 per 1000 live births (Figure 3.4.1).

The positive trend of child mortality indicators was achieved by implementing the Programme on the National Action Plan on the Implementation of the United Nations Convention on the Rights of the Child until 2016, the Programme on the Reproductive Health of the Nation until 2015, and the Concept of Further Development

Figure 3.4.1. Dynamics of the Indicators of Live Births, Infant Mortality and Stillbirths, 2000–2012



Sources: State Medical Statistics Center of the Ministry of Health and Institute for Demography and Social Studies, NAS of Ukraine

of Perinatal Care. In 2011, the quality of hospital care for mothers and newborns was assessed in Ukraine using modern WHO tools, and the findings of the assessment were considered in the process of reforming the health care system. Since the nature of infant mortality in Ukraine remains the same (more than half of infant deaths are caused by conditions emerging in the perinatal period), the focus of public policy is on conducting unified and objective assessment of the quality of perinatal care, identifying key aspects of medical services during pregnancy, delivery and in the early neonatal period which require improvement, and defining priority interventions.

Development of the perinatal care system. Ukraine has been transferring to a three-tier system of perinatal care: tier I consists of pri-

mary health care centres, delivery departments in central rayon hospitals and district and rayon hospitals; tier II includes polyclinics in municipal hospitals, antenatal clinics in municipal hospitals, and municipal maternity hospitals, and tier-III perinatal centres; tier III consists solely of tier-III perinatal centres and research institutes. The National Project 'New Life — New Quality of Maternity and Childhood Protection' envisages the establishment of a network of 27 perinatal centres all over the country (one in each administrative unit) based on the merger of obstetric, neonatal and paediatric services. So far, 11 perinatal centres have been established, where more than 35,000 children have been born, and work is taking place to open nine more. For the first time in the perinatal care system in Ukraine, a closed cycle of care provision has

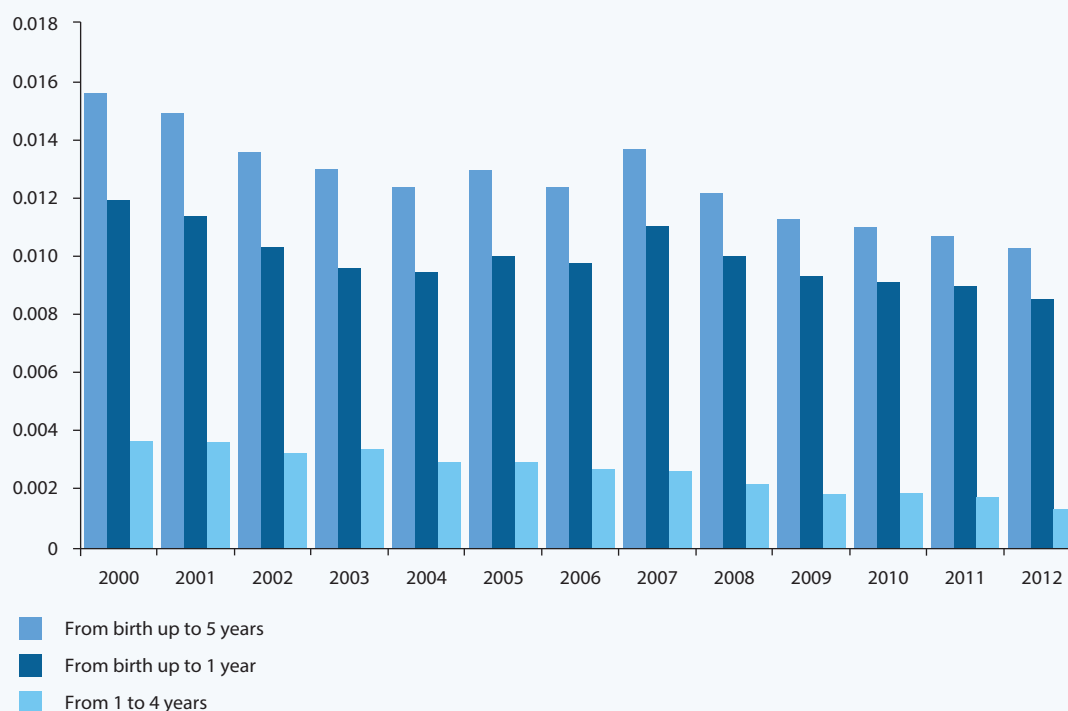
Box 3.4.1. Transition to a Three-tier Perinatal Care System in Ukraine

The commitment to achieve the MDG targets required reform of the existing perinatal care system in Ukraine to ensure its accessibility for all population groups. The development of perinatal care in Ukraine, which consists of obstetric and neonatal care, is taking place based on global changes in the approaches and standards used to improve the quality of perinatal care. Before the reorganization of the perinatal care system in Ukraine started in 2009–2010, health care had been provided to pregnant and recently confined women in many obstetric and gynaecological facilities (87 maternity hospitals; delivery departments of 8 oblast hospitals; delivery departments of 99 municipal multi-field hospitals; delivery departments of 470 rayon hospitals and central rayon hospitals; and delivery beds in 8 district hospitals in mainly mountainous areas). Outpatient care had been provided in 494 antenatal clinics; 1223 obstetric and gynaecological departments (rooms) of outpatient polyclinic facilities; 107 family planning centres (rooms); and 92 medical genetics rooms.

The reform is aimed at transition to a three-tier system of perinatal care. As in previous years, perinatal care is divided into outpatient and inpatient care. Tier-I perinatal care (basic care) institutions include primary health care centres (family doctors): provision of a certain scope of obstetric and gynaecological care to women is envisaged, including in the normal course of pregnancy, by a general practitioner (family doctor). Antenatal clinics will provide counselling assistance to pregnant women and organizational and methodological support to family doctors at the primary level.

For tier-II health care, it is envisaged to establish inter-rayon obstetric departments in central rayon hospitals with no less than 400 deliveries per year and a service radius of no more than 60 km, which include anaesthesiology and intensive care departments. Tier-II facilities also include municipal maternity hospitals and inter-rayon perinatal centres established on the basis of municipal maternity hospitals or multi-field hospitals with no less than 1500 deliveries per year and also a service radius of no more than 60 km, which have a critical obstetric care department and an intensive newborn care department.

Tier-III medical facilities include: an oblast perinatal centre or its structural and functional model, an obstetric department in the oblast hospital, neonatal departments in oblast children's hospitals (or multi-field municipal children's hospitals), and research institutes. A tier-III perinatal centre is a high-level health care facility, a kind of 'pinnacle' in the vertical structure of health care provision to mothers and children in a region — i.e. it is not only a health care facility but also an organizational and methodological centre.

Figure 3.4.2. Probability of Dying in Childhood, 2000–2012

Source: Institute for Demography and Social Studies, NAS of Ukraine

been established (i.e. one health care facility provides care to women with high and medium pregnancy risks, expectant mothers and newborn babies).

Breastfeeding support. Breastfeeding plays an important role in improving the health of infants. The implementation of the Programme on the Support for Breastfeeding of Children in Ukraine for 2006–2010 intended to substantially increase people's awareness of the benefits of infant breastfeeding; prepare pregnant women for breastfeeding of a newborn baby; establish a system to train breastfeeding specialists; and form a network of 'child-friendly clinics'. The number of newborns discharged from obstetric clinics on inclusive breastfeeding has been increasing from 92.1 percent in 2006 to 94.9 percent in 2012. About two thirds (65.7 percent) of infants breastfeed until six months of age (23.7 percent in 2006), and 27.9 percent breastfeed until 12 months and beyond (10.5 percent in 2006).³⁴

Major causes of child mortality. Despite the success achieved, the infant mortality rate in Ukraine is still more than double the European average. In the analysis of infant mor-

tality in Ukraine, perinatal causes ranks first, followed by mortality caused by congenital abnormalities, then by deaths from external causes, nervous system diseases and respiratory diseases.

Almost 53 percent of infant deaths result from "specific conditions emerging during the perinatal period". According to the WHO Health for All Database, Ukraine's perinatal mortality rate in 2010 was 1.4 times higher than the average figure for EU countries. About 30–40 percent of cases of perinatal pathology and death are related to, or caused by, premature delivery. One in every 10 pregnancies ends in miscarriage. Direct reproductive losses from miscarriages account for between 36,000 and 40,000 unborn wanted babies per year. The share of infants whose cause of death was not ascertained by medical workers remains considerable (4 percent). Experts distinguish three groups among perinatal risk factors: first of all, social and behavioural (social exclusion or lack of social support; no housing; unwanted pregnancy; no husband; young age; family violence; use of alcohol and/or drugs; smoking; casual sexual relationship etc.); second, socio-economic (unemployment, low wages, poverty etc.); third, general and reproductive health disorders.

³⁴ Ohmatdyt data.

Infant mortality is a determining factor in Ukraine in the death rate of children of up to five years of age. The probability of dying decreases sharply when a child reaches one year of age (Figure 3.4.2). The mortality rate among children aged between one and four is relatively independent of risks existing in pre-natal, natal and postnatal periods, and reflects insufficient nutrition or some other poor living conditions during the initial year or year and a half of life, hence it can be a sensitive indicator of socio-economic development and of the level of health care.

The growing incidence of neoplasms is one of the major causes of death among children of up to five years of age. Malignant neoplasms are now the seventh most common cause of child mortality. According to the Ministry of Health (MoH) of Ukraine, between 1000 and 1200 new cases of cancerous diseases in children are registered every year. In 2012, 5860 children were registered in medical facilities (73.5 per 100,000 children aged 0–17).³⁵

Child immunization situation. Insufficient immunization is a major factor adversely affecting the child mortality rate. Infectious diseases remain one of the main causes of disability and mortality all over the world. Routine vaccination in Ukraine is provided against 10 infectious diseases, particularly pertussis, diphtheria, tetanus, poliomyelitis, Hib infection, measles, rubella and mumps. There has been a positive trend in the coverage of infants of up to one year of age, with vaccination against diphtheria, pertussis and tetanus showing a 30 percent year-on-year increase in 2012, the growth in coverage of measles, mumps and rubella vaccination was 12 percent, and for poliomyelitis 20 percent. Further improving immunization in Ukraine requires financing, specialist training, information support for immunization programmes and vaccination processes, and increased laboratory capacity to ensure vaccine quality control.

Monitoring of maternal and child health. More than 90 percent of women are registered as subject to regular medical examination from early pregnancy.³⁶ More than a half of Ukrainian women have health disorders. For example, anaemia was diagnosed in 25

percent of women supervised by antenatal clinics during pregnancy in 2012. Developed countries observe an increase in the numbers of premature deliveries and low-weight newborns. To some extent it can be explained by the larger numbers of women over the age of 35 years giving birth. In many countries, fertility peaks at 30–32 years, whereas the number of women giving birth at the age of 40 and older is growing quickly. In Ukraine a rapid increase in the number of mothers aged 35–39 is observed as well, and this age group is characterized by a risk of adverse complications for pregnancy.

Regional and territorial disparities in infant mortality rates. There are substantial regional disparities in infant mortality rates: the highest rate in 2012 (12.6 in Donetsk oblast) was 2.5 times greater than the lowest value (5.1 in Sevastopol). The difference was 1.9 times in 2000 (Figure 3.4.3). A downward deviation from the country's average is observed in 17 regions, whereas an upward deviation is observed in 10 regions.

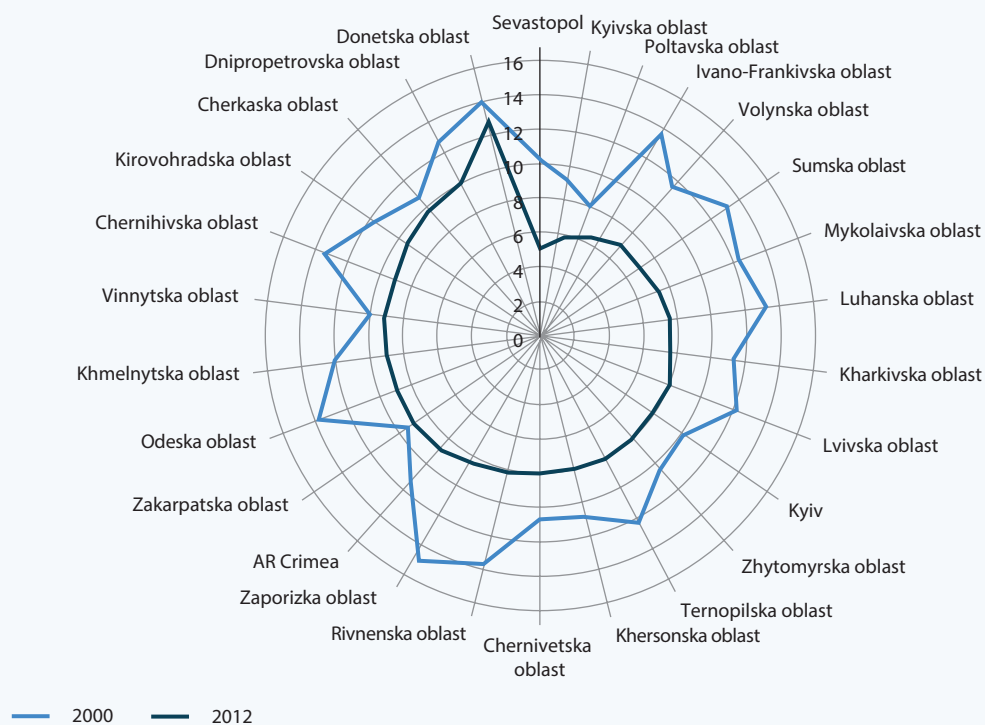
Social aspects of reducing the child mortality rate. The establishment of a network of mother and child centres has contributed to progress towards achieving the child mortality goal. There are now 19 centres, with a plan of increasing to 27 (at least one centre per oblast). These social facilities provide temporary accommodation for women who are seven to nine months pregnant and mothers with children of up to 18 months who are in difficult circumstances. The centres provide free support to women, including psychological assistance: acquisition of education, a profession and/or skills for independent living; and to protect their rights and interests. The centres focus on preventing the risks of mothers surrendering their children at a maternity hospital, and on averting any threat to a child's health and life.

Significant differences between child mortality indicators in urban and rural settings emerged in 2004, and this trend persists (Figure 3.4.4). According to expert estimates, some misreporting existed in rural areas before 2004 but has been eliminated. The mortality rate among children aged one to four in rural areas in 2012 was 56.7 per 100,000, against 36.6 in urban settings. In 2011, 15 out of every 10,000 urban one-year-old infants would not survive to five years of age, whereas the figure for rural areas was 23.³⁷ At that age, the main causes of death are external.

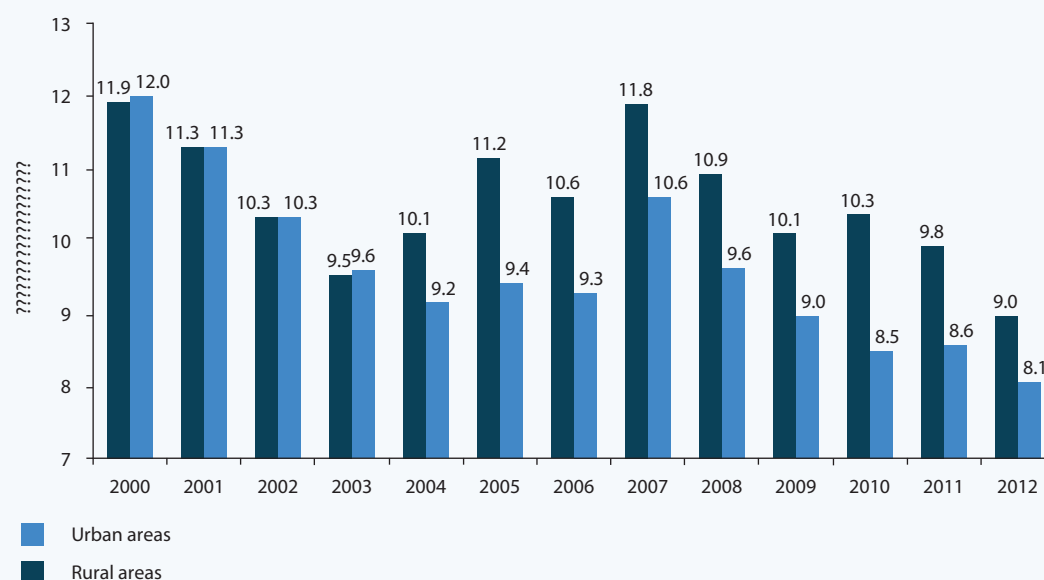
³⁵ State Medical Statistics Center, Ministry of Health of Ukraine.

³⁶ According to MoH Order on Improving the Outpatient Obstetric and Gynaecological Care in Ukraine, the optimal number of a pregnant woman's visits to a doctor during the prenatal observation period is 10–12 times on average.

³⁷ Institute for Demography and Social Studies, NAS of Ukraine.

Figure 3.4.3. Infant Mortality in Ukraine by Region, 2000 and 2012

Source: State Statistics Service of Ukraine

Figure 3.4.4. Infant Mortality by Settlement Type, 2000–2012

Source: State Statistics Service of Ukraine

According to the State Statistics Service, almost every third child who died in 2012 died of external causes (293 out of 863 deaths of children

aged between one and five years). The majority of these deaths could be avoided given appropriate child care.

Box 3.4.2. Incomplete Registration of Infant and Child Mortality

As Ukraine adopted international standards for registration of live births in 2007, a trend of artificial understatement of the child mortality rate became stronger. In 2010 in Ukraine, low-weight infants accounted for less than 1 percent of live and stillbirths (500–900g: 0.34 percent; 500–1499g: 0.59 percent),³⁹ whereas, according to WHO, both weight categories should have registered figures of 1–1.5 percent. The inconsistency can be caused both by failure to meet weighing requirements and by deliberate post-factum understatement of the weight of newborns who did not survive.

CHALLENGES FACED AND UNFINISHED BUSINESS

Staffing of health care facilities with neonatologists and anaesthesiologists remains insufficient in most oblasts in Ukraine. Despite a sufficient level of staffing with obstetrician-gynaecologists, the majority of them are concentrated in urban health care facilities. Training specialists on providing care in obstetrics and neonatology emergencies requires proper attention. The problem of staffing among primary-level physicians is the most acute. As a result of the health care reform of, health care both to adults and children will be provided by primary-level physicians (family doctors). However, Ukraine still features unequal (and in some regions quite low) access to primary health care due to the physical absence of outpatient clinics and physicians. The number of outpatient clinics to adequately serve the rural population needs to triple. For urban populations this number should increase 10–20 times. Furthermore, staff shortages in the health care sector become deeper every year. At present, more than 20,000 physician positions are not filled, one third of them in rural health care facilities and in primary care. The situation is also compounded by the fact that almost 50,000 physicians of pensionable and senior pensionable age are employed in the sector, which creates a further hidden shortage of physicians.

The existing system of information collection and assessment is imperfect. There is no computer-based information system for the most important perinatal indicators and patient categories; therefore, no reliable statistical data are used to make decisions on improving the organization and quality of health care. There is a need to change approaches to ensuring the reliability of statistical data on perinatal mortal-

ity and infant mortality as well as on survival rates of children with very low body mass at birth. One of the reasons for hiding real mortality and morbidity rates and for failing to register complications is the inevitable punishment of any medical worker who 'allows' the development of complications or death of a patient. The punishment system leads to situations when the real circumstances which resulted in maternal and newborn deaths are hidden, thereby making it impossible to examine them and learn lessons from them. Without that, it is impossible to formulate any effective recommendations to prevent fatal cases.

There is no culture of a systematic use of standards and protocols to improve medical practices. Universally accepted criteria of diagnosis and treatment, specified by the national protocols existing in the country, are sometimes not used in paediatrics and perinatology. Many of the recommendations contained in the national protocols do not meet the modern level of knowledge and evidence. Medicines of unproven efficiency and safety are sometimes used, which can adversely affect the course of the disease and the treatment outcome and also have delayed complications.

Parents' knowledge and skills on the impact of a healthy lifestyle on the care, nutrition and development of children are insufficient. Limited parent knowledge and skills is a key reason for Ukraine's exclusive breastfeeding rate remaining one of the lowest in Europe. There is no culture, particularly among socially disadvantaged population groups, of observing the principles of a healthy lifestyle that complies with usual sanitary and hygienic rules and takes into account preventive measures to allow people to preserve their health and give birth to and raise healthy children. This situation is particularly true for poor, large families.

³⁸ Ministry of Health of Ukraine, 'Monitoring of mother and child health: An analytical and statistical handbook 2010', Ministry of Health of Ukraine, Center for Health Statistics, Kyiv, 2011.

The impact of environmental factors on children's health is underestimated. Environmental pollution, especially in industrial areas, causes considerably higher morbidity (especially with cancer and pulmonary diseases) and mortality rates. The current

environmental situation in Ukraine's large industrial cities features the negative impact of chemicals, particularly heavy metals. The excessive intake and accumulation of heavy metals in the human body results in physical abnormalities.

RECOMMENDATIONS TO ADDRESS CHALLENGES

Securing a systemic approach and political will to maintain the speed of reducing child mortality is of extreme importance for achieving this goal. Further implementation of the National Project 'New Life — New Quality of Maternity and Childhood Protection', realization of the Programmes on the Reproductive Health of the Nation and on the Immunization and Protection of the Population against Infectious Diseases, and fulfilment of the National Action Plan on the Implementation of the United Nations Convention on the Rights of the Child should ensure that child mortality rates are brought closer to average European indicators. In addition, advocacy for healthy lifestyles and improving perinatal care should be adopted within the Ukrainian Dimension of the Programme on Health 2020. The programme would provide a framework for implementing an integrated approach to improving the nation's health.

Improving paediatric and perinatal care calls for **perfecting the statistical information monitoring and evaluation system and ensuring the collection of real data on incidence**, mortality and survival rates of infants and children. The existing punishment system should be abolished, and confidential and anonymous audit methods, based on WHO methodology "Beyond the Numbers", should be adopted. Further elaboration of recommendations to improve clinical practices and the organization of health care should be built solely on objective data of evaluation and audit.

To secure children's equal access to quality health care, institutional changes and reform in the health care sector as a whole are needed. Elimination of staff disparities both between health care categories and between health care facilities in rural and urban areas is required. It is necessary to increase the government order for training primary-level physicians; strengthen the role and level of involvement of middle-level medical personnel in provision of health care and analysis of its quality, both in paediatrics and perinatology; raise the skills requirements of family doctors and nurses; and revise

the curricula of pre- and post-graduate training of family doctors, neonatologists and midwives (include study of evidence-based, efficient perinatal technologies recommended by national protocols).

Introducing modern methods of diagnosis and treatment, and perfecting approaches to providing cancer (haematology) departments with equipment and medicines will make it easier to meet the targets. Supplying necessary reagents and equipment to maternity hospitals will reduce newborn mortality risks. Centralized procurement of immunobiological medicines for immunization of the population (especially children) is an important factor in safeguarding children's health.

Improving medical and prevention services and ensuring early detection and timely treatment of extragenital pathologies in girls under 17 and women of reproductive age will secure a steady reduction in child mortality. It is necessary to develop and implement measures concerning health care for adolescent girls and women of reproductive age,³⁹ as well as to improve medical services for pregnant women in antenatal clinics and obstetric inpatient facilities during delivery. The post-neonatal mortality rate among newborns with more than 1500g body mass at birth depends mainly on the quality of medical services rendered in neonatological inpatient facilities to nurse healthy children and treat sick ones.⁴⁰ To reduce the perinatal mortality rate, immediate attention should be paid to developing systemic and comprehensive reforms in the health care system as a whole and measures aimed at improving maternal health.

³⁹ The perinatal mortality rate among newborns with low body mass at birth (below 1500 g) depends mainly on the state of health of women prior to fertilization. Antenatal and intranatal foetal mortality rates in cases of more than 1500g body mass at birth depends on the level of provision of health care to pregnant women, recently confined women and foetuses.

⁴⁰ Ministry of Health of Ukraine, 'Monitoring of mother and child health: An analytical and statistical handbook 2010', Ministry of Health of Ukraine, Center for Health Statistics, Kyiv, 2011.

As to **raising the culture of the systematic use of standards and protocols**, the improvement of medical practices depends on a periodic review of existing national guidelines and protocols and development of new ones, more actively involving professional associations in the process. The procedure and methodology of adoption and implementation of national manuals and protocols should be completed and simplified. It is important to ensure accessible and timely provision of protocols to physicians, which, together with the use of telemedicine, will offer children equal access to quality health care services regardless of their place of residence.

Improving children's health requires timely and sufficient funding to improve the health and recreation of children in need of special social attention and support, as well as children with special health needs. The highest morbidity is recorded among schoolchildren (only 7 percent of Ukrainian schoolchildren are currently deemed completely healthy). Restoring and strengthening children's health require: overcoming negative trends such as the decrease in the number of stationary health improvement facilities for children and concerning their improper use; making the conversion of such facilities impossible; improving and modernizing the material and technical aspects of children's health improvement facilities; building new facilities; and re-opening those that have been closed for a long time. The existing children's health improvement facilities need their material and technical conditions to be upgraded, and the content and structure of educational activities need to be improved according to modern standards.

Keeping children healthy will be ensured by **increasing people's confidence in immunization** and by improving preventive and anti-epidemic measures to reduce the prevalence of infectious diseases that are fought by immunization. Approaches to increasing the effectiveness of information campaigns and the efficiency of health education activities for the population to understand the impor-

tance of immunization need to be improved. It is necessary to enhance, at the national level, training of immunization specialists engaged in implementing measures in the planning, organization and quality control of immunobiological medicines. Stable funding for the national programme of immunization and for the health care facilities' demand for quality immunobiological medicines for vaccinating children, and their consistent and continuous supply to the regions will also help mitigate morbidity risks.

Mass media should be involved in **promoting healthy lifestyles** and in working with parents, including at pre-school and school educational institutions, to popularize systematic medical examinations. It is necessary to promote the development of a system to train parents on care for children, their development, nutrition and injury prevention, including by expanding the All-Ukrainian Network of Papa-schools (i.e. non-formal educational centres where men with positive parenting experience and appropriate training help other men become aware, caring and responsible fathers). To provide medical and social assistance to children and young people through a 'friendly approach', the network of 'youth-friendly clinics' should be expanded.

Strengthening the coordination of efforts and reforming the health care system is a pledge to consolidate positive trends towards achieving the goal. Improving the efficiency of paediatric care requires coordinated efforts from educational, social and medical institutions and non-governmental organizations, aimed at improving conditions and offsetting the adverse impacts of various factors on human health (including those indirectly affecting health indicators, namely: education and raising awareness; provision of conditions to encourage young people to adopt a healthy lifestyle; expansion of healthy lifestyle practices; enhancement of access to safe drinking water; adequate sanitation; a clean and safe environment etc.).



GOAL 5
IMPROVE MATERNAL
HEALTH

Saving women's lives and health is a priority due to its social significance. Maternal health is affected by a combination of economic, environmental, cultural, social and medico-organizational factors. Reducing maternal mortality depends on the quality of obstetric care and primary health care, as well as the country's ability to introduce scientific advancements in the practice.

TARGETS AND INDICATORS

Targets	Indicators
Target 5.A: Halve the maternal mortality rate	5.1. Maternal mortality rate, number of maternal deaths per 100,000 live births 5.2. Abortion level, number of abortions per 1000 women of reproductive age

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2015
Indicator 5.1. Maternal mortality rate, number of maternal deaths per 100,000 live births													
24.7	23.9	21.8	17.4	13.1									
					17.6	15.2	20.7	15.5	25.8	23.5	16.9	12.5	13.0
Indicator 5.2. Abortion level, number of abortions per 1000 women of reproductive age													
34.1	29.4	27.6	25.3	23.2	21.3	18.7	18.5	18.1	16.4	15.1	14.7	13.5	15.1

Ukraine transferred to mortality coding according to the list of codes in the 10th Revision of the International Statistical Classification of Diseases and Related Health Problems in 2005. The indicators calculated before and after this transfer are not comparable; therefore, Indicator 5.1 is presented by two dynamic series.

The table presents actual data from the State Statistics Service of Ukraine and target values for 2015 (established in 2010).

Before the adaption of the MDGs, maternal mortality had been considered mostly as a sign of the quality and accessibility of obstetric care and the effectiveness of the health care system in general. Currently, maternal mortality is viewed in the context of all the factors shaping reproductive health: economic, environmental, social, cultural, educational etc. The maternal mortality rate was 24.7 per 100,000 live births in 2000 (the European average was about 20), hence Ukraine committed to get nearer to the average European rate. Taking into account the positive trends, and considering the anticipated socio-economic development, the target value was revised for a more ambitious one: to reduce the maternal mortality rate to 13.0 by 2015. In the framework of health care reform, modern perinatal technologies have been introduced which have allowed the number of complicated deliveries to be halved (in the Autonomous Republic of Crimea, Volynska, Donetsk, Lvivska oblasts). Eleven perinatal centres have been set up, and another nine are due to open.

PROGRESS TO DATE

Maternal mortality indicator trends. In 2012, maternal mortality in Ukraine decreased to 12.5 deaths per 100,000 live births — i.e. exceeding the target value for 2015, even taking into account the transition to new criteria for mortality coding.

Currently, the maternal mortality rate in Ukraine is considerably higher than in EU countries (6.0 deaths per 100,000 live births).⁴¹ However, the rate of decrease in this indicator (from 31.3 in 1992 to 12.5 in 2012 — i.e. by almost 60 percent in 20 years) allows for some optimism.

Implementation of the approach “Beyond the Numbers” will promote evidence-based recommendations for improving maternal health in the country, strengthening the existing clinical protocols, and implementing the comprehensive reform of perinatal care.⁴²

Main causes of maternal mortality. Extragenital pathology and obstetric hemorrhages are the most common causes of maternal mortality in recent years, accounting for more than 50 percent of all cases. More than 60 percent of cases of maternal death were related to purely obstetric causes (obstetric hemorrhages, sepsis, obstetric embolisms). The share of women’s

deaths from causes related to complications due to severe extragenital pathology decreased by 10.3 percent; however, the number of septic complications almost doubled (from 10.8 percent to 23.0 percent), which calls for analysis and appropriate measures to be taken.⁴³

About 15–17 percent of pregnant women with severe extragenital pathology need timely hospitalization in specialized multi-field medical institutions due to the high risk of the development of complications.⁴⁴ In Ukraine, the relationship between the maternal mortality rate and the prevalence of indirect causes — i.e. pathologies not related to pregnancy — can be clearly traced.

The health of pregnant women in Ukraine. More than 40 percent of Ukraine’s adult population (including women of reproductive age) aged between 18 and 65 have at least one chronic disease or condition, whereas 7 percent have several (three or more) chronic diseases or conditions.⁴⁵

Anaemia is diagnosed in one in every four pregnant woman observed by MoH antenatal clinics during pregnancy. This fact is worrying, because this pathology greatly depends on nutritional quality and adequacy (which is mainly explained by the socio-economic situation of families and

Box 3.5.1. New Criteria for Mortality Coding

Ukraine transferred to mortality coding, particularly maternal, according to the list of codes in the 10th Revision of the *International Statistical Classification of Diseases and Related Health Problems* in 2005. As a new entry in the coding, the notion of “late maternal death” — i.e. death that occurred more than 42 days after termination of pregnancy due to related causes — was introduced.

⁴¹ WHO, UNICEF, UNFPA and The World Bank, *Trends in maternal mortality: 1990 to 2010*, WHO, Geneva, 2012.

⁴² WHO ‘Beyond the numbers: reviewing maternal deaths and complications to make pregnancy safer’, WHO, 2004.

⁴³ Ministry of Health of Ukraine.

⁴⁴ Moiseenko, R.O. (Ed.), ‘National Approaches to Implementing a System of Perinatal Care Regionalization in Ukraine: Practical Guidelines’, Ministry of Health of Ukraine, Kyiv, 2012, 111.

⁴⁵ ‘Main Reasons for High Mortality in Ukraine, a Study from the Human Health and Demography Series’, VERSO-04, Kyiv, 2010, 60.

Box 3.5.2. Making the Maternal Mortality Rate Indicator More Informative

The maternal mortality rate ceases to be a sufficiently informative indicator that can be reasonably applied to improve the quality of obstetric care, if it decreases considerably. Modern medicine allows the lives of female patients with extremely severe obstetric complications to be saved, but their subsequent disability remains a challenge. To achieve a better understanding of the development of pregnancy-related terminal conditions and make a correct estimate of possible losses in the organization of obstetric care, not only deaths but also cases of the successful relief of a critical condition — i.e. 'near-miss' cases — are recorded. Recording and analysis of complicated cases with positive outcomes allows the quality of obstetric care to be better assessed and maternal mortality prevention methods to be designed.

by awareness of proper nutrition both in general and during pregnancy). Female health disorders (somatic and reproductive) hinder family planning. For example, during a national socio-demographic survey, 16.9 percent of female respondents mentioned health problems among the key impediments to their bearing the desired number of children.⁴⁶ The infertility rate in Ukraine is 2.8–3.5 per 1000 women and 0.5 per 1000 men. Overall, 6.8 percent of married couples of reproductive age face fertility problems. However, there are also some positive trends. The complicated delivery rate in Ukraine decreased from 40.8 percent in 2008 to 30.7 percent in 2012, so the share of normal deliveries increased from 59.2 percent to 69.3 percent.⁴⁷

Prevention of maternal mortality is promoted by early (up to 12 weeks) and regular medical examinations for pregnant women. In 2012, 92.1 percent of women were under regular medical examinations since early pregnancy.

Regional and territorial specifics in maternal mortality. Another useful indicator of women's health is the mortality rate from all causes, which, along with maternal mortality, has substantially declined in recent years. However, a difference between regions, urban and rural areas persists (Figure 3.5.1).

Unlike overall mortality, the maternal mortality rate among rural women (15.0 in 2011) is lower than the urban value (17.9 percent) — obviously because pregnant women from rural areas are taken to a city in cases of complications. Considerable regional disparities in the mortality of women of reproductive age indicate the existence of substantial differences

in women's living conditions and lifestyles. In 2012 the difference between the highest indicator in Mykolaivska oblast and the lowest in Ternopil'ska oblast was 2.8 times.

Abortion level in Ukraine. The number of abortions per 1000 women of reproductive age decreased to 15.1, thus the target was met as early as 2010. Furthermore, the ratio of the number of abortions relative to the number of deliveries is also in decline; according to the most recent data, Ukraine has actually reached the average European level.

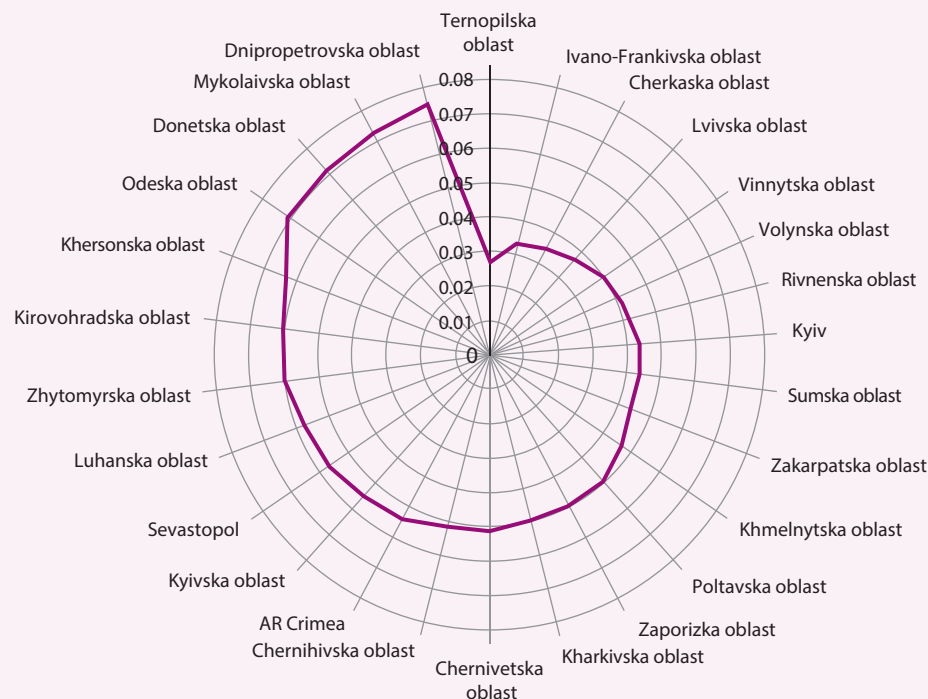
The reduction in the number of abortions among women of older reproductive age is especially noticeable. The results achieved include, in particular, women's growing awareness and accessibility of efficient contraception. According to findings of sociological surveys on the prevalence of contraception in Ukraine conducted in 2012–2013, 65.4 percent of women aged 15–49 use any kind of contraception (47 percent of them prefer modern methods, whereas 18.4 percent used traditional ones). The overall level of contraceptive use in urban areas greatly exceeds that of rural areas. These differences are related to, in particular, the use of modern contraceptive methods preferred by every second married woman (50.3 percent) living in cities, whereas the share of rural women choosing modern methods is only 37.1 percent.⁴⁸ One in every five women of reproductive age is unable to obtain advice on planning pregnancy and bearing the desired number of children.

According to studies, an overall majority (over 80 percent) of pregnancies have ended in a live birth during the last three years, and only 13.8

⁴⁶ ADEF-Ukraine, *'Marriage, family and childbearing attitudes in Ukraine'*, ADEF-Ukraine, Kyiv, 2008, 256.

⁴⁷ Information portal on infertility problems, assisted reproductive technologies and IVF.

⁴⁸ State Statistics Committee of Ukraine, *Report on results of the Multi-indicator Cluster Household Survey in Ukraine, 2012–2013: Preliminary results*, Kyiv, 2013.

Figure 3.5.1. Probability of Dying for Women Aged 15–49, by Regions of Ukraine, 2012

Source: Institute for Demography and Social Studies, NAS of Ukraine

percent in abortions. This is considered as a progress, since this indicator was 25.3 percent in 2007. The abortion rate in Ukraine varies by region between 8.3 percent in the western regions and 34.8 percent in the central regions, partially due to differences in reporting practices and stigma.

As before, the prevalence of teenage pregnancies, leading either to abortion and further reproductive health disorders or to giving birth to a baby while the mother herself is a child, remains unacceptably high. In 2011, 96 out of every 10,000 girls aged 15–17 became pregnant, and one in 10,000 girls of up to 14 years of age gave birth. According to state medical statistics, more than 7 percent of officially recorded abortions in Ukraine in 2010 were for girls aged between 10 and 17. In particular, among girls of up to 14 years of age, 0.05 percent had an abortion, whereas the percentage of girls aged 15–17 having had an abortion is 1.4 percent. At the same time, a high birth rate is observed among women aged up to 20 years: this rate was 28.7 in 2012 (28.1 in 2011, 28.8 in 2010, and 31.2 in 2009).

Monitoring and awareness-raising. Considering each case of maternal death an extraor-

dinary event, a special Expert Commission of the MoH subjects it to thorough analysis, based on the findings of which measures aimed at preventing such cases are designed and implemented. The methodology 'Beyond the Numbers' promotes better quality of evidence-based analysis. To improve obstetric care, a responsible attitude towards parenthood among both women and men is promoted. Training of future parents for childbirth is provided at Responsible Parenting Schools at antenatal clinics. A network of family planning and child and adolescent gynaecology services has been established in most regions of the country. Counselling units at the centres of social services for young people promote the importance of maintaining their reproductive health.

Youth-friendly clinics are increasing their awareness-raising activities (in both the scope of efforts and the number of young people reached). The priority objectives for such clinics are still to prevent HIV and sexually transmitted infections and to promote healthy lifestyles.

Programmatic environment and assessments. Strategic directions for maintaining

people's reproductive health were identified in Ukraine, according to which the country developed and implemented the Programme on the Reproductive Health of the Nation for 2001–2005 and is currently implementing another programme for 2006–2015. It is aimed at securing safe maternity, forming the reproductive health of children and young people, maintaining people's reproductive health, and improving the family planning

system. The Strategic Assessment of Policy, Programmes and Studies 'Abortions and Contraception in Ukraine' was conducted in cooperation with WHO in 2009. It allowed the current state of implementation of national policies and programmes in the field of reproductive health to be assessed, existing barriers hindering better reproductive health to be identified, and relevant recommendations to be formulated.

CHALLENGES FACED AND UNFINISHED BUSINESS

Government policy in this area is implemented by a number of measures that ensure the highest possible level of care given the existing legal, financial, logistical and human resources.

Inefficiencies of the health system. The health care system is currently being reformed, and problems related to women's health are being defined. These include, first and foremost, the system focus on occasional control of diseases, a lack of systemic approaches, and insufficient attention to the integrity of the state policy on disease prevention and on comprehensive medical and sanitary services. A wide network of inpatient and outpatient polyclinic facilities attached to the obstetric and gynaecological service appears to promote accessible, specialized care. However, delivery care at the level of district, rayon and some central rayon hospitals, where less than 400 deliveries per year are recorded (30–60 percent of oblast maternity departments), entails high risks of delivery complications and a high rate of maternal and perinatal losses. This happens due to the failure to ensure 24-hour duty of neonatologists and obstetrician-gynaecologists, slow adoption of modern perinatal technologies, and insufficient supplies of necessary medical and laboratory equipment.

Shortcomings in the organization of medical care. The existing organization of medical care and its funding system does not cover obstetric aid costs. Women often pay 'voluntary' contributions to sickness funds for deliveries, or they acquire insurance of various kinds, have to procure a great quantity of medicines and medical supplies or pay for compulsory tests during pregnancy. This situation limits women's equal access to quality medical care guaranteed by the State.

Management of many conditions and pregnancy complications are not in line with

international standards and evidence-based medicine; over-diagnosis and unwarranted administration of medicines and laboratory tests are widespread practices. Another problem is the insufficient level of material and technical supplies for health care institutions that provide reproductive health services, in particular depreciation or obsolescence of diagnostic equipment (not every health care institution has ultrasonographic devices with a vaginal probe). Although the institutions are sufficiently staffed with obstetrician-gynaecologists, most of them are concentrated in urban health care facilities. Special attention should be paid to training specialists in providing care for medical emergencies in obstetrics as well as family doctors knowledgeable in and able to manage physiological pregnancy.

Prevalence of extragenital pathology among pregnant women results in a greater number of complications during deliveries, which causes diseases in newborns and affects disease incidence rates among children aged up to 14 as well as child and maternal disability rates. A low level of pregnancy planning is the key reason for the high incidence. Pregnant women are insufficiently aware of signs of pregnancy complications and the need to visit a doctor.

A high infertility rate among Ukrainian families can be considered direct reproductive losses. One of the core factors behind reproductive health disorders is sexually transmitted infectious diseases, which often cause infertility in adolescents and adults, habitual miscarriage, cancer and intrauterine infection, with possible severe consequences and even developmental defects.

High induced abortion rates, especially in some regions of Ukraine, affect the fertility and development of subsequent pregnancy

and delivery. According to the Centre for Medical Statistics of the Ministry of Health of Ukraine, in 2012 the number of abortions per 1000 women of reproductive age was: Sevastopol: 19.2; Kyivska oblast: 17.0; Donetsk oblast: 15.8; Kirovohradska oblast: 15.6; Khersonska oblast: 15.5; Vinnytska oblast: 15.4; and Zhytomyrska oblast: 14.4.

The spread of sexually transmitted infections relates to a decrease in the living standards of some groups of the population, unemployment, increases in population mobility, low levels of awareness etc. The morbidity rate and hence the contribution of the infections to a deterioration of women's reproductive health are much higher than in developed European countries. According to sociological survey data, 42 percent of students aged 15–17 were already sexually active; the figure in 2012 was 60 percent. A considerable proportion of adolescents, regardless of their place of study, practice unprotected sex: almost one in every four adolescents having sexual relationships did not use a condom during their most recent sexual intercourse. Most often young people obtain knowledge about contraception from TV programmes (41 percent), the Internet, friends and classmates (31 percent each) and health workers (25 percent). Hence, the matter of primary prevention of risky behaviour among young people and counteracting the spread of socially dangerous diseases remains important.⁴⁹

Poor health among adolescents. The spread of advertisements promoting an unhealthy lifestyle (smoking tobacco, drinking alcohol, using drugs, etc) negatively affects health of young people. According to WHO, about two thirds of premature deaths and one third of cases of chronic disease are related to an adolescent's living conditions and lifestyle. These include, in particular, the adverse impact of smoking, use of alcohol, insufficient physical development, inclination to violence, and early sexual debut. One third (30 percent) of Ukrainian adolescents assess their own health as 'moderate' or 'poor', and this share grows with age. One in seven adolescents (14 percent) reports having a diagnosed chronic disease, disability or other medical condition. At the same time, 19 percent of adolescents have difficulties in approaching any available health care institution for assistance without parents.⁵⁰

Low levels of responsibility among young people for taking care of their own health, and overestimation of its state. According to sociological surveys, the state of health was assessed the most positively by young people aged 14–17: 72.3 percent mentioned 'very good' or 'good', and less than one third reported no diseases at all. The positive perception is lower among young persons aged 18–24: almost two thirds describe their health as 'very good' or 'good'. In the age group of 25–35 years, only 58.4 percent of respondents positively assessed their health.⁵¹ During the period of study in a general educational institution, schoolchildren lose at least one third of their health. Youth morbidity in all disease classes increased by 19 percent from 2005 to 2010 (9113.8 per 10,000 of the respective population), with the highest rates observed in Kyiv, Kharkivska and Vinnytska oblasts and Kyiv city.⁵² It will subsequently shape pregnant women's extragenital pathology and exacerbate both maternal and child mortality situations.

Shortcomings in the state policy on improving the physical condition of young people and promoting a healthy lifestyle. Efforts to strengthen individuals' personal responsibility for their own health do not capture the public's attention in Ukraine. Studies suggest that the percentage of young people paying attention to physical training is going down as they grow up. They do not always have appropriate conditions for taking exercise, and facilities are not affordable to most people. As a result, only every fifth schoolchild and one in every 10 students in Ukraine has a sufficient level of health-improving physical activity, which is one of Europe's lowest figures. The levels of physical activity among young people of school age decrease with age, whereas the percentage of those not practising any physical exercise or training in their usual daily schedule goes up: from 3 percent of Year 6 children to 9–10 percent of students in higher educational institutions (HEIs) of accreditation levels I–IV. Overall, depending on their age and place of study, almost 76 percent of young people prefer passive leisure activities (sitting in front of a TV or computer). Half of young people aged

for Social Studies, Kyiv, K.I.S., 2011, 172.

⁵¹ State Institute for Development of Family and Youth, 'Attitudes of Youth to a Healthy Lifestyle', Youth for Health Resource Centre, 2010.

⁵² Medvedovska, N.V. and H.V. Kurchatov, 'Contribution of the Ministry of Health of Ukraine to the Situation of Youth in Ukraine. Annual Report to the President of Ukraine', Ministry of Health of Ukraine, Kyiv, 2010.

⁴⁹ National Report, Youth for Healthy Lifestyle.

⁵⁰ Balakireva, O.M., T.V. Bondar, O.R. Artiukh, et al., 'State and factors of Ukrainian adolescents' health', UNICEF, O. Yaremenko Institute

18–24 are in an unsatisfactory physical condition. In this regard, there is a need in acceleration of physical training and sport as a driver

for a healthy lifestyle for young pupils and students and for their readiness to become responsible parents.

Box 3.5.3. Young People's Insufficient Recognition of Personal Responsibility for Their own Health

According to surveys, more than 52 percent of adolescents in Ukraine do not recognize the risk of HIV infection, believing they are fully protected or that it is hardly likely to affect them. At the same time, 42 percent of students aged 15–17 have sexual experience (55 percent among boys and 31 percent among girls); between 7 percent and 15 percent of adolescents (depending on the place of study) started sexual relationships before the age of 15; and a considerable proportion of girls practise unprotected sex (31 percent of girls studying in HEIs of accreditation levels III–IV failed to use a condom during their last sexual intercourse).⁵³

RECOMMENDATIONS TO ADDRESS CHALLENGES

Continuation of implementation of the National Project 'New Life — New Quality of Maternity and Childhood Protection' and the state programme 'Reproductive Health of the Nation' will ensure the achievement of the Goal in the near future.

Maintaining family planning for all population groups. Providing high quality family planning services for all population groups, especially young people, rural inhabitants and vulnerable groups is essential to improve maternal health in Ukraine. It is necessary to strengthen the role of primary health care in this area.

Improving perinatal and obstetric-gynaecological care assumes the implementation of effective state policies in this field. Staffing issues must be addressed (recommendations provided in Subsection 3.4). In addition, it is important to divide obstetric inpatient clinics into three tiers, each of which would have specific tasks and responsibilities. It is necessary to specify clear criteria for the level of the facility where obstetric and neonatal care should be provided, and to bring every diagnostic and treatment facility of each level into conformity with the equipment list. Adequate financing for the provision of timely and safe perinatal care to every pregnant woman should be secured at the state level, regardless of her social status, financial standing or place of residence. This requires supplying all obstetric departments with medicines for emergency medical care in case of hemorrhage, and necessary consumables for the adoption of

modern perinatal technologies based on WHO recommendations. It is also reasonable to provide obstetric facilities with computers to monitor pregnant and recently confined women at high obstetric and perinatal risk.

Coordinating perinatal service activities. The various perinatal service levels need to be coordinated: coordination of the entire perinatal service inside a region by the tier-III regional perinatal centre, and coordination of tier-III regional perinatal centres by the State Perinatal Centre at the Institute of Paediatrics, Obstetrics and Gynaecology of the National Academy of Medical Sciences of Ukraine.⁵⁴

Adopting modern methods of organizing medical care will promote mitigation of complication risks. For example, telemedicine is an effective tool for providing care when it is not possible to transport a patient to specialized medical facilities — i.e. providing a possibility of managing a patient by remote counselling would lead to positive outcomes. A compulsory condition requires case follow-up ensured by regular informing a physician on the patient's condition by phone or other telecommunications means at the interval of at most every six hours or more frequently, if required, until the patient's condition has stabilized; in addition, an expert team should attend the patient to provide care according to the physician's instructions.

⁵³ Amjadin, L.M., T.O. Konoplytska, O.M. Lysenko et al, 'Repeated Assessment of Youth-friendly Clinics', K.I.S., Kyiv, 2012, 112.

⁵⁴ Moiseenko, R.O. (Ed.), 'National Approaches to Implementing a System of Perinatal Care Regionalization in Ukraine: Practical Guidelines', Ministry of Health of Ukraine, Kyiv, 2012, 111.

Ensuring transportation capacity. In the course of developing perinatal care, special attention should be paid to ensuring the transportability of pregnant women and newborns at high perinatal risk from one hospital to another. Furthermore, each tier-III perinatal centre should have mobile counselling teams that must include highly skilled specialists. If required, a mobile (counselling) team can also include related specialists depending on the clinical situation (surgeon, haematologist, urologist, neurologist etc.).

Improving medical services and prevention, and ensuring early detection and timely treatment of extragenital pathology in girls under the age of 17 and women of reproductive age is an urgent task to ensure a sustainable reduction in mortality. This requires implementation of a number of activities, including health care for adolescent girls and women of reproductive age. In addition, support to primary care physicians (family doctors) should be provided; this requires the development of service provision strategies for reproductive health care starting from childhood. Overall, it is necessary to establish a system of education (training, training centres) for family doctors and general practitioners in reproductive health and family planning. The adoption of standards and protocols to ensure family planning services for primary medical care (family doctors/general practitioners), doctors in antenatal clinics and family planning centres pursuant to the WHO guidelines is important. Information materials on preventing women's gynaecological cancer and extragenital diseases should be designed and disseminated to the general population.

Reducing the spread of sexually transmitted infections envisages primary prevention of HIV and sexually transmitted infections. It is necessary to ensure prevention and raising awareness activities among the general population, including sexual and reproductive

health programmes. In addition, it is important to raise awareness among the population (both women and men) on safe and efficient family planning methods, the potential consequences of sexually transmitted infections, and ways to reduce the risk of infection.

Raising the level of personal responsibility for health requires implementing measures aimed at advocating, shaping and encouraging a healthy lifestyle, responsible paternity and safe maternity. Furthermore, the public should be informed on how to adopt a responsible attitude towards personal health. Methods of social advertising should be used, and cooperation with civil society organizations, especially youth ones, should be enhanced. It is important to develop principles of awareness-raising activities for children, adolescents and young people on a healthy lifestyle, family planning, prevention of sexually transmitted infections and disease prevention (awareness-raising activities in educational institutions, publication of relevant literature, social advertising, introduction of question and answer boxes in educational institutions).

Improving physical condition of young people and promote a healthy lifestyle requires designing effective tools at the state level to implement principles of a healthy lifestyle in Ukrainian society and to promote the institution of the family. A necessary precondition for the success of such efforts is active intersectoral interaction between medical workers, educators, mass media and civil society organizations. The development of a health infrastructure and industry, accessible to all people, should be promoted. Liability for the sale of tobacco and alcohol products to minors should be strengthened at the legislative level. Involvement of private sector should be ensured, including in the form of corporate social responsibility and public-private partnership.



The background of the slide is a photograph of a large, ornate church with blue and white walls and multiple golden domes. In the foreground, a large, colorful tapestry is laid out on the paved ground in front of the church. The tapestry features various patterns, including a large red heart shape with text inside, and is surrounded by small red candles. Several people are walking around the square. A large orange curved line separates the image from the text below.

GOAL 6
REDUCE AND SLOW DOWN
THE SPREAD OF HIV/AIDS AND TUBERCULOSIS
AND INITIATE A TREND TO DECREASE THEIR SCALES

Ukraine is at a critical stage of combating the HIV and tuberculosis (TB) epidemics. For the first time, in 2012 the number of new cases of HIV infection was lower than in the previous year, indicating a slowdown in the intensity of the epidemic. Ukraine has also made some progress in combating TB, with morbidity and mortality rates very close to reaching the targets set.

TARGETS AND INDICATORS

Targets	Indicators
Target 6.A: Decrease growth rate of HIV-infection by 13 percent	6.1. Number of people newly diagnosed with HIV per 100,000 population 6.2. Growth rates of HIV-infection, % 6.3. Number of people died of AIDS per 100,000 population 6.4. Mother-to-child HIV transmission rate, %
Target 6.B: Decrease tuberculosis morbidity by 20 percent (compared with 2005)	6.5. Number of people diagnosed with tuberculosis for the first time (including tuberculosis of respiratory organs) per 100,000 population 6.6. Number of tuberculosis deaths per 100,000 population

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2015
Indicator 6.1. Number of people newly diagnosed with HIV per 100,000 population													
12.9	14.4	18.2	21.0	25.7	29.3	34.5	38.1	41.2	43.2	44.8	46.5	45.7	49.1
Indicator 6.2. Growth rates of HIV-infection, %													
–	+11.6	+26.4	+15.4	+22.4	+14.0	+17.7	+10.4	+8.1	+4.9	+3.7	+3.8	-1.7	+4.0
Indicator 6.3. Number of people died of AIDS per 100,000 population													
1.0	1.5	2.3	3.8	5.5	7.7	8.8	9.8	11.2	11.7	12.3	12.6	12.5	8.0
Indicator 6.4. Mother-to-child HIV transmission rate, %													
–	27.8	10.0	10.0	8.2	7.7	7.1	6.2	6.3	4.7	4.9	4.6	4.05	2.0
Indicator 6.5. Number of people diagnosed with tuberculosis for the first time (including tuberculosis of respiratory organs) per 100,000 population													
60.4	69.5	76.0	77.8	81.2	84.4	83.4	80.1	78.0	72.9	68.5	67.3	68.2	67.5
Indicator 6.6 Number of tuberculosis deaths per 100,000 population													
22.3	22.7	20.5	21.8	22.7	23.5	22.3	22.6	22.4	18.2	16.6	15.2	15.2	15.0

The table presents data from the State Statistics Service for 2012 and target values for 2015 (established in 2010). For indicator 6.4 actual data for 2010 are provided (since determination of HIV infection — namely confirmation or exclusion of a diagnosis — lasts for 18 months after birth, the national indicator is defined only after two years after birth. Indicator 6.4 data for 2011 and 2012 are provided based on the preliminary estimates of the State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases.

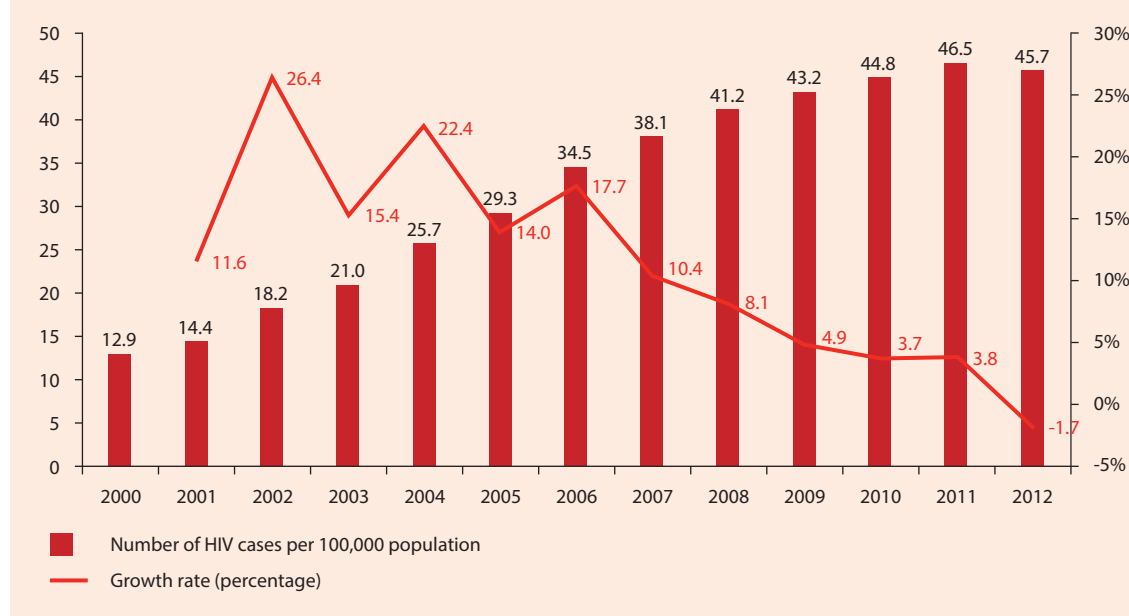
TARGET 6.A: DECREASE GROWTH RATE OF HIV INFECTION BY 13 PERCENT

PROGRESS TO DATE

The scale of the HIV epidemic in Ukraine remains high. As of 1 January 2013, nearly 224,000 cases of HIV infection among citizens of Ukraine had been registered in the country since 1987. Since the beginning of epidemic, more than 56,000 citizens of Ukraine have been diagnosed with AIDS, and nearly 47,000 people have died from HIV-related diseases.

greater number of people could be infected but unaware of it. Estimates suggest that, at the beginning of 2013, 220,000 people aged 15 and over lived with HIV, accounting for 0.57 percent of the total population of this age group.⁵⁵ These data differ from the official statistics on the number of HIV-positive people under observation in specialized health care facilities (129,100) as of

Figure 3.6.1. Dynamics of the Newly Registered HIV Cases among Citizens of Ukraine, 2000–2012



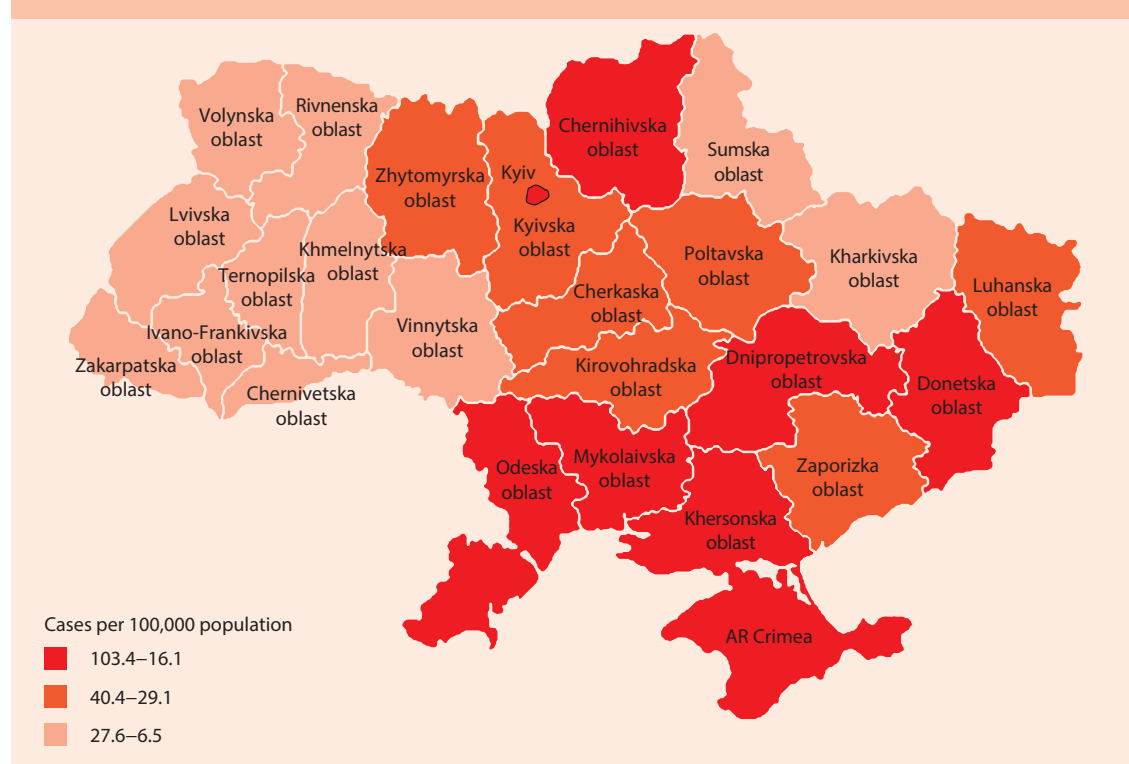
From 1999 through 2011 the number of newly registered HIV cases increased each year (Figure 3.6.1). However, in 2012, for the first time the number of new cases of HIV decreased by 1.7 percent compared with 2011, which corresponded to 45.7 new cases per 100,000 population (the target value for 2015: 49.1). This suggests a decrease in the intensity of the HIV epidemic. At the same time, the number of deaths from HIV-related diseases in 2012 was 12.5 per 100,000 population (target value for 2015: 8.0).

It is recognized that official data do not reflect the real situation of HIV/AIDS in the country, particularly the number of people living with HIV. The data provide information on the number of people who, according to their test results, have been diagnosed with HIV. A significantly

the end of 2012. The difference between these data suggests that only half of the people living with HIV are aware of their HIV-positive status.

HIV incidence by region. The highest incidence of HIV per 100,000 population in 2012 was registered in Dnipropetrovska, Odeska, Mykolayivska and Donetsk oblasts, Sevastopol, Khersonska and Chernihivska oblasts, the Autonomous Republic of Crimea and Kyiv (from 103.4 to 46.1 per 100,000 population). The situation remains relatively stable in the western regions of the country: Zakarpatska, Ternopil'ska, Chernivetska, Ivano-Frankivska, Rivnenska and Volyn'ska oblasts

⁵⁵ Ministry of Health of Ukraine, 'Informational Bulletin: HIV Infection in Ukraine', Ministry of Health of Ukraine, Ukrainian Center on Control of Socially Dangerous Diseases, L. Gromashevsky Institute of Epidemiology and Infectious Diseases of the NAMS of Ukraine, 40, 2013.

Figure 3.6.2. Territorial Distribution of HIV Infection in Ukraine, 2012

(Figure 3.6.2). However, the highest HIV growth rates were registered in these regions, which is a sign of the development of the epidemic.

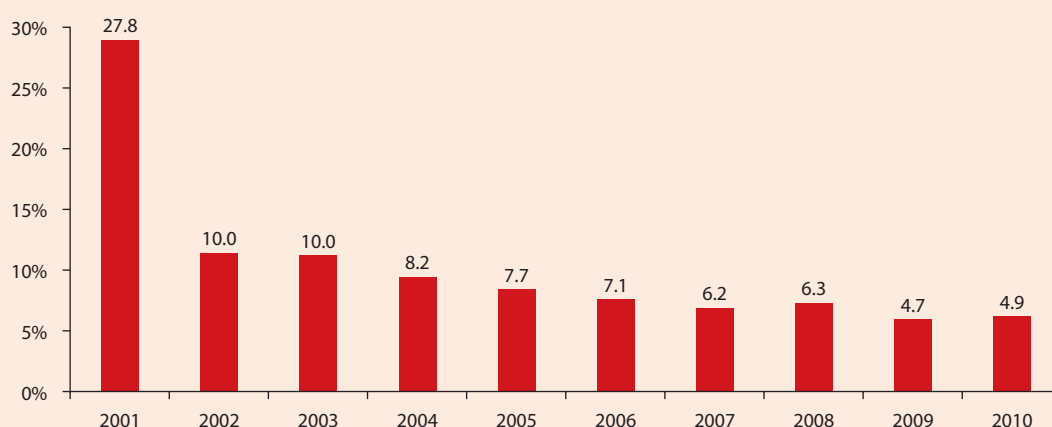
Profiles of HIV cases. The highest number of HIV cases in 2012, as in previous years, was registered in the age group of 25–49 years (almost 66 percent of the total) — i.e. HIV affects the most active and reproductive population of the country and can lead to an aggravation of the current negative demographic and socio-economic trends. However, a decrease in the share of new cases of HIV among young people remains a positive trend. Thus, the number of officially registered HIV-positive people in the age group of 15–24 years in 2012 decreased by almost 41 percent compared to 2005, which may also indicate an improvement in the epidemic in general. In Ukraine, men still make up the majority of HIV-positive people, but the proportion of women is constantly growing; in 2012 it reached almost 45 percent of the total. Three quarters (77 percent) of HIV-positive people in 2012 were residents of urban areas, and one quarter (23 percent) of rural areas.

Most-at-risk populations. The HIV epidemic continues to spread mainly among most-at-risk populations, particularly injecting drug users (IDUs), men who have sex with men (MSM), and commercial sex workers (CSWs). As a result of prevention programmes among IDUs, the spread

of HIV has been stabilized, and the number of HIV-positive people among those who recently started to inject drugs has decreased. Today, the biggest risk group is MSM; the epidemic among this group continues to intensify, and they are 10 times more likely to become infected than the general population. There are also people who, due to their behaviour, can be simultaneously exposed to multiple risk factors; therefore, their likelihood of infection is the highest.

The implementation of prevention measures among IDUs has influenced the HIV epidemic in Ukraine. According to routine epidemiological surveillance from 2006 to 2012, there was a gradual decrease of almost 17 percent in the number of newly registered HIV cases among IDUs from 7127 in 2006 to 5933 in 2012, leading to an actual decrease in the intensity of the epidemic.

MSM represent a small proportion of the newly registered HIV cases — less than 1 percent of all HIV cases with established modes of HIV transmission. At the same time, the official data understate the actual level of HIV transmission in this population, which still faces stigmatization. According to an integrated bio-behavioural survey among MSM, conducted in 27 cities in Ukraine in 2011, HIV prevalence among MSM was 6.4 percent. However, this indicator varied from 0 percent in Poltava to 20 percent in Donetsk.

Figure 3.6.3. Rate of Mother-to-child HIV Transmission, 2001–2010

Ukraine does not officially register HIV infection cases among **CSWs**, while the results of sentinel surveillance suggest a high rate of HIV infection among this risk group. According to the 2011 sentinel survey conducted in 25 cities, HIV prevalence among CSWs was 9.0 percent. The highest likelihood of HIV infection among CSWs is due to injecting drugs. HIV prevalence among CSWs who inject drugs (CSW-IDUs) is 40.5 percent, and among CSWs who have never injected drugs is 6.4 percent. High HIV prevalence among CSWs in Ukraine is caused by the active participation of female IDUs in the sex industry. Due to the high prevalence of HIV among CSW-IDUs, they are the most significant source of infection for clients who represent the general population. This is one of the factors of a possible generalization of the epidemic.

HIV prevalence among prisoners ranges from 13 to 30 percent (according to different estimates). Prisoners are the only most-at-risk group that can be easily covered with comprehensive prevention programmes. However, only 45,000 of 130,000 prisoners (i.e. 35 percent) have ever been reached with prevention services. The penitentiary system does not provide sufficient support for the implementation of harm reduction programmes or substitution therapy, even though these programmes are promoted by public policy and are available outside prisons.

Changes in HIV transmission in Ukraine. The main mode of HIV transmission in Ukraine from 1995 through 2007 was parenteral, mostly by injecting drugs, but this changed in 2008: the share of cases due to parenteral transmission was lower than that of sexual transmission. This trend indicates the growing influence of heterosexual transmission of HIV. However, this growth

is closely linked with risky sexual behaviour of IDUs and their sexual partners. Between 2009 and 2012 a decrease was observed in the proportion of people who had been infected as a result of injecting drugs, and an increase in the proportion of people infected with HIV through heterosexual intercourse. An increasing number of HIV cases are a result of unprotected sex. Today Ukraine demonstrates an example of how easily the HIV epidemic can go beyond most-at-risk groups and spread among the general population.

Mother-to-child HIV transmission. Prevention of mother-to-child HIV transmission remains one of the most successful prevention programmes in the country. Starting in 2003, voluntary HIV testing for pregnant women has continuously exceeded 95 percent. The coverage of preventive antiretroviral therapy (ART) for women diagnosed with HIV during their pregnancy increased from 9 percent in 1999 to 94 percent in 2010 and nearly 100 percent in 2012. This resulted in a significant decrease in mother-to-child HIV transmission from 27.8 percent in 2001 to 4.9 percent in 2010 (Figure 3.6.3). Thus, according to recent data, in the 2010 cohort, 174 children were diagnosed with HIV out of a total of 3551 children born to HIV-positive women.⁵⁶ However, more efforts are required to reach the level observed in other European countries: 2 percent. According to studies, the rate of mother-to-child HIV transmission among women IDUs is 11 percent. This requires the introduction of an integrated approach to prevention for pregnant women of this risk group, which includes social support and harm reduction measures in addition to medical interventions.

⁵⁶ Ministry of Health of Ukraine, 'Informational Bulletin: HIV Infection in Ukraine', Ministry of Health of Ukraine, Ukrainian Center on Control of Socially Dangerous Diseases, L. Gromashevsky Institute of Epidemiology and Infectious Diseases of the NAMS of Ukraine, 40, 2013.

CHALLENGES FACED AND UNFINISHED BUSINESS

The MDG Acceleration Framework was the central methodology applied to the review of the National AIDS Programme for 2009-2013, which covered the following main thematic areas: Organizational activities, Sustainability, Human Rights and Gender, Injecting Drug Users, Commercial Sex Workers, Men having sex with Men, Prevention of Mother-to-Child HIV Transmission, Youth, Penitentiary System, HIV Testing and Counseling, Anti-Retroviral Treatment, and Care and Support. The MDG Acceleration Framework provided a platform to systematically review the main achievements to date and identify the main bottlenecks and solutions that should be addressed by new National AIDS Programme 2014-2018. The following issues have been uncovered through the review.

Low level of implementation of HIV/AIDS policies and programmes in Ukraine at both national and regional levels. Although about 80 percent of the total funding of the National Programme to Combat HIV/AIDS for 2009–2013 is expected to be covered by the state budget, actual expenditures from this source were just over half that amount.

Weak governance, financing and inadequate mechanisms of organization and management. Planning mechanisms focused on the available resources do not reflect the needs of the population for medical services and the regional specifics of the provision of medical services. Since service providers are budgetary institutions, this imposes restrictions on their independence to make management and financial decisions. The lack of priorities with regard to critical activities and complicated processes to coordinate the implementation of programmes lead to duplication of functions, unclear division of responsibility and subordination of institutions. The provision of medical services is regulated by a number of mandatory procedures for all facilities of this type. However, the fact that HIV prevalence varies in different regions is not considered. Staffing, infrastructure and equipment requirements for medical institutions envisage the need to allocate significant funds for their maintenance, which is often impossible due to limited funds in the local budgets. Ukraine's dependence on external sources of funding has remained the same over recent years. Almost 20 percent of all expenditures for the response to the HIV epidemic is provided from external sources, where the Global Fund is the

largest contributor (approximately 20.3 percent and 20.7 percent of total expenditures in 2010 and 2011, respectively), although in 2012 this indicator reached 10.3 percent.⁵⁷

Inappropriate management of procurement leads to disruptions in supply, which reduce coverage, integration and quality of services and lead to a shortage of medicines. This creates risks for patients receiving treatment. Procurement procedures do not take into account the need for a continuous and stable supply of antiretrovirals (ARVs) and other items which the most-at-risk groups have limited access to (e.g. condoms), test systems etc.

Insufficient coverage of young people with awareness-raising and prevention activities.

The vulnerability of children and young people to HIV infection is caused by the high levels of risky behaviour, including alcohol consumption. A significant number of young people at risk have limited access to prevention and treatment services provided by the government and NGOs, as they are mainly targeted at adults. According to sociological studies, Ukrainian youth demonstrate low awareness of HIV/AIDS and knowledge of HIV transmission modes: the proportion of the population aged 15–24 years that was fully aware of HIV/AIDS in 2011 reached 39.9 percent. According to the Declaration of Commitment on HIV/AIDS the target value in 2010 should have been 95 percent.

Insufficient coverage of most-at-risk adolescents (MARA). The system of service provision for young people does not take into account the needs of some groups of young people, including orphans or homeless children, those living or working in the streets and children who are addicted to alcohol and drugs, including those who begin to inject drugs. These young people cannot access adequate services. Organizations that provide special services to MARA are unable to meet the needs of the youngest representatives of this group, as experts from the institutions are unaware of legal restrictions imposed on working with adolescents and do not have the skills to provide such services. Furthermore, MARA often come into contact with the police, or unlawful criminal procedural measures are applied to them, thus further reducing the level of coverage of medical, social and harm reduction services. The network of youth-friendly

⁵⁷ Ministry of Health of Ukraine data.

clinics is not able to provide medical and social services to MARA, since they lack the capacity to attract the most marginalized groups of young people.

Insufficient coverage of most-at-risk groups with prevention services. Most HIV prevention interventions among most-at-risk groups are supported by external donors and implemented by NGOs. Despite a large number of governmental and non-governmental institutions in the field of HIV/AIDS, the scope, scale, quality and intensity of activities undertaken are insufficient to stop the epidemic. Although IDUs remain the main driver of the epidemic, their access to substitution maintenance therapy (SMT) is inadequate, which does not allow the coverage of prevention and treatment services to be increased. For example, only 67.4 syringes were distributed per IDU within needle and syringe exchange programmes in 2012 (the programme is considered effective if it provides more than 100), and ART is received by only 8.3 percent of IDUs. It means that representatives of this most-at-risk group have limited access not only to SMT and ART, but also to prevention and medical services in general. Moreover, the coverage of HIV testing among most-at-risk groups remains low and inconsistent. According to the survey conducted in 2011, the proportion of IDUs who were tested within the previous 12 months and knew their result was 33.7 percent. Among CSWs it was 58.5 percent, and MSM 37.8 percent. According to monitoring of the programme, the coverage of prevention programmes for IDUs as of the end of 2012 was 55.5 percent, for CSWs 36.3 percent, and for MSM 11.4 percent.

Low level of blood safety. The current system of quality assurance does not guarantee the absolute safety of blood. This is a result of the outdated algorithm of examination of donors (the system of voluntary donation is almost out of operation, and paid donation attracts people for donation who have a high probability of being infected with HIV and other blood-borne infections) as well as the low quality of test systems and obsolete equipment used by the blood service. The key issues of examination of donors are: the possibility of using quarantined

plasma if the donor does not come back for re-examination six months after donating blood (initial testing), and limited use of methods of direct detection of HIV due to their high cost.

Problematic issues with regard to HIV/AIDS treatment. Despite the significant increase in the number of patients receiving ART (40,350 patients by the end of 2012), the rate of scaling up ARV treatment programmes is behind the growth rate of the number of people in need. The coverage of ART given to people living with HIV is not sufficient to reduce the spread of the epidemic, particularly the incidence and mortality of AIDS. This is due to the lack of financing and the specifics of the epidemic in Ukraine — namely, since the mid-1990s HIV has been recorded mainly among IDUs, whose coverage with ART is still limited due to the lack of availability of SMT, thereby challenging their adherence to ART. As of 1 January 2013, SMT and ART were received by only 1283 HIV-positive active IDUs. Since the introduction of ART in Ukraine, the number of deaths from HIV-related diseases per 100,000 populations has remained the same over the last three years — namely, 12.3 in 2010, 12.6 in 2011 and 12.5 in 2012.

Violation of fundamental human rights. Ukraine has developed appropriate principles to protect the rights of people living with HIV and has introduced amendments to legislation and adopted new regulations, particularly the Law of Ukraine on Overcoming the Spread of Diseases Caused by HIV and Legal and Social Protection of People Living with HIV; however, among the general population, medical service providers and law enforcement staff there is still a high level of stigma and discrimination against people living with HIV and most-at-risk groups. This creates significant barriers for these groups to access HIV prevention and treatment services. Double and triple discrimination (HIV/AIDS, drug addiction, TB, homosexuality etc.) imposes restrictions on vulnerable groups, especially in villages and small towns. Furthermore, society is dominated by strong stereotypes about gender roles and intolerance towards those who go beyond traditional gender norms. This creates barriers to provision of HIV prevention, treatment, care and support services.

RECOMMENDATIONS TO ADDRESS CHALLENGES

Strengthening political will to overcome HIV/AIDS among both national and local authorities. Government institutions and the Parliament of Ukraine should pay due attention to the problems of HIV/AIDS and provide appropriate levels of financing for programmes and good governance at the national level. Local authorities should allocate sufficient financing and better organize the provision of the services needed at the local level by integrating various services into the general system of health care, providing financial support and social services for people living with HIV, and promoting coordination between social and medical institutions.

Improving organization and management. It is necessary to establish clear links between resources, activities and results; identify the level of financing and budget items required for each activity, indicating the source of financing; define the highest-priority activities that are most likely to help achieve the expected results; optimize the number of institutions responsible for combating HIV/AIDS; and strengthen coordination mechanisms at the national level and between national and regional levels. It is also necessary to introduce amendments to the legislation aimed at improving procurement and supply. The rules regulating the establishment of specialized services should promote flexibility and innovation, thus allowing the services to be adapted to local epidemiological, socio-cultural, budgetary and other contexts.

Enhancing prevention, treatment, care and support. It is necessary to enhance prevention among most-at-risk groups and ensure a transition from external financing of prevention programmes to financing from state and local budgets. There is a need to devise a national strategy to promote healthy lifestyles in the framework of policies on the primary prevention of HIV among young people. It is also necessary to introduce a socio-medical model which envisages social workers at all institu-

tions that provide specialized services. It is important to develop, adapt and implement models of coverage for marginalized young people, improve the services for MARA and improve their access to youth-friendly clinics, and strengthen the capacity of relevant experts to work with the youngest service users. It is necessary to prepare, develop and monitor the implementation of national and regional action plans to prevent the infection of children and save mothers' lives. A multi-sectoral strategy needs to be developed and implemented to attract hard-to-reach groups and provide them with access to care and support services and to increase the level of trust between service providers and service users. It is important to increase coverage with HIV testing, early initiation of treatment and care for most-at-risk groups (prisoners, and patients with hepatitis B or C or TB). It is necessary to increase funds from the state budget to procure necessary supplies: ARVs, test kits, means of prevention etc. It is also necessary to simplify procedures for allocating funds from the local budgets and transfer these funds to NGOs engaged in providing services to people living with HIV.

Protecting, upholding and fulfilling human rights. It is necessary to reduce stigma, discrimination and gender inequality in society in general and among service providers, including medical workers, law enforcement officers, social workers etc. It is also expedient to develop and enforce human rights legislation and to introduce amendments to services to make them friendlier to most-at-risk groups and people living with HIV. Mechanisms for monitoring violations of human rights and assessing the level of stigma in society and among service providers, law enforcement and judicial officers should be developed and implemented. To reduce discriminatory behaviour among service providers, it is necessary to conduct national information and awareness-raising campaigns and incorporate these issues into training and professional development.

Box 3.6.1. Indicators of the Harmonized AIDS Response Progress Report 2012 of Ukraine

In 2012 Ukraine prepared a Harmonized AIDS Response Progress Report. It provides an overview of the response to the HIV epidemic in Ukraine, consisting of 45 indicators (out of 56 indicators recommended for all UN member states). Values of indicators of the Harmonized AIDS Response Progress Report of Ukraine are provided in the Annex B (Table B.2).

TARGET 6.B.: DECREASE TUBERCULOSIS MORBIDITY LEVEL BY 20 PERCENT

PROGRESS TO DATE

Ukraine has made significant progress in combating TB: in 2012 the actual TB morbidity and mortality rates almost reached the target values. Achievements have been made due to the commitment of the Government of Ukraine to meet its obligations with regard to TB control, including by providing sustainable financing for national programmes, reviewing and approving important regulations and continuously monitoring their implementation.

The significant improvement in the epidemiological situation of TB in Ukraine occurred largely due to the implementation of the National Programme on Combating Tuberculosis for 2007–2011. During 15 years of worsening epidemiological situation (from 1990 to 2005) TB morbidity and mortality increased by more than 2.5 times (Figure 3.6.4). In 2006 a positive trend was observed. In 2012 TB morbidity decreased by 19 percent compared to 2005 (68.1 cases per 100,000 population). During the same period mortality decreased by 40 percent to 15.1 per 100,000 population, almost achieving the 2015 target values.

Over the past three years there has been a slowdown in the decrease in TB morbidity. Incidence decreased by 13.6 percent from 2005 to 2009 and by only 6.4 percent from 2009 to 2012. In 2012 there was even an increase in the incidence of TB by 1.3 percent in 11 regions of Ukraine.

In four regions the incidence did not change, and in 12 regions it decreased. This slowdown is connected, on the one hand, with improved detection of TB in risk groups and, on the other hand, with an increase in the incidence of TB/HIV co-infection.

The same trend is observed in terms of mortality, where the rate of decrease halved (from 2005 to 2009 it decreased by 28.1 percent; from 2009 to 2012 by only 17.0 percent). The incidence of TB among adolescents stabilized, and among children there have been no significant changes, with incidence remaining at 8–9 cases per 100,000 children. The introduction of a TB patients register and improvement in the registration of patients led to a 34.1 percent decrease in the number of patients with active TB (from 83,990 to 55,328 people) between 2009 and 2012.

Figure 3.6.4. Dynamics of the Incidence of all Forms of Active TB in Ukraine, 2000–2012

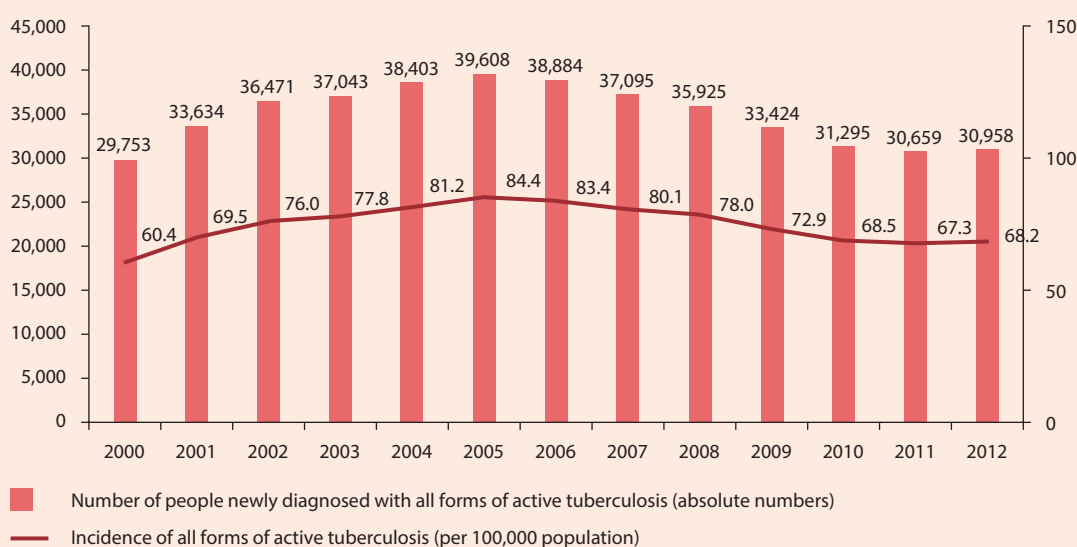


Table 3.6.2. Patients with Newly Diagnosed TB in Ukraine

No.	Regions of Ukraine	Total number of persons						Number of newly diagnosed cases per 100,000 population					
		2007	2008	2009	2010	2011	2012	2007	2008	2009	2010	2011	2012
1	The AR of Crimea	1678	1706	1673	1639	1491	1497	85.2	86.9	85.4	83.8	76.3	76.6
2	Vinnyska	1008	1070	965	925	895	899	60.0	64.3	58.4	56.3	54.8	55.3
3	Volynska	702	672	652	580	537	534	67.8	65.0	63.1	56.1	51.9	51.6
4	Dnipropetrovska	3219	3122	3290	3140	3179	3082	94.1	92.0	97.6	93.7	95.4	92.9
5	Donetska	4325	4121	3860	3570	3231	3148	94.7	91.1	86.0	80.2	73.1	71.7
6	Zhytomyrska	1093	1170	1004	978	920	880	82.9	89.6	77.5	76.0	71.9	69.1
7	Zakarpatska	742	746	748	744	711	726	59.8	60.2	60.3	59.9	57.1	58.2
8	Zaporizka	1685	1500	1303	1219	1185	1243	91.3	81.9	71.6	67.3	65.8	69.4
9	Ivano-Frankivska	981	959	941	911	905	959	71.0	69.5	68.3	66.1	65.7	69.6
10	Kyivska	1238	1227	1068	988	964	1168	70.9	70.9	62.0	57.6	56.3	68.2
11	Kirovohradska	1067	1002	897	823	795	775	101.9	97.0	87.9	81.4	79.2	77.8
12	Luhanska	2461	2383	2117	1904	1828	1795	103.5	101.4	91.0	82.5	79.9	79.1
13	Lvivska	1939	1828	1866	1678	1630	1680	76.0	71.9	73.6	66.3	64.5	66.6
14	Mykolayivska	1262	1226	1167	1076	1056	1028	104.2	101.9	97.6	90.5	89.3	87.3
15	Odeska	2077	2084	1873	1842	2087	2235	87.1	87.4	78.7	77.4	87.8	94.0
16	Poltavska	884	904	842	789	817	889	57.7	59.6	56.0	52.9	55.2	60.5
17	Rivnenska	864	879	800	679	720	710	74.9	76.4	69.6	59.0	62.5	61.6
18	Sumska	666	657	594	597	663	651	55.1	55.0	50.3	51.0	57.2	56.6
19	Ternopil'ska	722	656	614	594	585	561	65.5	59.9	56.3	54.7	54.1	52.1
20	Kharkiv'ska	2199	2012	1749	1592	1492	1359	78.6	72.4	63.2	57.8	54.5	49.8
21	Kherson'ska	1689	1369	1209	1167	1070	1167	151.4	123.8	110.1	106.9	98.5	107.9
22	Khmelnyska	871	863	793	707	694	680	64.1	64.1	59.3	53.1	52.4	51.6
23	Cherkaska	913	871	867	769	733	800	68.9	66.4	66.7	59.5	57.2	62.8
24	Chernivetska	454	437	446	443	440	438	50.3	48.5	49.5	49.2	48.8	48.5
25	Chernihiv'ska	842	928	817	749	722	675	73.6	82.3	73.4	68.0	66.3	62.5
26	Kyiv	1256	1280	1023	950	1073	1143	46.9	47.4	37.6	34.6	38.9	41.2
27	Sevastopol	258	253	246	242	236	236	68.4	67.0	65.1	63.9	62.3	62.2
Ukraine		37,095	35,925	33,424	31,295	30,659	30,958	79.8	77.8	72.7	68.4	67.2	68.1

The substantial decrease in mortality occurred largely due to changes in the profile of patients with newly diagnosed TB. In 2012, 15.3 percent of new TB patients had TB/HIV co-infection. The level of mortality among this population is much higher than among HIV-negative patients, but, according to legislation requirements, all deaths from TB/HIV co-infection are registered as deaths from AIDS and not TB. AIDS-related mortality has increased by 6.8 percent over the last three years (from 11.7 cases

per 100,000 population to 12.5 cases). For comparison, in 2005, when TB-related mortality was at its highest, the share of patients with TB/HIV co-infection among new TB cases was 8.1 percent, which is 47 percent less than in 2012. In 2009, 10.1 percent of newly diagnosed TB patients were HIV-positive.⁵⁸

⁵⁸ O.K. Tolstakov, *Tuberculosis in Ukraine: Analytical and statistical information for 2002–2012*, Kyiv, 2013; N.M. Nizova et al., *HIV infection in Ukraine: Bulletin No. 39*, Kyiv, 2013.

Table 3.6.3. TB Cases in At-risk Groups and TB/HIV Co-infection in Regions of Ukraine where an Increase in Morbidity was Recorded, 2011–2012

Region	Number of patients from at-risk groups among those with newly diagnosed TB, absolute number		Growth rates, %	Incidence of TB/HIV co-infection, per 100,000 people		Growth rates, %
	2011	2012		2011	2012	
Zakarpatska	88	151	41.7	7	12	41.7
Zaporizka	232	262	11.5	122	136	10.3
Ivano-Frankivska	68	88	18.1	24	31	22.6
Kyivska	236	259	8.8	102	169	39.6
Lvivska	261	351	25.6	67	96	30.2
Odeska	235	256	8.2	475	556	14.6
Poltavska	170	145	-17.2	85	116	26.7
Khersonska	276	212	-30	135	153	11.8
Cherkaska	112	237	52.7	117	149	21.5
Kyiv	272	236	15.2	179	228	7.2

Box 3.6.2. Estimated and Recorded Incidence

The estimated incidence of TB in Ukraine according to WHO data in 2011 was 89 cases per 100,000 population (in the range of 74–105 cases),⁵⁹ which is 25 percent more than the actual rate (in 2011 there were 67.2 cases per 100,000 population). The difference between the estimated and recorded incidence is caused by a lack of access to medical services for vulnerable populations (injecting drug users, clients of centres for social assistance, former prisoners, homeless people etc.). The main barriers to examination for TB are the lack of desire to be examined due to such negative factors as stigma, risky behaviour and bad habits. The active engagement of people to undertake examinations and provide psychological support during diagnosis and treatment is required (Figure 3.6.5).

The substantial decrease in mortality occurred largely due to changes in the profile of patients with newly diagnosed TB. In 2012, 15.3 percent of new TB patients had TB/HIV co-infection. The level of mortality among this population is much higher than among HIV-negative patients, but, according to legislation requirements, all deaths from TB/HIV co-infection are registered as deaths from AIDS and not TB. AIDS-related mortality has increased by 6.8 percent over the last three years (from 11.7 cases per 100,000 population to 12.5 cases). For comparison, in 2005, when TB-related mortality was at its highest, the share of patients with TB/HIV co-infection among new TB cases was 8.1 percent, which is 47 percent less than

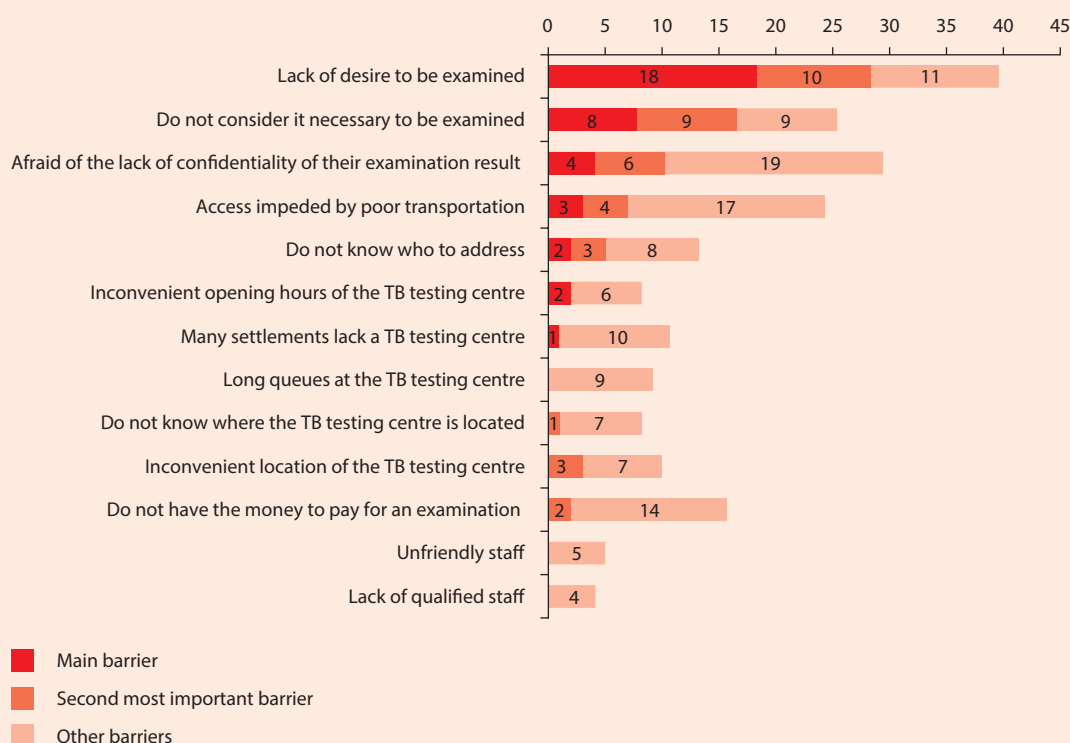
in 2012. In 2009, 10.1 percent of newly diagnosed TB patients were HIV-positive.⁶⁰

Microbiological diagnostics of TB. Due to the establishment of a network of laboratories for microbiological diagnosis of TB, collaboration between national and supranational laboratories and implementation of internal and external quality control, it has been possible to significantly improve the microbiological diagnosis of TB. At the beginning of the implementation of the National Programme on Combating Tuberculosis for 2007–2011 in 2006, only 30.4 percent of new TB patients confirmed the diagnosed TB by excretion of the causative agent; in 2012 this indicator was 51.3 percent. In 2006 in

⁵⁹ WHO, *Global Tuberculosis Report*, WHO/HTM/2012.6, WHO, Geneva, 2012.

⁶⁰ Tolstanov, O.K. (Ed.), *Tuberculosis in Ukraine: Analytical and Statistical Handbook for 2002–2012*, Ministry of Health of Ukraine, Kyiv, 2013.

Figure 3.6.5. Main Barriers to Examination for TB According to the Results of a Survey of 175 Vulnerable People



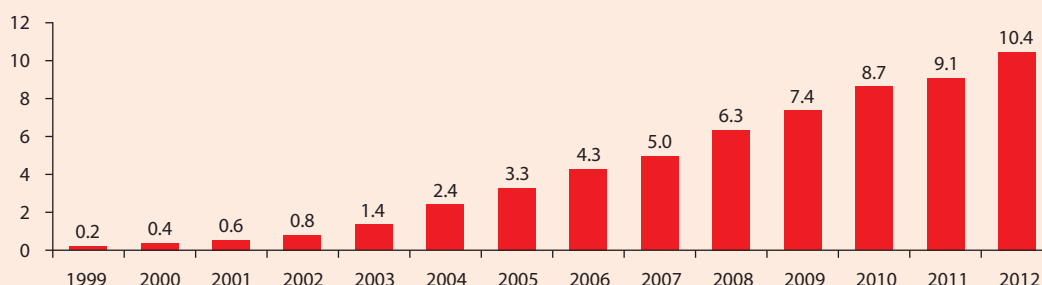
Note: According to a survey conducted in the framework of the project 'Improving the diagnostics and treatment of tuberculosis among most-at-risk groups in rural areas and small towns of Ukraine', which was implemented by the NGO Social Initiatives on Occupational Safety and Health within the framework of the WHO 'TB-Reach Programme'

the general medical network TB was diagnosed by sputum smear microscopy in patients with suspected TB in only 0.3 percent of cases; in 2012 this indicator was 1.4 percent (WHO criterion: 5 percent). At present, screening for TB by sputum smear microscopy is performed in each district hospital.

Impact of HIV infection on the TB epidemic. Despite the stabilization and improvement of

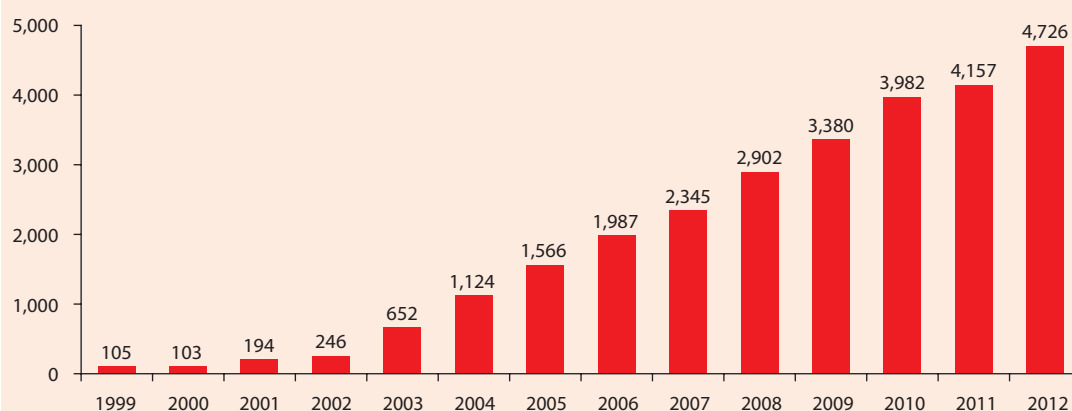
the TB epidemic, there has been an increase in the annual incidence of TB/HIV co-infection due to the increase in the number of people living with HIV (Figures 3.6.6 and 3.6.7). Since 2000 the incidence of co-infection has increased by 45.9 times to 10.4 cases per 100,000 population in 2012. In 2005, when there was the highest incidence of TB, the incidence of co-infection was 3.3 cases per 100,000 population.

Figure 3.6.6. Incidence of TB/HIV Co-infection per 100,000 Population, 1999–2012



Note: Official statistical data on incidence of TB/HIV co-infection were introduced in Ukraine since 1999

Figure 3.6.7. Number of Patients with TB/HIV Co-infection, 1999–2012, absolute number



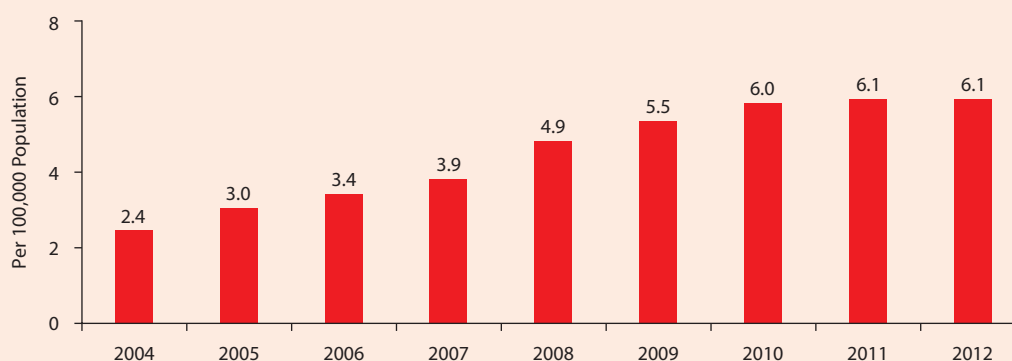
Note: Official statistical data on incidence of TB/HIV co-infection were introduced in Ukraine in 1999

Increased incidence of TB/HIV co-infection is a positive development, since for the past three years there has been a significant decrease in the growth rate of mortality from comorbidity (Figures 3.6.8 and 3.6.9). This occurred due to an improvement in the diagnostics of TB in HIV-positive persons, widespread counselling and testing of TB patients for HIV, the introduction of ART, and collaboration between the TB service and HIV/AIDS centres. Thus, the incidence of co-infection between 2005 and 2009 increased by 53.7 percent, and the mortality from comorbidity by 55.2 percent; and from 2009 to 2012 the rate of increase in the incidence of co-infection significantly outpaced the rate of increase in mortality: 28.5 percent and 8.9 percent, respectively. In 2012, there was no increase in mortality from comorbidity.

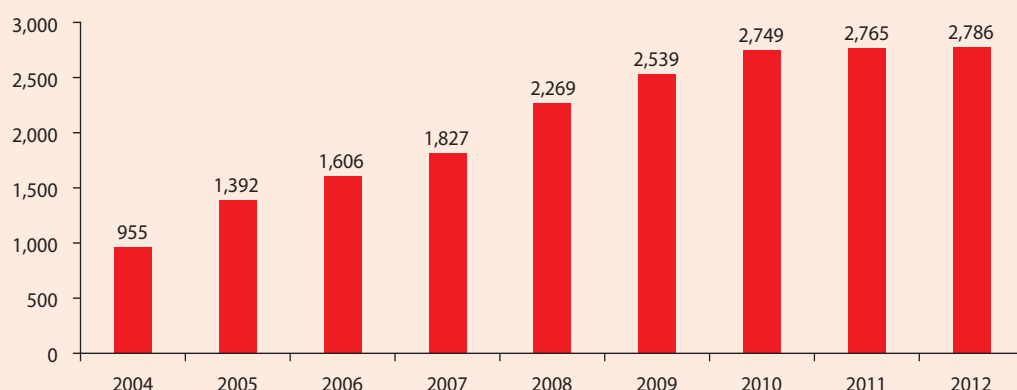
The implementation of state policy on combating TB with support from international

partners (WHO, PATH, MSH) with stable financing and monitoring of implementation of the National Programme on Combating Tuberculosis at all levels ensured a positive trend in indicators. The adapted international Directly Observed Treatment, Short-course (DOTS) strategy was introduced, which addressed all areas of the provision of TB care, including the diagnostics and treatment of multidrug-resistant TB (MDR-TB), TB/HIV co-infection and TB in children. This was reflected in the National Programme on Combating Tuberculosis for 2007–2011, which was based on the principles of the international Stop TB Strategy (proposed by WHO to replace the DOTS and DOTS-Plus strategy). In 2010 the financing of the programme from the state budget increased by UAH35 million and in 2011 constituted UAH175.78 million, which is UAH64.28 million higher than in 2006 (Figure 3.6.10). There was a significant increase in financing

Figure 3.6.8. Deaths from TB/HIV Co-infection per 100,000 Population, 2004–2012



Note: Official statistical data on mortality from TB/HIV co-infection were introduced in 2004

Figure 3.6.9. Number of Deaths from TB/HIV Co-infection, 2004–2012, absolute number

Note: Official statistical data on mortality from TB/HIV co-infection were introduced in 2004

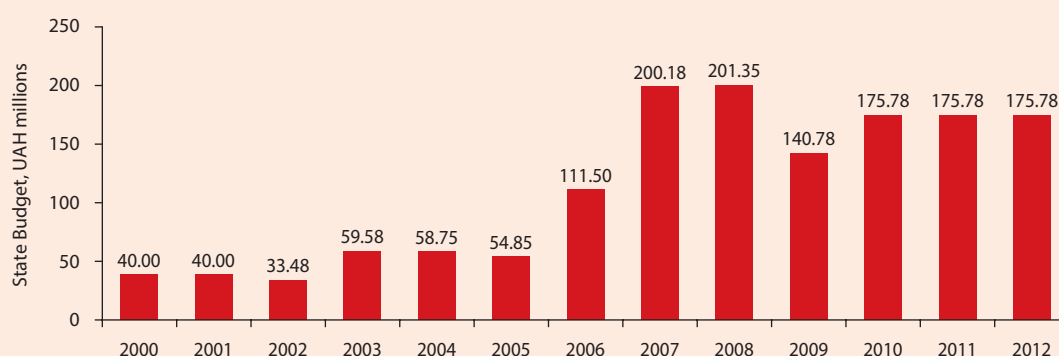
programme activities from local budgets. The majority of funds were directed at improving the logistical base of TB facilities, establishing and equipping units for drug-resistant TB and units and wards for those who were assigned for mandatory hospitalization by a court, and developing a network of laboratory diagnostics. Currently, all regions of Ukraine have units to treat drug-resistant TB.

A Country Coordinating Mechanism was established to ensure implementation of the state policy on combating TB, the functions of which are assigned to the National Council on HIV/AIDS and Tuberculosis under the Cabinet of Ministers of Ukraine. There are regional councils at the oblast and district levels chaired by Deputy Heads of Administrations.

In response to MDR-TB and TB/HIV co-infection, the State implemented a set of activities,

including revision of the Law on Combating Tuberculosis and approval of its new version, which introduced a concept of TB infection control in health care facilities and provided places for long-term treatment and residential facilities for TB patients. It was fixed that treatment can be conducted primarily in out-patient clinics as well as in in-patient clinics and at home in the case of patients refusing hospitalization, thus health care is focused more on the patients than on the medical institutions.

Based on an analysis of the organizational and financial gaps of the National Programme on Combating Tuberculosis for 2007–2011 and in response to the spread of MDR-TB in Ukraine, a five-year plan was developed to prevent and overcome MDR-TB. For its implementation, Ukraine attracted additional financial and technical resources from the Global Fund in

Figure 3.6.10. Financing of Activities to Combat TB in Ukraine, 2000–2012

Source: Ministry of Health of Ukraine

2009. The new National Programme on Combating Tuberculosis for 2012–2016 is intended to develop a modern network of laboratory diagnostics for TB; improve the quality of medical services for diagnostics and treatment for vulnerable populations; provide diagnostics and treatment of MDR-TB and HIV/TB co-infection; strengthen the role of primary health care in TB control; and develop information campaigns for the social mobilization of the fight against TB.

The programme covers improving the capacity of primary and secondary health care facilities for the prevention of TB by introducing regular medical examinations of the population and by providing high-quality integrated care for the timely detection of TB and the prevention and treatment of diseases that increase the risk of TB. The programme determines the means of strengthening the capacity of the laboratory network and the introduction of modern TB infection control measures. It also envisages the introduction of a patient-oriented approach to health care. The programme enhances coordination between TB and HIV/AIDS services with regard to TB case detection, timely diagnostics of MDR-TB etc., and strengthens cooperation and coordination between government institutions and civil society organizations to ensure prompt

diagnosis and treatment of ordinary and MDR-TB among risk groups.

In December 2012 the clinical protocol for the primary, secondary (specialized) and tertiary (highly specialized) treatment of TB was approved, which includes case management of ordinary and drug-resistant TB in adults and children at all levels of the provision of health care. The clinical protocol was developed according to international standards, the basic principle of which is the use of best practices of evidence-based medicine.

To overcome the staffing crisis in TB services, measures were undertaken to increase the prestige of the work of medical personnel engaged in providing medical care for TB patients, as well as to increase the salaries of medical personnel by between 30 percent and 60 percent. In 2012 an electronic register of TB patients was introduced.⁶¹

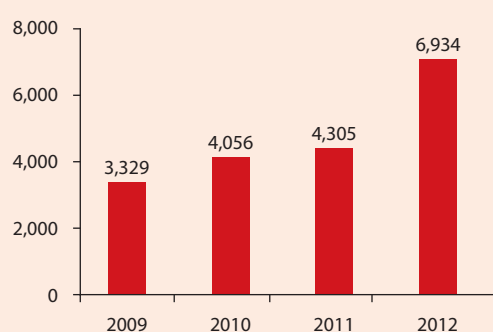
Ukraine approached WHO for technical assistance in implementing a large-scale epidemiological survey of the spread of drug-resistant TB. The study will provide objective data on the spread of MDR-TB, the level of which in almost all countries is higher than indicated in the official statistics. It is needed to plan expenditures and calculate the need for anti-TB drugs and tests for rapid diagnostics.

CHALLENGES FACED AND UNFINISHED BUSINESS

Poverty and vulnerable groups. Globally, the poor and vulnerable groups of the population are most affected by TB. In Ukraine, among the patients with newly diagnosed TB in 2012, 55.4 percent (in 2011: 50.3 percent) were unemployed people of working age, 10.9 percent alcohol abusers, 2.9 percent drug users, 2.9 percent homeless, and 0.6 percent ex-prisoners. In total, this vulnerable population accounts for 72.1 percent of the total number of new TB cases. Regional disparities with regard to the social structure of TB patients are caused by the social and economic situation in the regions and unemployment rates.

The **spread of MDR-TB** may slow down progress towards achieving the goal, as it will hinder the decrease in morbidity and mortality from TB. In 2012 there were 6934 newly diagnosed cases of confirmed MDR-TB (compared to 4305 in 2011 and 4056 in 2010 — Figure 3.6.11.).

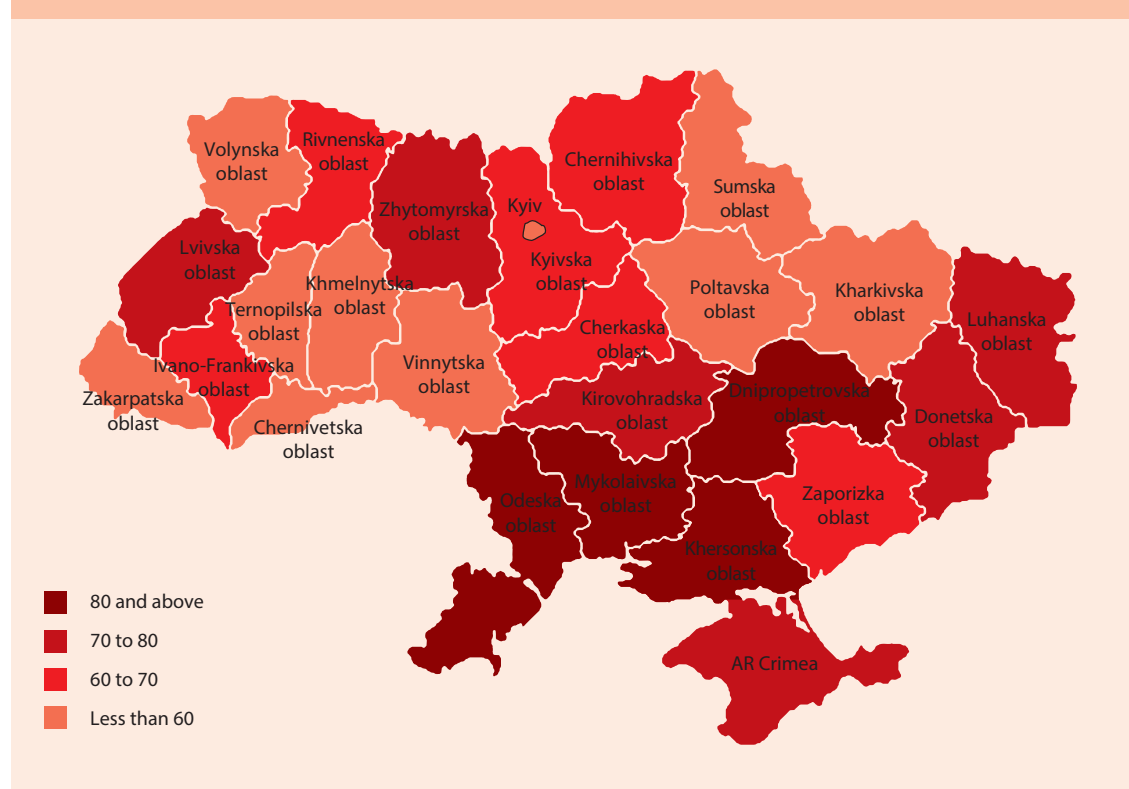
Figure 3.6.11. Number of New Incidences of Multidrug-resistant Tuberculosis, 2009–2012, absolute number



Note: Before 2009 there were no official data available on the number of patients with MDR-TB

Source: Data from the Report on the number of patients registered in the 4th category (TB 07-MDR TB)

⁶¹ Order of the Ministry of Health of Ukraine on Procedure for Maintaining a Register of Tuberculosis Patients, No. 1864/22176 as of 6 November 2012.

Figure 3.6.12. Incidence of TB in the Regions of Ukraine per 100,000 people, 2012

The main reasons for the spread of MDR-TB in all countries of the world are the shortcomings and gaps in the implementation of the TB control programmes — namely, the lack of rapid laboratory diagnosis of TB and MDR-TB, lack of adequate infection control for TB in health care facilities, the low quality of controlled treatment and low adherence of patients to treatment, irregular supply of anti-TB drugs and lack of second-line anti-TB drugs for treatment of MDR-TB. All of the above-mentioned factors are inherent in Ukraine. The situation is complicated by the country-specific factors related to the health care system. Financing of the health care sector based on the per bed-day principle — given the low level of financing in general — requires keeping unneeded beds and providing for their maintenance. Health care is focused on in-patient treatment, which limits the development of high-quality out-patient treatment and contributes to nosocomial spread of multidrug-resistant forms of the disease. The duration of treatment for patients with ordinary TB is six months, and 20 months for patients with MDR-TB. In-patient treatment of patients during this period leads to the loss of social and family connections and contributes to the violation of treatment regimes, as patients who feel well have nothing to do in clinics. Many patients interrupt treatment and leave in-patient clinics. Social support

for patients during out-patient treatment is not provided in most regions of Ukraine.

According to WHO estimates, in Ukraine MDR-TB is present in 16 percent (14–18 percent) of newly diagnosed TB cases and 44 percent (40–49 percent) of cases of TB re-treatment, resulting in a total number of 8700 (6800–11,000) new patients with MDR-TB in need of treatment every year.⁶² The difference in the assessment of the number of patients with MDR-TB is associated with the limited capacity for its diagnosis. In Ukraine rapid molecular genetic diagnostic methods were only introduced in late 2012, which resulted in a jump in the incidence of MDR-TB by 48 percent.

Diagnostics of TB and MDR-TB. Vulnerable groups have limited access to medical services for TB diagnostics and are reluctant to undergo examination due to stigma, the remote location of medical facilities, and poverty, which results in an annual underdetection of patients with TB and the difference between official statistics and estimates (Figure 3.6.12). Detection of TB among these people is possible only if they

⁶² WHO, *Global Tuberculosis Control 2010*, WHO/HTM/TB/2010.7. WHO, Geneva, 2010; WHO, *Global Tuberculosis Report 2012*, WHO/HTM/2012.6. WHO, Geneva, 2012.

are actively involved in being tested. However, addressing this issue is hampered by a lack of outreach of primary health care to vulnerable groups. Social services working with these populations are very rarely involved in services aimed at detecting TB.

Despite the introduction of rapid methods of microbiological diagnosis of TB, not all TB patients have access to them. Many patients with new and recurrent cases of pulmonary TB are not microbiologically examined, which is confirmed by official statistical forms for 2012. Thus, according to statistical form TB07 'Report on the total number of TB cases of patients of categories I, II and III' in 2012, 21,691 patients with new cases of pulmonary TB and 9856 patients with recurrent cases were registered. According to statistical form TB010 'Report on the results of testing the resistance of mycobacterium TB to antimycobacterial drugs in patients with pulmonary TB', bacterial inoculation was not applied for 154 patients with new TB cases and 1830 patients with recurrent cases. The testing for drug resistance was not conducted for 725 people with a positive culture in patients with new cases and for 1830 patients with recurrent cases. In total, microbiological testing was not conducted for 2902 patients in TB facilities in 2012. This situation prevails because sputum cannot be transported to level-II and -III laboratories due to the lack of medical transport and vehicle fuel. Patients without a diagnosis of MDR-TB and without appropriate treatment stay in hospitals for a long time (at least five or six months) with bacterioexcretion as a result of treatment failure, thus infecting all patients in the units with MDR-TB.

Treatment of patients with TB. Due to the spread of MDR-TB and TB/HIV co-infection, the indicator of effective treatment of patients with newly diagnosed TB with bacterioexcretion in Ukraine is 31.5 percent below the indicative one defined by WHO of 85 percent. In 2010, TB was cured only among 56.6 percent of patients, and among 58.2 percent in 2011. In 2011 a decrease in TB mortality from 18.0 percent in 2010 to 12.9 percent was recorded. The level of failed and interrupted treatment remains above the target (5 percent), and in 2011 it was 18.2 percent and 7.7 percent, respectively. Patients with treatment failure and interruption spread the infection among the population, which in the

short term may again lead to an increase in the incidence of TB.

Access to medical services. The current approach to provision of health care focused on in-patient treatment prevents many patients from seeking treatment for fear of losing social and professional links. The barriers for patients to access health care include financial issues related to cost of travel and payments for additional medical examinations and medicines to treat opportunistic diseases and eliminate adverse reactions to anti-TB chemotherapy.

Procurement of TB drugs. Uneven financing of activities under the National Programme on Combating Tuberculosis and the specifics of national tender procedures (duration and irregularity of procurement) risk the disruption of the procurement or supply of anti-TB drugs, which can lead to interruptions of treatment and the assignment of inadequate chemotherapy regimens.

Health care system. Reforming the TB service and optimizing the network of TB facilities are among the urgent tasks of developing the health care system. Since 2010, the number of beds has decreased by 6.8 percent, but there are still too many. At present, in Ukraine there are 22,722 in-patient hospital beds. In 2012, 13,949 persons were diagnosed with new TB cases and 7707 with recurrent cases (21,653 in total) and mycobacterium excretion indicated for in-patient treatment. These patients should stay in bed for two to three months until the bacterioexcretion stops and then receive out-patient treatment. Clearly, with so many beds, the majority of patients are hospitalized without proper indication. There are patients with chronic TB who should be isolated in the hospital, but most of them have an incurable form of the disease and require only palliative care. The system of palliative TB care is absent.

Infection control of TB in health care facilities. An unsatisfactory logistical situation in many TB facilities as well as outdated premises in need of an overhaul prevent the necessary standards of infection control from being followed, which contributes to the spread of nosocomial infections. TB facilities are insufficiently provided with equipment for infection control (ultraviolet radiation lamps, mechanical ventilation etc.).

RECOMMENDATIONS TO ADDRESS CHALLENGES

TB is caused to a large extent by social and economic factors and poverty; thus improving living standards, overcoming unemployment and inequality and improving the population's sanitary culture should be among the priorities.

Access to diagnostics. It is necessary to improve medical services to screen and treat TB in vulnerable populations by developing outreach services involving NGOs, social services and volunteers in active case finding through surveys, sputum examination and fluorography. It is also important to ensure the work of primary health care facilities with vulnerable groups.

Improved diagnosis of TB. It is necessary to provide access to rapid diagnosis of TB and MDR-TB for all patients with new and recurrent cases by ensuring a continuous supply of diagnostic tests and transporting sputum specimens to level-III microbiology laboratories. In accordance with the clinical protocol of primary, secondary (specialized) and tertiary (highly specialized) treatment of TB, it is necessary to develop and adopt local protocols to determine the patient's pathway at all stages of diagnostics and treatment.

Access to treatment and ensuring its continuity. It is necessary to provide treatment to all patients with new cases of MDR-TB and ensure its continuity after completion of the intensive phase in in-patient hospitals by organizing out-patient treatment with social and psychological support to patients. It is also necessary to ensure a regular and predictable supply of anti-TB drugs to adhere to treatment regimens, and to arrange timely transfer of second-line anti-TB drugs to the central district hospitals where MDR-TB patients receive out-patient treatment. Pharmacological surveillance in the TB service also needs to be improved. In each oblast it is necessary to open palliative treatment units with appropriate infection control to isolate the terminally ill patients and provide them with necessary health care.

Health care system. The TB service needs to be reformed by implementing alternative financing mechanisms for TB institutions based on calculations of medical services and not beds. It is also necessary to optimize the network of hospital beds and bring them in line with the

number of TB patients with bacterioexcretion in need of in-patient treatment; give priority to out-patient treatment, focusing medical services on the patients, and not on the institutions; ensure compliance with the requirements for infection control for TB in relevant hospitals; and arrange for overhauls or repairs in facilities that will provide in-patient care to patients, bringing them in line with proper sanitary-epidemiological norms.

Monitoring of TB activities. It is necessary to ensure regular monitoring of anti-TB activities at the national and regional levels, to provide state financing for these activities and to review issues related to TB control at the meetings of National and Regional Councils on TB and HIV.

Information and awareness-raising activities. It is important to conduct information campaigns involving Members of Parliament, representatives of executive authorities and medical personnel to reach out to the general population and cover critical issues in the field. It is necessary to change the way of thinking of the general public, government officials and medical personnel with regard to priorities in ensuring treatment of TB patients, in particular by emphasizing the importance of out-patient treatment. Social partners should also be involved in advocacy and informational activities.

The HIV epidemic in Ukraine and the increase in the number of people living with HIV may slow down progress towards achieving the indicators of Target 6.B, as TB/HIV co-infection will restrict the decrease in morbidity. To sustainably control these infections, there is a need for long-term, financially secured measures to prevent the spread of TB and HIV. Priority measures aimed to prevent TB among both HIV-positive and HIV-negative people include: the widespread introduction of ART among people living with HIV; prevention of TB with isoniazid in people living with HIV; provision of access to medical services for the diagnosis and treatment of TB to vulnerable populations; rapid diagnosis of TB and MDR-TB in all new and recurrent cases of the disease; appropriate and continuous treatment starting from the early days of diagnosing TB; isolation of patients with infectious TB; and strict compliance with accepted standards of infection control in health care facilities.



GOAL 7
ENSURE
ENVIRONMENTAL SUSTAINABILITY

Ukraine has managed to achieve some progress in meeting the targets for environmental sustainability. The emission and disposal of pollutants into the environment reduced significantly, due to the slowdown in economic growth. Positive trends are observed in the increase in forest cover and the expansion of the area of nature reserves and natural national parks. Problems still remain with the provision of a centralized water supply to the population in rural areas, and the size of nature reserves.

TARGETS AND INDICATORS

Targets	Indicators
Target 7.A: Increase by 2015 the share of the population with access to a centralized water supply, <i>inter alia</i> , to 90 percent of the urban population and 30 percent of the rural population	<p>7.1. Share of the urban population with access to a centralized water supply, % of overall urban population</p> <p>7.2. Share of the rural population with access to a centralized water supply, % of overall rural population</p>
Target 7.B: Stabilize by 2020 greenhouse gas emissions at 20 percent below 1990 levels	<p>7.3. Volume of emissions of pollutants into atmosphere from stationary sources, million tonnes per year</p> <p>7.4. Volume of emissions of pollutants into atmosphere from mobile sources, million tonnes per year</p>
Target 7.C: Stabilize pollution of water reservoirs by 2015. Stabilize at the level of 8.500 million cubic metres per year the volume of sewage disposal into surface water reservoirs	<p>7.5. Volume of reused water disposals into surface water reservoirs, million cubic metres per year</p>
Target 7.D: Increase forest cover of the territory of Ukraine to 16.1 percent and the area of nature reserves by 2015. Enhance the network of nature reserves, biosphere reserves and natural national parks to 3.5 percent of the overall territory of Ukraine and to 9.0 percent of the overall area of territories and objects of the nature reserve fund	<p>7.6. Forest cover and ratio of lands covered with forests, % of overall area of the territory of Ukraine</p> <p>7.7. Share of area of nature reserves, biosphere reserves and natural national parks, % of overall area of the territory of Ukraine</p> <p>7.8. Share of area of territories and objects of the nature reserve fund, % of overall area of the territory of Ukraine</p>

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2015
Indicator 7.1. Share of the urban population with access to a centralized water supply, % of overall urban population												
88	88	88	87	87	87	87	87	93.2	–	93.4	–	90
Indicator 7.2. Share of rural population with access to a centralized water supply, % of overall rural population												
–	–	–	26	27	–	–	26	22.1	–	22.2	–	30
Indicator 7.3. Volume of emissions of pollutants into atmosphere from stationary sources, million tonnes per year												
4.05	4.07	4.09	4.15	4.46	4.82	4.81	4.52	3.93	4.13	4.4	4.3	4.7
Indicator 7.4. Volume of emissions of pollutants into atmosphere from mobile sources, million tonnes per year												
1.99	2.02	2.1	2.17	2.15	2.2	2.57	2.68	2.51	2.54	2.5	2.48	3.2
Indicator 7.5. Volume of reused water disposals into surface water reservoirs, million cubic metres per year												
10136	9613	9098	8697	8553	8484	8579	8342	7381	7817	7725	7788	8500
Indicator 7.6. Forest cover and ratio of lands covered with forests, % of overall area of the territory of Ukraine												
15.6	15.6	15.6	15.6	15.6	15.6	15.6	15.7	15.7	15.9	15.9	–	16.1
Indicator 7.7. Share of area of nature reserves, biosphere reserves and natural national parks, % of overall area of the territory of Ukraine												
1.6	1.7	1.7	1.7	1.8	1.8	1.8	1.9	2.0	2.77	2.77	2.8	3.5
Indicator 7.8. Share of area of territories and objects of the nature reserve fund, % of overall area of the territory of Ukraine												
4.2	4.5	4.5	4.57	4.65	4.73	4.95	5.04	5.4	5.7	5.9	6.05	9.0

The table presents the official data from the State Statistics Service of Ukraine for 2001–2008 on the number of urban settlements that have water supply; for 2009–2011 the data are those presented in the Summary Report on the progress in implementing the Protocol on Water and Health in Ukraine. In addition, the table presents the data from the State Statistics Service on indicators of Target 7.B, the State Forest Resources Agency on Indicator 7.6, and the State Statistics Service and Ministry of Ecology and Natural Resources on Indicators 7.7 and 7.8

PROGRESS TO DATE

For national development based on the concept of sustainable development, social, economic and environmental issues need to be solved in a coordinated manner. Ignoring one of these aspects would result in diminishing the successes achieved in other sectors. Currently economic, social and environmental decisions are made without coordination, and the current level of funding is insufficient to achieve environmental sustainability. Significant investment needs to be attracted, and more effective, integrated approaches need to be introduced to manage environmental protection and conservation of the landscape and biodiversity, along with systemic support for energy- and resource-saving technologies in industry, housing, the public utility sector and agriculture, and development of environmentally sensitive plans of land use.

France, 4.3 times higher than Germany, and 4.2 times higher than the UK and Sweden.

In Ukraine, there is a significant disparity in centralized water supply between urban and rural areas. According to the State Statistics Service, in 2012 the share of the population with a centralized supply of drinking water compared to 2001 remained almost unchanged in the cities but decreased in urban settlements and villages by 2.4 percent and 1.3 percent, respectively (Table 3.7.1).

In 2011, the share of the urban population with access to a centralized water supply was 93.4 percent, which is 1.6 percent less than in 2005.⁶³ According to estimates, Ukraine's water supply in rural areas is one of the worst among EU countries and the Commonwealth of Independent States (CIS). Currently, only 26 percent of the rural pop-

Table 3.7.1. Providing the Population with Access to Centralized Water Supply

Settlement type	Number of settlements provided with centralized water supply		Total number of settlements		Share of settlements provided with centralized water supply, %	
	2001	2012	2001	2012	2001	2012
Total	7855	7443	29995	29794	26.2	25
Cities	449	457	451	459	99.5	99.6
Towns	790	761	893	885	88.4	86
Villages	6616	6225	28651	28450	23.1	21.8

Source: State Statistics Service of Ukraine

Access to drinking water (centralized water supply). Supplying Ukraine's population with high-quality water that is safe for human health and consumption is one of the most important issues. Ukraine is ranked worse among the European countries in terms of water supply and water use. Along with a lack of available water resources, the country has the highest water use norms per person (on average 250–320 litres/day). This is as twice as high as the average level of water use in the developed world: the average daily water consumption by one inhabitant of Kyiv is 270 litres (according to the State Centre for Standardization, Metrology, Certification and Consumers Rights Protection: 450 litres), compared to Barcelona (Spain): 106 litres, Amsterdam (the Netherlands): 100 litres, Antwerp (Belgium): 85 litres per person per day. Consumption of fresh water in Ukraine per unit of production is much higher than in EU: 2.5 times higher than

ulation uses a centralized water supply, according to the State Agency of Water Resources, and according to the Summary Report on the progress in implementing the Protocol on Water and Health in Ukraine, this percentage is even lower: 22.2 percent (in 2009: 22.1 percent). The rest of the population uses local drinking water sources such as pit and tubular wells, catchments, levees and imported water.

The level of provision of centralized water supply varies by region in Ukraine: it reaches 100 percent in Kyiv and 80–90 percent in Khersonska, Donetsk, Zaporizka and Odeska oblasts and the Autonomous Republic of Crimea. In other oblasts of Ukraine this indicator is less than 80 percent, while in about half of the oblasts less

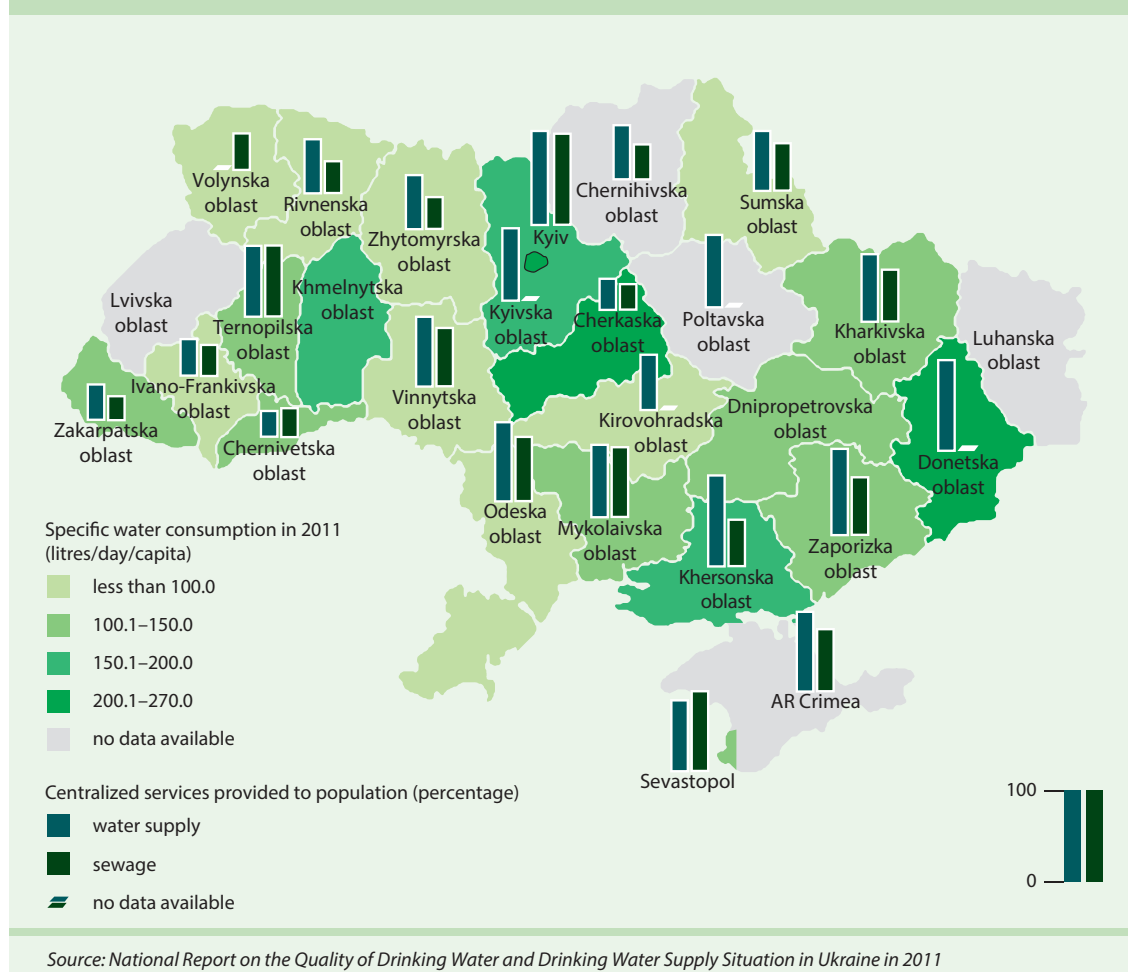
⁶³ Summary Report on the Progress in Implementing the Protocol on Water and Health in Ukraine

than 50 percent of the population are provided with a centralized water supply (Figure 3.7.1.).

In 2011 a 24-hour water supply to 100 percent of the population was available only in three oblasts — Ternopil'ska, Kharkiv'ska and Chernihiv'ska — and in Kyiv (in 2009 also in Kharkiv'ska oblast). The population of all other oblasts had problems with access to water during the day. In addition, in some oblasts, due to natural or man-made causes, there are no guaranteed water sources, and water needs to be partially or fully imported. In 2011 imported water was most in demand in settlements in Zaporizka (37.4 percent), Mykolaiv'ska (16 percent) and Dnipropetrov'ska (11.4 percent) oblasts. Residents of rural areas are particularly sensitive to the problems related to imported water supply: more than 1200 villages in the country partly or fully use imported water. In particular, these are the residents of the Autonomous Republic of Crimea and Dnipropetrov'ska, Donetsk'ska, Zakarpatska, Zaporizka, Odeska, Poltav'ska, Rivnenska, Kharkiv'ska and Kherson'ska oblasts.

Man-made chemical contamination of watersheds and ground and underground water leads to a significant decline in the quality of drinking water. The data from instrumental and laboratory measurements indicate that the quality of water from 70 percent of the major sources of centralized water supply cannot be considered satisfactory. Of the 663 samples collected in 2011 in the areas of drinking water intakes, 477 did not meet the required sanitary standards for more than one indicator. Approximately 4.6 million people in 261 urban areas (in 161 cities and 100 urban-type settlements) in 25 regions of the country received drinking water from local sources with deviations from regulatory requirements for physico-chemical parameters: total hardness, chlorides, dry residue, sulphates, fluoride, total iron, nitrates, ammonia or manganese. The highest percentage of samples that failed to meet the standards were collected at observation stations in the river basins of Siverskyi Donets (up to 83 percent), where numerous industrial enterprises are located, and the Danube (up to 84 percent); the least contaminated is the basin of the Dni-

Figure 3.7.1. Water Supply, Sewage and Specific Water Consumption in Ukraine, 2011



ester, where up to 12 percent of samples were negative.

The problem of contaminated drinking water is closely linked not only to the impact of industrial enterprises; another important issue is the provision of settlements with sewage facilities. In all regions of Ukraine, except for Kyiv city, the level of provision of sewage facilities is much lower than the level of centralized water supply.

The implementation of the National Programme on Primary Provision of Centralized Water Supply to Rural Settlements that Use Imported Water until 2010 allowed a centralized water supply to be provided to 44 villages (38,000 inhabitants) of Dnipropetrovska, Zaporizka, Luhanska, Lvivska, Odeska and Khersonska oblasts that previously used imported and low-quality water. In 2013 the National Programme on Water Resource Management and Environmental Rehabilitation of the Dnieper River Basin for 2020 was launched. In the framework of the National Project 'Quality Water' it is envisaged to construct 20,000 local drinking water treatment plants (with average planned capacity of about 1500 litres/day). At first, these systems will be installed at social infrastructure facilities (kindergartens, schools, hospitals).

Air pollution. Pollution of the atmosphere remains one of the most critical environmental

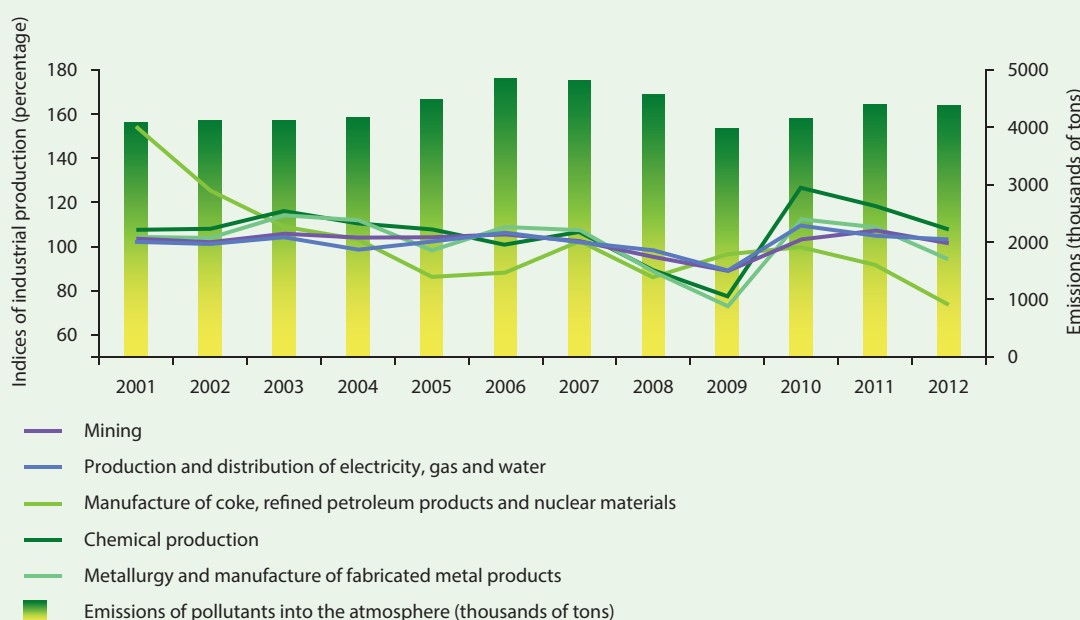
issues in Ukraine. In addition to air pollution, hazardous substances are released into the soil and water, degrading the quality of these resources. By economic activity, the major contaminants are in the energy, gas and water sector, mining and processing industry (metallurgical, chemical, engineering, manufacturing of coke and oil refining) (Figure 3.7.2).

Fluctuations in the volumes of emissions of pollutants into the atmosphere are associated with the state of Ukraine's economy, in particular, with the work in the abovementioned sectors. Obviously, a decline in industrial production leads to lower emissions. Therefore, from 2001 to 2007, the growth of industrial output in major sectors led to a steady increase in emissions into the atmosphere from stationary sources of pollution: from 4.05 million tonnes in 2001 to 4.81 million tonnes in 2007, or by 18.8 percent (Figure 3.7.3).

The financial crisis caused a reduction in production in the major contaminating sectors and a reduction in emissions of pollutants in 2008 of more than 288,000 tonnes and a further 590,000 tonnes in 2009.

After recovery of economic growth in 2010–2011, a decline in 2012 and a reduction in emissions of pollutants into the atmosphere were observed. In 2012, there were 4.3 million tonnes

Figure 3.7.2. Indices of Industrial Production and Emissions of Pollutants into the Atmosphere in Ukraine, 2001–2012



Source: State Statistics Service of Ukraine

of air pollutants⁶⁴ (39,800 or 0.9 percent less than in 2011, and 2.2 times less than in 1990).

A significant contribution to air pollution is also made by mobile sources — automobiles, rail, aviation, water transport and production machinery — the emissions from which reached 2.49 million tonnes in 2012, of which 2.249 million tonnes — or 90.5 percent — were emissions from automobiles. Overall, the rate of emissions from mobile sources has been relatively stable over the past five years at about 2.5 million tonnes, except for 2008, when emissions reached 2.69 million tonnes. The most polluted air is in major cities, where the concentration of hazardous substances poses a threat to human health.

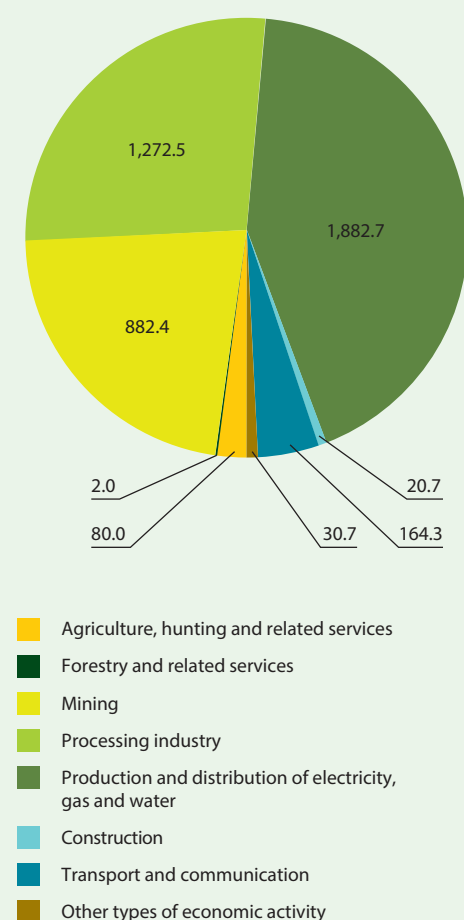
The pollutants contributing to greenhouse gas emissions in 2012 were: methane (886,900 tonnes), nitrogen oxide (12,500 tonnes), but mostly carbon dioxide (198.2 million tonnes — 4 million tonnes less than in 2011) (Figure 3.7.4).

The density of emissions from stationary sources per square kilometre of the country's territory is one of the indicators that describe the level of air pollution in Ukraine. In 2012, the density of emissions reached 7.2 tonnes of pollutants per km², or 95.1 kg per person.

An analysis of the regional distribution of the density of emissions suggests significant differences in the levels of air pollution across Ukraine (Figure 3.7.5). The most contaminated are eastern oblasts: in Donetsk oblast the density of emissions exceeds the average level of the country by 8 times (by 3.6 times per person), in Dnipropetrovska by 4.2 times (by 3.1 times per person), Luhanska by 2.3 (2.1), Ivano-Frankivska by 2.0 (1.5) times. Obviously, these differences are caused by the location of major enterprises that generate significant emissions of pollutants. Particularly acute is the problem of air pollution in Dnipropetrovska and Donetsk oblasts, where numerous metallurgical, fuel and energy enterprises are located. Emissions in some settlements exceed 200,000 tonnes per year (in Zelenodolsk 219,300, Kryvyi Rih 354,600, Mariupol 330,400). Kyiv enterprises generated emissions of 39.4 tonnes of pollutants per km², which exceeded the average in the country by 5.5 times.

Decrease of anthropogenic greenhouse gas emissions into the atmosphere under the Kyoto Protocol. Ukraine actively promotes joint implementation projects (JIPs) and green investments,

Figure 3.7.3. Emissions of Pollutants and Greenhouse Gases into the Atmosphere from Stationary Sources of Pollution in Ukraine, 2012, thousand tonnes



Source: Emissions of Pollutants and Greenhouse Gases into the Atmosphere from Stationary Sources in 2012, Statistical Bulletin, Kyiv, 2013

which play an important role in decreasing greenhouse gas emissions and promote investment in the country. Ukraine leads the world in the total number of approved JIPs, with 272 projects (55.88 percent of the world market of Emission Reduction Units); under the JIPs Ukrainian enterprises received investments amounting to EUR920 million. Under the agreements for the sale of assigned amount units with Japan, 551 projects of targeted environmental (green) investments in 24 oblasts of Ukraine were agreed, amounting to UAH3.814 billion and an estimated annual reduction of greenhouse gas emissions of 119,500 tonnes of CO₂ equivalent.

Groundwater pollution. According to the data on water use in 2012, 7.788 billion m³ of waste water were disposed of into groundwater (an

⁶⁴ According to the data from the State Statistics Service of Ukraine, emissions from enterprises registered in the territorial bodies of the Ministry of Ecology and Natural Resources of Ukraine.

Figure 3.7.4. Dynamics of Carbon Dioxide Emissions into the Atmosphere in Ukraine, 2007–2012, million tonnes

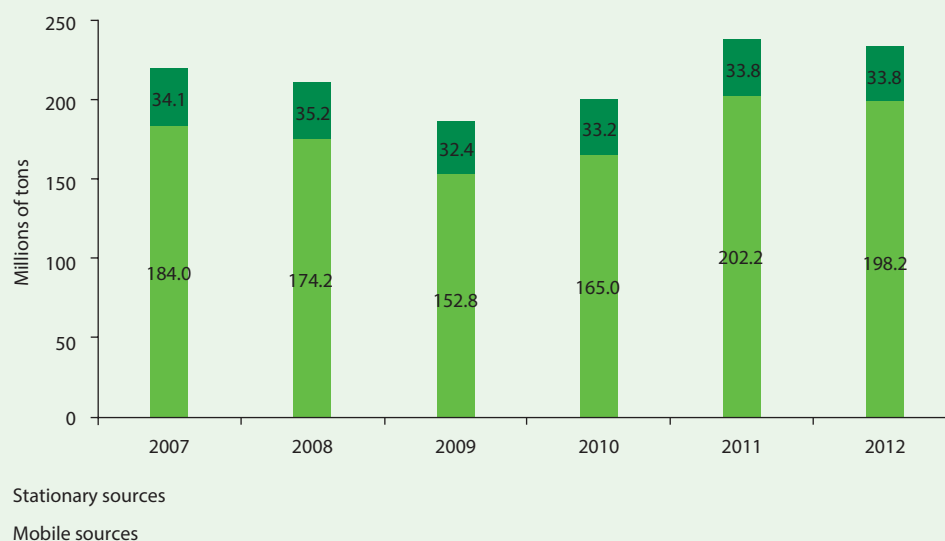
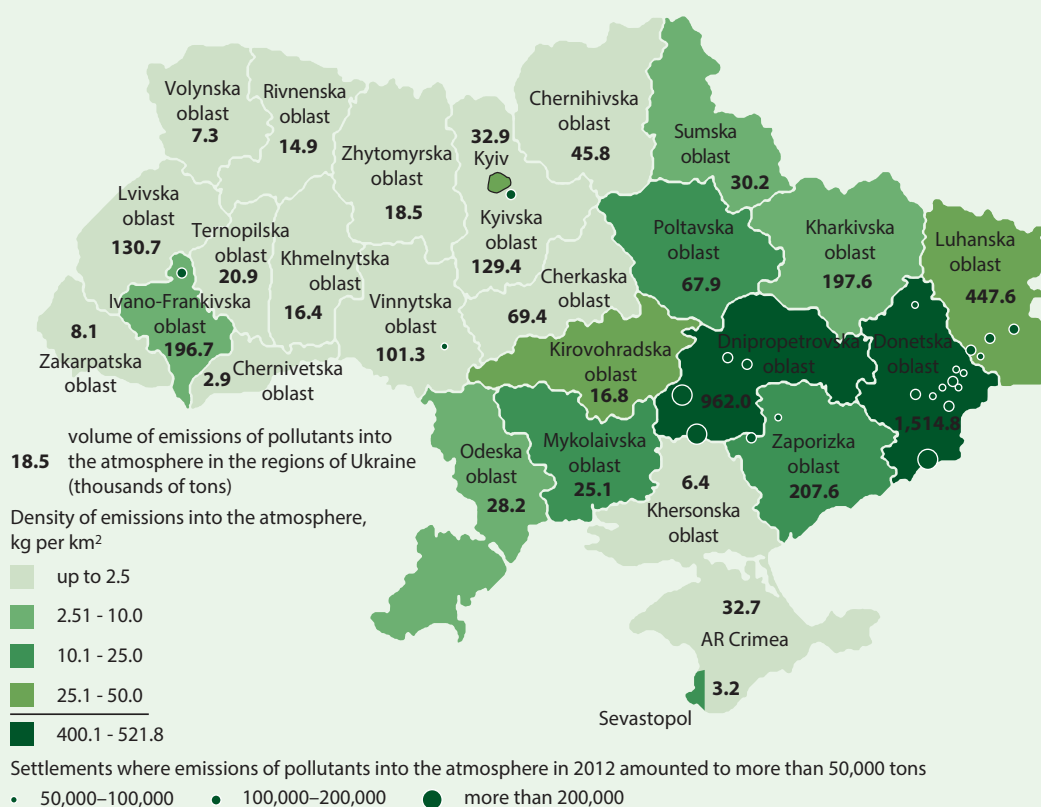
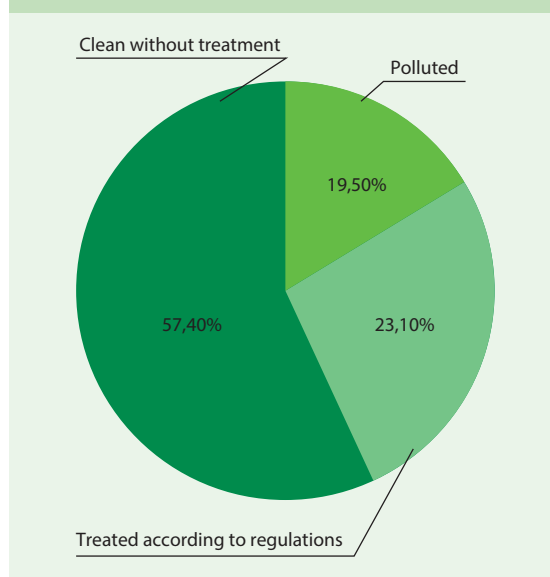


Figure 3.7.5. Emissions of Pollutants into the Atmosphere in the Regions of Ukraine, 2012



Source: Emissions of Pollutants and Greenhouse Gases into the Atmosphere from Stationary Sources in 2012, Statistical Bulletin, Kyiv, 2013

Figure 3.7.6. Structure of Waste Water by the Degree of Treatment, 2012



increase compared to 2011 of 63 million m³), and 19.5 percent (1.521 billion m³) of this was contaminated. Although the use of water has more than halved since the beginning of the 1990s, due to the low quality of treatment the flow of contaminated waste water into groundwater has not decreased (Figure 3.7.6).

The largest volumes of contaminated waste water are produced by ferrous metallurgy enterprises (503.4 million m³), energy enterprises (320.2 million m³), the coal industry (294.9 million m³) and the housing and utility sector (537.9 million m³). For the vast majority of industrial and housing and utility enterprises the disposal of pollutants significantly exceeds the maximum allowed level of disposal. In addition, the quality of the groundwater is adversely affected by the disposal of mining-pit water, which flows into groundwater practically without treatment (664.9 million m³ in 2012). The main causes of disposal of contaminated waste water into groundwater is the absence of centralized sewerage systems in most settlements of the country, the low quality of reused water treatment and the unsatisfactory condition of operating treatment plants. High levels of contamination were most often recorded in rivers of the Dnieper, Danube and Siversky Donets basins and the rivers of the Azov Sea and the Western Bug. About 75 percent of all contaminated waste water in Ukraine is produced in just four oblasts: Donetsk (557.7 million m³ — 39 percent of the total volume of waste water in the oblast), Dnipropetrovska (382.7 million m³ — 32 percent), Luhanska (101.2 million m³ — 33 percent) and Odeska (102.6 million m³ — 42 percent).

According to research, water stress occurs when the volume of stream flow in a dry year does not provide at least a tenfold dilution of contaminated water. According to this indicator the water in the worst condition is in the basins of the Siversky Donets and the Ros, where the self-restoring ability of water sources is insufficient to overcome the negative effects and restore the impaired ecological balance. In terms of volume of contaminated waste water, the worst situation is in the basins of the Dnieper and Siversky Donets.

Table 3.7.2. Volumes of Contaminated Waste Water by Major River Basins in Ukraine

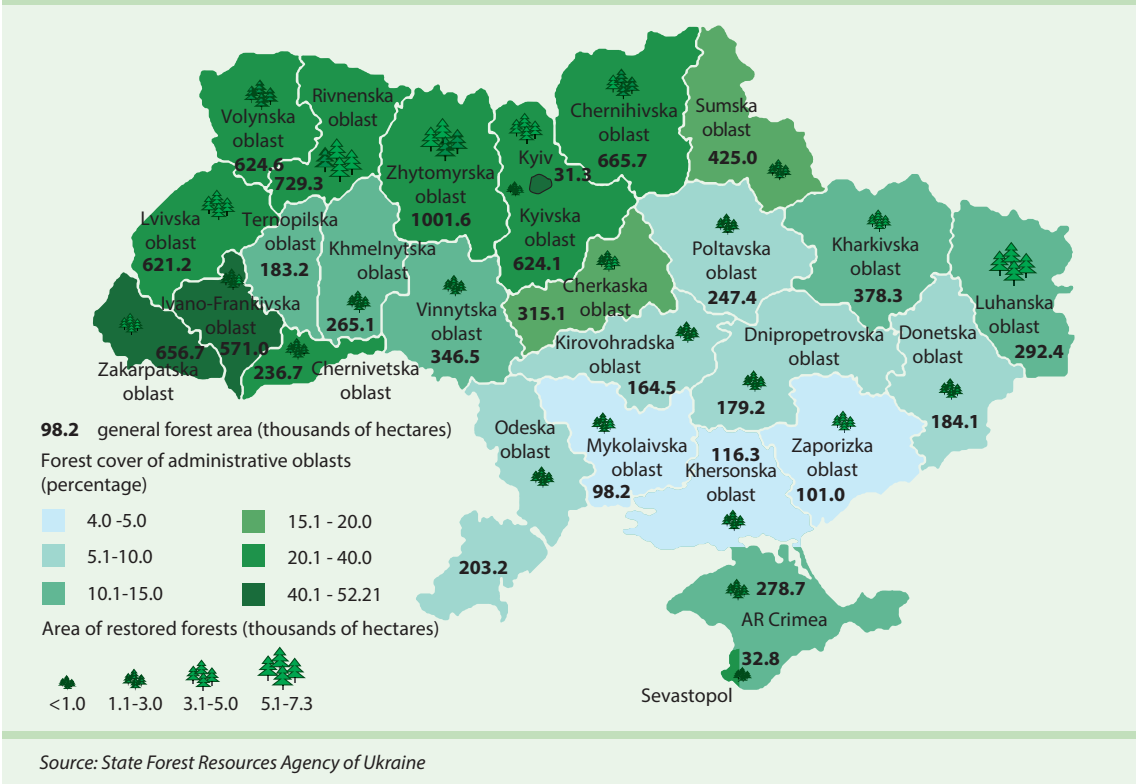
Basin	Volume of waste water (million m ³)
Dnieper	593.1
Siversky Donets	178.9
Dniester	26.02
Western Bug	35.8
Danube	36.38
Southern Bug	7.089
to the Azov Sea	201.7
to the Black Sea	48.34

Enhancement of forest cover. Forests occupy a relatively small area in Ukraine and are very unevenly located within the country — mainly concentrated in Polissia and the Carpathians (Figure 3.7.7). However, they are the major stabilizing component of natural landscapes, regulating the hydrological regime of territories and the quality of water, preventing the erosion of soil by wind and water, and maintaining the important biochemical cycles of ecosystems. In terms of forested areas and timber reserves, Ukraine is a sparsely forested and forest-deficient country. In 2012 the forested area of Ukraine was 10.4 million hectares, of which forest vegetation covers 9.6 million hectares (15.9 percent of the territory of Ukraine). The forest cover of Ukraine continues to grow, although at a modest pace — by 0.2 percent compared with 2010.

Studies suggest that forest plantations and trees outside forests are among the few effective natural means of maintaining stability and optimizing the agricultural landscapes in need of significant improvement.

Expansion of the network of nature reserves, biosphere reserves and natural national parks and increasing the general area of the Nature

Figure 3.7.7. Forested Areas in the Oblasts of Ukraine and Restoration of Forests, 2012



Nature Reserve Fund (NRF) of Ukraine. The major objectives of the Programme on the National Ecological Network of Ukraine are: to increase the size of the natural landscape to a level sufficient to maintain its diversity and to combine discrete areas into a single territorial system to allow natural migration, the spread of plant and animal species to maintain natural

Figure 3.7.8. Share of Territories and Objects of Particular Categories in the NRF in Ukraine, 2012

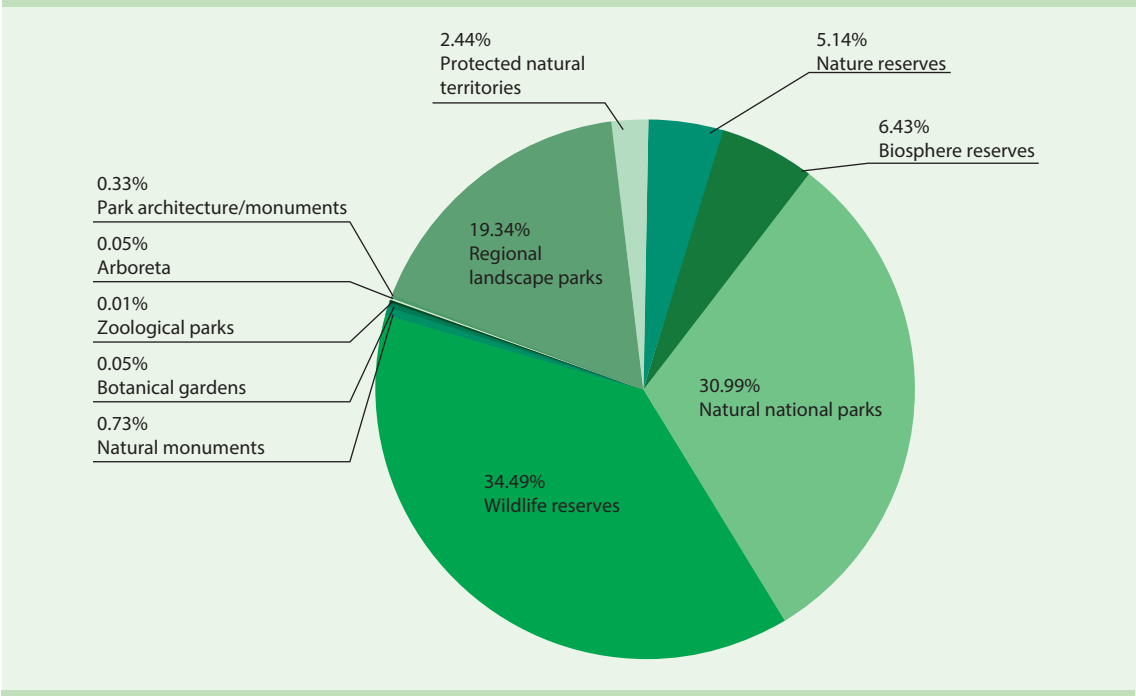


Table 3.7.3. The Area of the Nature Reserve Fund, 2012, by administrative units

Regions	Area of NRF (thousand hectares) / share of the total territory of the region	
	As of 1 January 2012	As of 1 January 2013
Autonomous Republic of Crimea	178.4/6.8	216.3/8.3
Vinnytska	54.2/2.05	54.4/2.05
Volynska	222.4/11.04	219.7/10.91
Dnipropetrovska	68.4/2.14	74.4/2.33
Donetska	91.8/3.46	91.8/3.46
Zhytomyrska	135.3/4.54	136.6/4.58
Zakarpatska	176.3/13.83	177.5/13.92.
Zaporizka	122.0/4.49	121.4/4.5
Ivano-Frankivska	216.0/15.51	218.8/15.71
Kyivska	111.8/3.97	112.1/3.99
Kirovohradska	97.3/3.96	98.5/4.01
Luhanska	83.9/3.14	87.9/3.3
Lvivska	146.8/6.72	146.8/6.72
Mykolayivska	74.5/3.03	74.5/3.03
Odeska	145.4/4.37	150.8/4.53
Poltavska	142.4/4.95	142.4/4.95
Rivnenska	172.7/8.61	172.7/8.61
Sumska	176.2/7.4	176.2/7.4
Ternopil'ska	122.6/8.87	122.6/8.87
Kharkivska	72.9/2.32	73.8/2.35
Kherson'ska	224.2/7.88	224.2/7.88
Khmelnyska	306.5/14.86	306.5/14.86
Cherkaska	60.9/2.91	63.09/3.02
Chernivetska	103.6/12.8	103.6/12.8
Chernihiv'ska	244.7/7.67	244.7/7.67
Kyiv	12.5/14.9	12.5/14.9
Sevastopol	26.2/30.27	26.2/30.27

ecosystems, species of flora and fauna and their populations. The key areas of the ecological network are territories of the NRF. The structure of the NRF of Ukraine includes 11 categories of territories and objects of national and local importance. The NRF incorporates 8028 territories and objects with a total area of 3.923 million hectares within the territory of Ukraine and 402,500 hectares within the offshore area of the Black Sea. The biggest share is represented by natural monuments, wildlife reserves and reserved natural boundaries — in total about 90 percent of all existing objects (Figures 3.7.8). However, by area,

the nature reserves and national and regional landscape parks prevail — comprising more than 85 percent of the NRF. In Ukraine the NRF consists of 644 territories and objects of national importance (19 nature and 4 biosphere reserves, 47 natural national parks, 309 wildlife reserves, 132 natural monuments, 18 botanic gardens, 7 zoological parks, 19 arboreta and 89 parks/monuments of garden and park art).⁶⁵ Their total current area is 2.14 million hectares (within

⁶⁵ According to the Ministry of Ecology and Natural Resources as of 1 January 2012.

the territory of Ukraine), or 54.7 percent of the current area of the NRF and 3.55 percent of the area of Ukraine, and 402,500 hectares within the offshore area of the Black Sea, a botanic wildlife reserve known as the Phyllophora Field of Zernov. About 870,000 hectares of the area considered of national importance (about 22.2 percent of the total area of the NRF and 1.4 percent of the state territory) is land transferred to the nature reserve institutions for permanent use.

In terms of the share of the area of the NRF, the nature reserves (34.49 percent), natural national parks (30.99 percent) and regional landscape parks (19.34 percent) prevail. The shares of natural (5.14) and biosphere reserves (6.43) are rather small. The other objects in the NRF have a share that is less than 2.5 percent of the total area. The geographic distribution of NRF objects differs greatly by territory. Half of the oblasts of Ukraine have very small natural reserves, at about 2–5 percent of their

total area. The highest indicators are typical of western oblasts of Ukraine, where the share of NRF territory is more than 8 percent (except for Lvivska oblast), and Ivano-Frankivska oblast stands out with a 15.7 percent indicator. In Chernihivska, Sumska and Khersonska oblasts natural reserves account for 7–8 percent of their total area, and in the Autonomous Republic of Crimea and Lvivska oblast for about 7 percent.

The total area of nature reserves, biosphere reserves and natural national parks has increased over 2001–2012. The increase was caused by the creation of new natural national parks and the upgrade of the status of regional landscape parks and nature reserves. In 2012, the area of the NRF was 6.05 percent of the area of the country, which is 0.15 percent higher than in 2011, as the area of the NRF increased by 61,690 hectares. This represents a gradual increase from 4.2 to 6.05 percent of the total area of the country over 2001–2011.

CHALLENGES FACED AND UNFINISHED BUSINESS

The recovery and growth of industrial production in the last decade, despite its positive economic and social impact, has increased the pressure on the environment. Moreover, the main contribution to economic growth was made by metallurgy, the chemical industry, the fuel and energy sector and agriculture — sectors which exert excessive pressure on the environment in large areas and cause a deterioration of the ecological situation in Ukraine.

The **negative anthropogenic impact** is amplified by the depreciation of production equipment, a lack of treatment facilities, violation of environmental legislation, and insufficient use of low-waste resources and energy-saving technologies. The main consequences of anthropogenic impact on the environment are: contamination of soil, the atmosphere and ground and underground water with chemicals; the production of large amounts of hazardous industrial and domestic waste; exhaustion and loss of fertile land; the disappearance of certain species of plants and animals; and degradation of natural landscapes. In addition, overcoming the consequences of the Chernobyl disaster remains a critical issue.

Significant regional diversity in terms of the human-induced burden on the environment and the complexity of environmental issues as a result of economic activity affect the sustain-

able development of the country. Donbas and the Dnieper region suffer from excessive concentration of major industrial enterprises, and large cities suffer from traffic congestion; most of Ukraine's lands are cultivated and intensively used for agriculture, leading to the degradation of soil. Across the entire country there is a problem of access to safe drinking water, the quality of which is decreasing as a result of the pollution of fresh water sources, the poor technical condition and deterioration of water supply and sewerage systems and the use of outdated water treatment technologies.

Lack of access to quality drinking water (centralized water supply). Consumption of poor-quality water affects the health of the population. The main problem that impedes equal access to drinking water is the lack of funding, in particular for construction and reconstruction of the systems of centralized water supply and plants for additional purification of drinking water. Other issues include: the poor ecological state of ground and underground sources of drinking water; a lack of adherence to the sanitary protection regime at many drinking water sources and facilities; the poor technical condition and deterioration of water supply and sewerage systems; a lack of implementation at drinking water supply and sewerage enterprises of resource- and energy-saving technologies and equipment etc.

Air pollution is caused by the increased anthropogenic impact on the atmosphere of industrial activity; the failure of contaminating enterprises to implement timely measures to reduce emissions to set acceptable levels; and the operation of technically obsolete motor vehicles.

Pollution of groundwater. Ensuring appropriate ecological conditions for water resources remains crucial for all regions of Ukraine. Almost all the groundwater and a significant share of underground water resources, especially in regions with large industrial complexes and intensive agricultural activity, suffer from human-induced impacts such as pollution, exhaustion and degradation.

Degradation of groundwater resources is caused by: disposal of residential, utility and industrial waste water directly into water bodies and through the city sewerage systems; the flow of pollutants into the groundwater from surface run-off from built-up areas; and the discharge from farmland as a result of soil erosion at water intake sites. The contaminants entering the natural water reservoirs lead to changes in the water quality, manifested by changes in its physical properties, chemical composition, odour, taste etc. The issue is one of not only chemical but also thermal and biological contamination. General indicators of the level of pollution of various kinds are the volume of waste water and the characteristics of its structure — for example, the degree of purification and the content of synthetic organic compounds.

Pollution of groundwater bodies. The main challenges to stabilizing the volume of waste

water disposal into groundwater and gradually reducing this type of pollution include, in particular: the significant water losses caused by economic activity; high water intensity of production activities; depreciation of water, housing and utility facilities; high level of pollution of water resources and sea water; degradation of the ecosystems of the Azov and Black Seas; slow implementation of economic mechanisms encouraging enterprises to implement resource-saving technologies; a lack of funding for construction and modernization of sewage treatment facilities; and a lack of effective monitoring of sources of drinking water outside the centralized water supply systems.

Insufficient expansion of the network of nature reserves, biosphere reserves and natural national parks and increase in the overall area of NRF. The main issues include: a lack of funding for existing and newly established objects of the NRF and poor funding of activities aimed at establishing the ecological network; a lack of fixed boundaries for the objects of the NRF, organization projects and state certificates of land use; the slow pace of establishing coastal protection for water bodies; a lack of development of the recreational infrastructure of NRF institutions; the threat of extinction of many plant and animal species listed in the Red Book of Ukraine, in particular as a result of the misuse and withdrawal of lands, violations of the regime of territories and objects of the NRF; and the low level of effectiveness of monitoring of compliance with requirements of environmental legislation and regimes of territories and objects of the NRF, particularly those of local importance.

RECOMMENDATIONS TO ADDRESS CHALLENGES

To achieve this goal, it is necessary to solve a wide range of environmental issues, improve the management of natural resources, implement a coherent environmental policy and ensure the gradual ecological modernization of production.

To ensure the population's access to quality drinking water through a centralized water supply, it is necessary to provide adequate funding for the relevant state programmes and improve the centralized water supply systems in settlements that use imported or low-quality drinking water, as well as plants for purification of drinking water and points of drinking water outflow. It is also necessary to stabilize the financial and economic situation of water supply and sewage enterprises; improve the

systems of standardization in the sphere of drinking water supply; and improve the quality of water in centralized water supply sources. It is necessary to complete the certification of drinking water sources and take measures for their protection; improve the condition and ensure compliance with the regime of sanitary protection of drinking water sources; improve technological processes of purification of drinking water; introduce technologies in industry that involve the use of sea, salted underground and mining water; prevent pollution of underground water; and expand the work on establishing the network of artesian wells to supply drinking water to the population. It is also necessary to improve control over the quality and integrity of the distribution network, pro-

viding for a reduction in water loss; build and repair sewerage systems; introduce the basin principle of water resources management; maintain the necessary sanitary state of rivers; increase the amount of collection and purification of reused water; conserve the ecosystems of the Black and Azov Seas; restore natural marine, deltaic, coastal and river ecosystems; and establish and regulate water protection zones and coastal protection belts with clearly defined boundaries.

Improving the systems for treating residential and industrial waste requires creating capacities for deactivation and processing (recycling) of wastes; implementation of European directives and rules of procedure with respect to waste treatment; and development and implementation of the National Waste Management Programme.

Addressing issues in the area of air pollution and climate change, there is a need to introduce a system of regulation of industrial emissions and technical control of pollutant emissions into the atmosphere, taking into account the best available technologies and management practices based on the economic availability of these methods; the implementation by enterprises of pilot projects to monitor the level of emissions of pollutants into the atmosphere and implementation of modern systems of their treatment; the implementation of activities to regulate internal combustion engines, switching to alternative fuels, the use of exhaust gas converters and implementation of environmental norms for motor gasoline and diesel fuel of the levels Euro-3 and Euro-4; implementation of a mechanism for the government to reimburse enterprises for the environmental tax they have paid when they implement ecological modernization; the further implementation of economic mechanisms established by the Kyoto Protocol to the UN Framework Convention on Climate Change and the establishment of a national system of trading permits for greenhouse gas emissions; and the development of national, regional and sector plans for adaptation to climate change.

Increasing the forested area requires: development of plans to create new forests to be inte-

grated into the plans of organization and development of specific regions, developed on the basis of a detailed and comprehensive study of land and including the maps of areas designated for afforestation; an increase in the forested area through afforestation; consideration of the natural conditions when determining the composition of species for new forests; a decrease in the volume of massive forest felling; an improvement in the quality, age and species composition of forests; rehabilitation of forests that are polluted with radionuclides; ensuring the registration, monitoring and inventory of forests; and development of a mechanism of financial support for the afforestation programme and a system to monitor its implementation.

For the qualitative and quantitative growth of the NRF it is necessary to: preserve the biodiversity, plant and animal gene pool within territories and objects of the NRF; ensure environmentally balanced nature resource management, and improve natural ecosystems and landscapes; create marine nature reserve zones; improve the effectiveness of economic incentives for the development of nature reserve management; take an inventory of land plots and water bodies on which the territories and objects of NRF are located, clarifying their areas and boundaries and completing their delineation; and create a recreational base within institutions of the NRF to develop ecotourism.

Ensuring the implementation of national programmes and compliance with environmental legislation, in turn, envisages: implementation of the national programmes in the area of development of the ecological network, water and forest management and provision of drinking water to the population; strengthening the responsibilities of officials and citizens in relation to violations of administrative legislation on natural environmental protection, eliminating the imbalance between the harm caused to natural resources and the amounts of fines, and implementing the National Action Plan on Environmental Protection by 2015; and introducing ecologically oriented approaches to spatial planning, taking into account the requirements of environmental protection legislation in developing territory planning schemes.

UKRAINE'S POST-2015 DEVELOPMENT PRIORITIES

SECTION FOUR

The Post-2015 Global Development Agenda

should become a reference point for societal development. Most countries are making efforts to meet their commitments and achieve the MDGs by 2015. Important changes have occurred in the lives of people all over the world due to the impact of the MDGs on global development. Beyond 2015, the world community should use the momentum of the MDGs to keep advancing towards achieving peace, prosperity, justice, freedom and dignity.

The Post-2015 Development Agenda was mentioned for the first time at the UN Summit on the MDG (High-Level Plenary Meeting of the UN General Assembly) in 2010. The Outcome Document of the Summit emphasized the need to initiate an intergovernmental dialogue to shape the new Post-2015 Global Development Agenda that would build on the MDGs and consider new development challenges. In 2012, the Outcome Document of the UN Conference on Sustainable Development 'Rio+20' (Rio de Janeiro, Brazil, June 2012) provided guidelines for determining the sustainable development goals, which should be also taken into account in the development of this agenda. Later, key components were identified to provide a basis for the new development agenda: securing peace and harmony; protecting human rights; reducing inequality; and promoting sustainable development. Thematic consultations have been held with the expert community from all over the world on 11 topics (Addressing Inequalities; Health; Education; Population Dynamics; Growth and Employment; Energy; Water; Environmental Sustainability; Governance; Food Security and Nutrition; and Conflict, Violence and Disaster). A global online dialogue has been launched on the World We Want platform (worldwewant2015.org), the Facebook platform, and MY World, a specially established platform for a global-level interactive survey, where people can choose their own development priorities.

The national consultations to discuss the Post-2015 Global Development Agenda are an important tool to ensure that the opinions of people in many countries of the world are taken into account in the process of formulating the agenda. The national consultations aim to: shape a national position on development priorities to be incorporated into the global development agenda; consider the national position on development priorities in the strategic planning of national develop-

ment; and build national and international consensus on the Post-2015 Development Agenda. The process of national consultations is designed to engage with groups and communities who would not normally have access to these discussions, those who are excluded and marginalized, and with young people who will assume responsibility for the planet.

Since August 2012 the United Nations System has been facilitating an unprecedented series of national consultations with people around the world to seek their views on a new development agenda. This global conversation responds to a call for active participation in shaping the 'world we want'. So far over 200,000 people have contributed to this global conversation; national consultations are underway in 83 countries on all continents.

The national consultations to define Post-2015 Development Agenda in Ukraine were held in early 2013. They involved representatives of government institutions, academia, civil society, trade unions, small, medium and large businesses, unemployed people, pensioners, national minorities, youth, students, orphans, persons with disabilities, people living with HIV/AIDS etc. 4500 Ukrainian people participated in the national consultations face-to-face. Together with those who took part in the electronic survey, the total number of those involved in defining future development priorities reached more than 25,000. About 11,000 Ukrainians participated in the MY World global interactive survey and selected their most important development priorities. The vast majority of those involved in the consultations positively appraised the opportunity to take part in the process of identifying development priorities.

Key issues discussed during the national consultations covered: a vision for Post-2015 Development; an understanding of Ukraine's achievements since independence; level and quality of life; challenges to development, their causes and possible solutions, etc. The consultations highlighted that more than 80 percent of the participants are not satisfied with the quality of life in Ukraine, and three quarters are not satisfied with the opportunities available to influence the decision-making process that is important for Ukraine's development. A considerable proportion of the participants emphasized problems of inequality (in its various dimensions and manifestations) and the infringement of human rights. All discussions, at some stage

or other, came to problems of employment and decent work; the need to increase wages and pensions and improve the quality of education and harmonize it with the needs of the labour market was also emphasized. Experts and students actively discussed energy security and environmental safety, attracting foreign investments, and the need to resume economic development. Elderly persons and members of NGOs, including those working with people living with HIV and persons with disabilities, are very dissatisfied with health care in the country and with the low quality of medical services. Business representatives voiced the need to improve tax policy and the conditions for doing business.

A synthesis of the national consultation findings (analysis of the content of discussions and surveys) suggests the following key development priorities:

- ✓ providing conditions for self-realization and building an equitable society;
- ✓ creating professional, responsible authorities, and organizing effective dialogue channels between the authorities and the public;
- ✓ reforming the education and vocational training systems, enhancing the society's educational attainment and developing life-long education;

- ✓ improving the quality of health care and medical services;
- ✓ safeguarding human rights in all aspects of life: state support for vulnerable groups, poverty reduction, provision of equal opportunities for all;
- ✓ ensuring full employment and decent work, targeting vocational education on the needs of the labour market;
- ✓ modernizing production, securing sustainable economic development, improving tax policy, promoting the mobilization of investments, and implementing innovative technologies;
- ✓ reducing inequality in its various forms;
- ✓ addressing the problems of energy supply and energy dependence;
- ✓ protecting the environment and fostering environmental consciousness; and
- ✓ developing civil society and strengthening social solidarity.

Findings of the national consultations. Based on the responses of the participants of the national consultations (open discussions and surveys, MY World interactive online survey, and an online survey with the assistance of the All-Ukrainian Crowdsourcing Platform 'The Future We Want'), a national vision of the key post-2015 development priorities has emerged (Table 4.1).

Table 4.1. Vision of Post-2015 Development Priorities by Ukrainian Society

Priority	National consultations		Interactive (online) surveys	
	Surveys	Discussions	MY World	The Future We Want
Equality of opportunities and social justice	95%	90%	90%	34%
Efficient and honest authorities	24%	70%	57%	46%
Efficient health care and longer, healthy lives	60%	45%	57%	14%
Decent work	70%	44%	46%	34%
Modern economy	40%	60%	-	29%
Healthy environment	50%	28%	60%	5%
Accessible and high-quality education	50%	30%	52%	14%
Improved infrastructure	-		50%	

Post-2015 Ukraine: The future we want. Based on an analysis of the findings of the national consultation, outcomes of broad public discussions, and considering experts' opinions, Ukrainian society considers the following post-2015 development priorities as the principal ones:

- ✓ equality of opportunities and social justice: building an equitable, socially inclusive society where exclusion and marginalization are impossible;
- ✓ efficient and honest authorities: a prerequisite for achieving the identified post-2015 development goals;

- ✓ efficient health care: longer, healthy lives;
- ✓ decent work: promoting human development and the realization of human potential;
- ✓ a modern economy: shaping an innovative development model;
- ✓ a healthy environment: preserving and developing the ecological potential of territories;
- ✓ accessible and quality education: intellectual development and competitiveness in the labour market; and
- ✓ a developed infrastructure: overcoming territorial inequality.

Equality of opportunities and social justice: building an equitable, socially inclusive society where exclusion and marginalization are impossible. Most statements by participants of the national consultation concerned, in one way or another, the unacceptability of the existence of rooted segregation in society, and of unfair and groundless stratification on social, ethnic, age-related, gender or religious grounds. Thus all the groups centred their discussions on the need to uphold human rights (to work, to social protection, to health care, to education etc.). The participants distinguished between social justice and social equality, stressing the greater importance of social justice for Ukraine.

The overwhelming majority (74.4 percent) of the consultation participants are certain about the need to narrow the existing gap between rich and poor people. They highlighted inequality between rich and poor people (28.4 percent), in income (11.2 percent), in property ownership (10.2 percent), between men and women (9.2 percent), and between urban and rural residents (8.6 percent).

The importance of this issue was mentioned by 47.4 percent of the participants; at the same time, members of poor population groups paid much more attention to it (68.4 percent of those describing their financial standing as very low and 61.8 percent of those regarding it as low). Representatives of the expert community placed poverty reduction in ninth position, without highlighting types of human rights and ways to uphold them. Poverty reduction is associated with observing human rights, counteracting large-scale rooted inequality (in terms of income and access to basic social services and economic resources), and preventing inherited poverty and social exclusion of certain population groups (on any grounds, such as HIV/AIDS, sexual orientation, health, age, sex, ethnicity or religious affiliation etc.).

The most significant persistent manifestations of inequality in Ukraine are residence-based, gender-based and in terms of household composition. Reducing inequality — in all its forms — is one of the core objectives for Ukraine's post-2015 development. Successful achievement of this objective leads to social stability and people's support for the system of social, economic and political reforms. According to the participants of the national consultation, inequality should be addressed first and foremost by the government (81.0 percent), local authorities (50.7 percent) and NGOs (34.8 percent).

Poverty reduction is a distinct element in building a socially just society. Poverty is no longer a problem related to low income, and the most typical attributes of belonging to poor population groups include inadequate housing conditions, limited or lack of access to education, health care, culture or a safe environment, difficulties in maintaining social ties, lack of free time and opportunities for proper rest etc.

Efficient and honest authorities: a prerequisite for achieving the identified post-2015 development goals. The need to improve the public administration system was specified as a decisive way to improve the quality of life in Ukraine by 46 percent of the consultation participants. Personnel and structural changes in all branches of power and the fight against corruption were named as extremely important (50 percent and 47 percent, respectively); only 2 percent mentioned the need for all citizens to observe the law, regardless of their position and social status. The proportion of participants highlighting a necessity for personnel and structural changes in authorities decreases with age (from 56 percent among youth to 44 percent among persons older than 45), whereas a need to combat corruption, on the contrary, increases (from 42 percent to 52 percent, respectively). There is a major difference in the stance taken by urban and rural residents: the former are much more concerned about the need to combat corruption (48 percent vs. 38 percent), while the latter care more about personnel and structural changes in authorities (58 percent vs. 49 percent).

Discussions held in the national consultation process indicated that 77.1 percent of respondents are generally not satisfied with their opportunities to influence decisions that are important for Ukraine's development. This feeling is most acute among edu-

cation and health care workers (87.8 percent and 86.6 percent, respectively). People want to be empowered.

Improving the efficiency of public administration, securing transparent decision-making and implementation, ensuring people's more active involvement in the management of the country, overcoming corruption, increasing efficiency of the judicial system, and improving the skills of management personnel are the goals that should be achieved to ensure Ukraine's desirable development trajectory in the medium term.

Modern technologies in public administration, particularly related to the formation of a so-called 'proactive state' (a state of development) should be adopted. Experience from countries which achieved the greatest economic growth rates at the turn of the millennium proves the high effectiveness of such strategy. A proactive state is less concerned with providing assistance to those in need as with encouraging people's economic activity, developing the labour market, restructuring the economy and supporting high economic growth rates. Thus, budget policy should be shifted towards encouraging and supporting the development processes.

According to the national consultation participants, defining long- and medium-term goals is of extreme importance (48.2 percent suggested a 10-year period, 20.6 percent – 15 years, and 18.0 percent – 25 years). Since the current slowdown of Ukraine's economic growth is taking place amid a relatively stable global situation, this process is determined by fundamental factors — technological and institutional. Thus, tools to stimulate economic growth are only reasonable if they are used over the long term. Investments, first of all by the State, in infrastructure (for instance, roads infrastructure, especially in rural areas) are an example of such tools.

Regarding the need for greater state investments in the economy, there are almost equal numbers among the national consultation participants of those who advocate for state support for promising economic activities and those in favour of provision of equal conditions for competition among businesses. The share of those advocating for state support is inversely proportional to the age of the respondents: while 59.7 percent of young people aged 18–24 support this course of action, only 33.3 percent of those

older than 60 support it. This suggests that Ukraine's population — consciously or subconsciously — agrees with a proactive role of the State, realizing that the market by itself is unable to regulate economic processes. At the same time, half of the consultation participants deem it necessary to provide people with broader opportunities to influence the government's making of important decisions: this figure varies between 52.8 percent among those aged 18–24 and 39.4 percent among those aged 55–60.

People's broad participation in public life, particularly the feeling that their opinions will be heard and considered and that they are actively involved in the formulation of pathways of development, fosters sustainable long-term development no less than consistent political leadership supported by strong technocrat teams and able to ensure institutional memory and consistency of policy decisions. It is encouraging for the future to see young people's broader participation in state-building processes, particularly in the context of consolidating a proactive state and improving the efficiency of national, local and corporate governance.

An important component of development in the political sense is to ensure the recognition and protection of human rights: civil, political, economic, social, cultural and environmental. Focusing on dissatisfaction with a specific situation, people first of all quote their human rights and the State's guarantees to uphold them.

Eradication of corruption, improvement of the judicial system and provision of equal opportunities for all citizens regardless of their age, residence, origin and social and property status were recognized as the main directions of Ukraine's development by most participants in national consultations. Ukrainians understand that, without a fundamental transformation of state institutions, without their subordination to the principle of justice and respect for people, and without people's more active involvement in management processes, it is not possible to build an equitable society and ensure that human rights are not just recognized but actually upheld in Ukraine.

Efficient health care and longer, healthy lives. Securing the right to health care was recognized as one of the top priorities for Ukraine's post-2015 development (by 59.1 percent of all

the consultation participants, ranging from 71.2 percent among civil servants to 47.5 percent among persons with secondary education), while investments to improve the quality and expand the accessibility of health care was recognized as the most important area of budget expenditure.

Noting the importance of transforming the entire health care system, the consultation participants most often stressed the need to improve medical services, particularly by means of reforms (60 percent of the crowdsourcing participants called for that). The reform of the health care system as a whole is more important for women than men (66 percent vs. 50 percent of the crowdsourcing participants). The need for better medical services is emphasized by elderly people (70 percent), but young persons also highlight the importance of the quality of treatment (54 percent).

There is no unity among consultation participants as to how to finance health care: some people prefer a budget-funded system (but given no direct or indirect additional payments), some would like to have an insurance-based system (given its affordability), while the rest believe that some mixed system should be implemented. However, there is a unanimous opinion that any inequalities in access to quality health care are unacceptable.

Only 40 percent of Ukrainians point to the importance of establishing healthy lifestyle standards and promoting them in society (the percentage of those who share this opinion is proportional to the age of the consultation participants: 46 percent among young people under 25, 37 percent among persons aged 25–34, 39 percent among those aged 35–45, and 30 percent among those older than 45; men care more than women about shaping healthy lifestyles: 50 percent vs. 34 percent, respectively). Specifically, the consultation participants note the need to decrease alcohol consumption (a rather broad range of actions is suggested, from state regulation of the sale and advertising of alcoholic beverages to eradication of the use of alcohol in the workplace and a stronger response to driving under the influence of drink etc.). An efficient fight against smoking and the need for regular physical activity were also mentioned. While the consultation participants stress the shortage of appropriate infrastructure (bicycle lanes, sports grounds, inexpen-

sive sports clubs and swimming pools etc.), they pay almost no attention to the physical activity of children and adolescents in pre-school and school facilities.

In terms of life expectancy at birth (68.8 years), Ukraine currently lags behind all countries with high or very high human development, except Kazakhstan, and even 27 out of 29 countries with medium human development. The average life expectancy of people in Ukraine is 11.3 years lower than in countries with very high human development, 4.6 years lower than in those with high human development, and 1.1 years lower than in countries with medium human development; it is 2.7 years behind the average for countries of Eastern Europe and Central Asia and 1.3 years behind the world as a whole.

Decent work: promoting human development and the realization of human potential. Securing decent work in the context of both its remuneration and conditions was recognized by the national consultation participants as one of Ukraine's key development goals — more than 50 percent of the respondents mentioned upholding the rights to equitable working conditions and labour remuneration as a strategic post-2015 development priority. They emphasized the importance of the right to work on a full-time basis (in particular, 56.9 percent of those engaged in industry and construction, and 55.8 percent of health care staff), clearly disagreed with forced underemployment and stressed the need for equitable labour remuneration and implementation of advanced technologies that would reduce injury risks and improve labour productivity etc.

In general, the need for new job creation is an alternative-free priority for 39 percent of Ukrainians, whereas another 18 percent stressed the importance of higher wages. New jobs and employment opportunities are of most interest to respondents older than 45 and under 25 years of age — i.e. the categories of the economically active population more often affected by these problems.

The consultation participants suggest various solutions: compulsory provision of an initial job after graduation; a decent pension as a prerequisite for jobs for young people; and increased production, particularly by re-opening old enterprises. The labour market is a derivative of economic processes, and prospects of securing full employment are in one

way or another associated with growing production and the demand for a labour force. However, while acknowledging the importance of purely economic aspects of the problem, social aspects cannot be ignored. In particular, there is a need for people to participate more actively in the labour market (a considerable proportion of the population, particularly in rural areas, does not actually look for work because local labour markets are narrow, while other markets located outside the villages are not accessible), which is especially important in a context of rapid population ageing.

With its outdated economic structure, an inefficient employment structure persists in Ukraine as well. The level of employment in menial occupations is unacceptably high (largely due to rural residents who, having no other job, undertake subsistence farming). Numerous population surveys indicate that the overwhelming majority of people view such employment solely as a palliative option or as additional employment for pensioners. It is especially important, since 24.9 percent of the rural population aged 25–70 have higher education and 57.7 percent have complete general secondary education.

The percentage of professionals, specialists and technical employees is also too low, and correlates even more closely with the level of both economic and human development. Undoubtedly, the economic situation is a determining factor, but the population's education potential is also important.

Overall, too low labour productivity is a key problem in the Ukrainian labour market. However, this problem was omitted by experts, employees and employers. This is explained by the fact that the need for modernization of the economy and implementation of new technologies, which was most often stressed by members of exactly these groups, should also ensure adequate growth in labour productivity.

Ukraine lags behind its neighbouring countries in labour productivity by 28.8–70.6 percent (furthest behind the Czech Republic; closest to Kazakhstan). The lag is caused mainly by the use of outdated technologies, but the complexity of the process to dismiss employees is also a factor. In many cases — mainly involving privatized, formerly state-owned enterprises — employers still maintain an excessively large labour force. As confirmed

by the results of the national consultations, Ukrainian society pays much greater attention to substandard labour remuneration. Indeed, Ukrainians' earnings are much less than in neighbouring countries: the widest gap is US\$1068 per month, or 75.7 percent, with the Czech Republic; the smallest US\$59, or 14.6 percent, with Bulgaria.

The impossibility of finding a suitable job is a key factor behind both internal and external migration. Young people are much more likely than others to migrate: 63.9 percent of those aged 18–24 agree moving to another city in Ukraine, and 62.5 percent agree moving to another country.

Modern economy: shaping an innovative development model. While choosing the most important objective for Ukraine's further development, 54.3 percent of the national consultation participants pointed to the need for economic growth as a prerequisite for creating new jobs, increasing income and enhancing the social sphere. The vast majority of respondents equate economic growth with an increased demand for labour, which opens up — at least in their opinion — prospects of decent work. In addition, when choosing between political freedoms and economic growth, the latter is prioritized by 64.0 percent of the national consultation participants. And although this proportion increases with age (to 72.7 percent among those aged 55–60), there is little variation among the different age groups.

Representatives of both the expert community and the population at large unanimously believe that modernizing the economy by implementing innovative technologies aimed particularly at reducing energy and material intensity is the key prerequisite for building a better future for Ukraine even in the medium term. Progress and innovation are viewed as the most important area of development by 58.7 percent of the national consultation participants. However, when specifying the structure that is most likely to promote Ukraine's economic growth, the respondents give priority to the government (this is stated by 65.3 percent of participants, with the highest rate, 83.3 percent, among those older than 60, and the lowest, 59.6 percent, among those aged 35–44). The following options were offered: political parties and their leaders, the government, local authorities, Ukrainian businesses (only prioritized by 36.3 percent), NGOs, employ-

ers' associations, other state and non-governmental associations, and international financial organizations. Such attention to the role of the government is an indirect indication that Ukraine's population still does not see any alternative drivers of the development of society at large and the economy in particular. The best prospects are observed by Ukrainians in the development of agriculture (34 percent) and a simplification of the taxation system (22 percent); the need to formalize the economy is emphasized by only 13 percent, while support for small and medium-sized business is underlined by 10 percent of respondents.

The fact that Ukrainians regard agriculture as the key domain for economic development is obviously connected with the quality of Ukrainian land, on the one hand, and with the general decline of rural areas, on the other hand. Thus, they emphasize the unsuitability of food imports, the need for loans or other financial resources to equip and re-equip farms and enterprises with necessary machinery, and the importance of developing rural infrastructure, particularly communications. After agriculture, industry is the next economic sector prioritized for development by the consultation participants (12 percent), followed in third place by tourism (8 percent). Support for domestic producers in the food industry is regarded as especially important because Ukrainian-made products can both replace foreign goods and also be offered for export. All the above-mentioned economic sectors have a real capacity to improve the standards of living in the country, so investments in them could become extremely advantageous.

Overall, 58.7 percent of the national consultation participants view progress and innovation as the most important area of development. Ukraine's economy lacks new technologies and other innovations that could improve its efficiency and increase earnings among the working population. One in five Ukrainians mention the need to develop scientific knowledge in the country and to bring modern technologies into practice. However, the technological revolution in recent decades has much surpassed the existing views and beliefs. For mankind to survive, it needs large-scale implementation of innovations beyond the scope of technological improvements and aimed first and foremost at changing the philosophy and ideology of human progress.

The simplification of the taxation system, undoubtedly important for the development of the Ukrainian economy probably concerns not only reducing the number of taxes but also decreasing their rates. Ukrainians do not agree that the market system is the best (only 27.3 percent of urban residents and 33.0 percent of rural ones agreed with this statement). Medium- and long-term planning was believed to be extremely important for constructing a modern economy; however, respondents more often prioritized radical rather than slow reforms — the former were backed by 53 percent of all respondents. In addition, Ukrainians are not too optimistic about the future of their economy: except for civil servants, other groups tend to think that Ukraine's economy will be worse in 2030 than now. Urban residents are more optimistic (37.1 percent of them believe that the economy will be better, whereas only 28.1 percent think it will be worse, versus 29.4 percent and 42.2 percent, respectively, among rural residents), which corresponds to differences in socio-economic status.

There is a need to shape a new model of economic growth driven by private initiative, the development of market economy institutions, and investments in human capital. The world has been moving from an industrial to an innovative development stage, and future competitive advantages will belong to those with a greater potential for innovation. Thus institutional changes should promote greater innovation.

Building a modern economy means not only accelerating GDP growth; first of all, restructuring and transition from an economy oriented mainly on raw materials to a knowledge-driven economy are required. An important prerequisite for achieving this objective is to determine strategic development priorities and provide state support exactly to those branches and activities that are able to ensure the competitiveness of Ukraine's economy in the world. Since a comparatively well-educated, skilled and mobile labour force is Ukraine's key competitive advantage, the country should look to gain from prioritizing labour-intensive rather than material- or energy-intensive activities. Information technologies provide an example that is already being realized successfully by India, Brazil and China.

More than a third (36.8 percent) of the respondents believes that a planned econ-

omy can work better than a market economy in some situations (a market economy was preferred by 29.4 percent). This opinion is shared by 42.5 percent of civil servants (30.1 percent said that a market-based system is better), 49.0 percent of educational workers (20.4 percent voted for market economy), and 42.3 percent of health care professionals (25.0 percent of them preferred a market economy). This opinion is not shared only by those who describe their income as high (none of them prefers the planned system). Overall, except people under 35, all other respondents think that a planned system is better than a market-based one (with certain restrictions though). This may reflect most participants' dissatisfaction with the country's economic processes, which must certainly be taken into account when Ukraine's medium-term development goals and objectives are defined.

Healthy environment: preserving and developing the ecological potential of territories. Protecting and restoring the environment as a development priority was highlighted by 32.2 percent of the national consultation participants; a considerable percentage (43.4 percent) of the respondents not only agree with the need to save energy but indicated their willingness to do so in their own homes. This demonstrates quite a high level of understanding of the significance of environmental problems in Ukraine, especially in view of a rather low level of development in this field and, accordingly, an initial focus on personal needs. During the national consultations, the participants stressed the need for common global rules and regulators of actions in the field of environmental safety and protection (this was expressed by 58.6 percent of all respondents, 62.4 percent of urban residents, 65.2 percent of persons with complete higher education, 65.3 percent of education workers, and 68 percent of persons with a high or above-average income). Such differences of opinion confirm that poverty shapes the prevailing focus on faster economic growth to meet people's current needs, and when they have been met, a person begins to think about other things that play an important role in spirituality, continuing one's life and the future of one's family and country.

When identifying key areas for state investments, environmental protection, including water quality, was prioritized by only 8.9 percent of the national consultation participants

(the greatest focus, 16.7 percent, was demonstrated by persons older than 60, whereas young people aged 18–24 were the least concerned: 5.6 percent). Despite all the problems experienced, Ukraine's population regards environmental protection (in a broad sense) as something abstract that needs attention but not direct investment of budget funds that can be spent on some other, more specific and more tangible goals such as health care, construction of free housing, aid to poor people etc.

Clearly, experts are more aware of the significance of environmental problems, and they think that the task of shaping an ecologically conscious culture is the task for the State. Thus they suggest using the existing environmental restrictions (on land, water and forestry resources, mineral resources, secondary and systemic assimilatory natural resources) to foster economic growth based on harmonizing economic entities' interests through a proper ecological culture of the population and production. The logic of the contemporary civilization process is such that the availability of actually limitless resources hinders adoption of modern resource-saving technologies, whereas strong restrictions, on the contrary, act as a major driver for innovation.

Accessible and high-quality education: intellectual development and competitiveness in the labour market. Education is a main tool for investing in human capital. It is high-quality education that drives employment and a high — even by national standards — income, and this factor motivates young people to a considerable extent. However, in addition, education must ensure cultural development, the creation of new spiritual values and the preservation of old ones that are traditional to the Ukrainian nation. The modern axiological dimension of education — as a national, public and personal value — assumes the integration of education into the public space to enrich and develop the material and spiritual values of society, overcome the decline of spirituality and morality in a society of consumption, and restrict the 'virtualization' of being and expansion of counter-culture as threats of dehumanization in the future. Four out of five of the crowdsourcing respondents stress the need to promote the population's cultural development — a view even more common among young respondents than other participants.

In-depth and accelerated changes to a traditional way of living not only assign functions and tasks to the institutions of education but also lead to the emergence of complicated contradictions that are impossible to settle without a consolidation of the entire society's efforts. Most Ukrainians (85 percent of urban residents and 79 percent of rural ones) regard the promotion of people's cultural development as quite necessary, in its very broad interpretation — from national identity and patriotism to tolerance and acceptance of other cultural values and other mentalities.

About half (47.4 percent) of the national consultation participants identified the need to uphold the right to education. Education was recognized as one of the main areas of state investments (preferred by 11.7 percent of the respondents), even though Ukraine is only just inferior to economically developed countries in terms of the population's educational attainments and the rates of provision of general and vocational education, including higher education. The setting of this goal is associated rather with the need to improve the quality of education and bring it closer to current and future requirements than with growth of quantitative indicators. The quantitative indicators do not reflect the quality of Ukrainians' educational attainment. Unfortunately, the skill mix of specialist training, quite logically targeted at demand on the part of university entrants and the State, fails to meet the needs of the labour market.

Education is a basic value for almost 92 percent of Ukrainians. Four out of five graduates from general secondary schools seek to continue their education at higher educational institutions (HEIs). Only 4 percent of city residents agree to limit their children's and grandchildren's education to incomplete or complete secondary education; the percentage of those agreeing to secondary special or basic higher education is about 25 percent in this regard; however, almost 64 percent believe that their descendants should have at least complete higher education (about 5 percent would want an academic degree). The motivation for acquiring education is, however, purely pragmatic — obtaining a highly paid job, professional career growth, and acquisition of a better social status. Students regard a future career as the main reason to attend an HEI (41 percent), whereas the desire to be educated (32 percent) or obtain new knowledge (15 percent) is less important. Even higher education as such is not a value: less than 20 percent

of city residents consider it a way to broaden their minds, while about the same percentage regard it as a way to enhance their social status; more than 15 percent of all respondents want it because "this is how things are done today".

Another problem of the quality of education is the formation of relevant values, particularly cultural ones. This was mentioned by almost every participant of the national consultations during focus group discussions, underlining the role of education in shaping a national conscience and in consolidating a civil society whose members are able to achieve justice and long-term sustainability of development. The need to improve the quality of education was recognized by the expert community as a key objective for Ukraine.

Improved infrastructure: overcoming territorial inequality. The importance of developing social infrastructure was not mentioned by the national consultation participants as a separate priority: only 13.4 percent agreed that immediate state investments in infrastructure facilities would be expedient (the greatest attention — 27.8 percent and 21.9 percent, respectively — was paid to this area by students and civil servants, whereas the lowest focus — 6.1 percent and 5.1 percent, respectively — was given by education workers and persons with secondary general education). This was not discussed in the expert community either, although the significance of infrastructure development to improve the accessibility of health, education and employment can hardly be overestimated. Moreover, since a third of Ukraine's population lives in rural areas, including almost a third of its economically active segment, it would not be possible to prevent a massive outflow of rural youth to urban areas without proper connection with developed local labour markets. Under such circumstances, the rural demographic ageing process will become irreversible, which would inevitably cause the decline of rural areas. Rapid development of modern infrastructure is one of the most important factors in the socio-economic equalization of territories and the country's overall development.

It is not possible to uphold rural residents' labour rights within the agriculture sector only; it requires establishing local labour markets within rayons — i.e. providing rural people with access to jobs in cities by commuting. The development of a road trans-

portation network is a prerequisite. At the same time, private business much more often invests in the economy of areas with better road, transport, heat and energy networks and which are better prepared for economic activities. That in turn stimulates development in related and allied sectors, promotes an upsurge of territorial systems in general and maintains the labour force.

The development of social infrastructure ensures people's access — regardless of their place of residence — to high-quality medical, educational, cultural and domestic services, promotes their social rights and helps overcome groundless inequality. One quarter of rural households suffer from the unavailability of health care facilities. Because of a decline in funding in the social sphere, a considerable share of rural settlements has lost not only district hospitals but even primary health care posts. Rather often, a few villages are served by only one medical doctor, who does not have any transport, especially a vehicle suitable for off-road terrain, hence is not able to provide the necessary help in time. Due to the unsatisfactory conditions of roads to many rural settlements, ambulance cars do not even respond to calls (42.8 percent of rural residents point out that their settlements are not provided with emergency medical services). The same can be said about

opportunities for accessing quality education, not only vocational but also general, for rural young people. The lack of availability of a pre-school facility near home affects 4.7 percent of rural households, whereas the same figure in cities is only 1.4 percent. While school-age children can reach a school in case of necessity by walking, pre-school children find it very hard to travel even short distances (up to 3 km). So it becomes quite problematic for a child to attend a kindergarten if its family has no transport of its own. Almost half of rural residents have no access to facilities providing domestic services: they are absent not only near their homes but in their whole settlement. Almost one quarter of rural households are affected by a lack of regular transportation to a settlement with a more developed social infrastructure. Even nowadays, there are some villages where public transport runs only two or three times a week, food products (new bread, fresh milk, butter etc.) are delivered once a week, and they cannot be purchased in another settlement if the household has no vehicle of its own.

The density of roads in Ukraine has hardly changed since independence. It is definitely too little to ensure the necessary level of accessibility for residents of villages and small towns.

Box 4.1. Strategic Targets According to the Identified Post-2015 Development Priorities

Equality of opportunities and social justice: building an equitable, socially inclusive society where exclusion and marginalization are impossible

- ✓ transforming income generation policy, particularly by establishing a relationship between employment-related income and social transfers;
- ✓ establishing an equitable system of taxation (including indirect), and shifting the tax burden to wealthier population groups;
- ✓ ensuring target orientation and improving efficiency of the system of social support for the population, in particular by delegating some powers of social service provision to non-state structures (with appropriate supervision of their quality);
- ✓ intensifying the policy of social inclusion of vulnerable population groups;
- ✓ overcoming the psychology of dependency in society;
- ✓ restoring the system of social assistance;
- ✓ developing rural and generally depressed areas to overcome negative consequences of residence-based inequality.

Efficient and honest authorities: a prerequisite for achieving the identified post-2015 development goals

- ✓ developing a proactive state;
- ✓ improving management efficiency at the national, local and corporate governance levels;

- ✓ establishing public control over actions taken by authorities and ensuring continuous public dialogue to determine goals and ways to achieve them;
- ✓ implementing open government standards;
- ✓ ensuring transparent decision-making and implementation by simplifying procedures and providing wide access to information used in decision-making processes;
- ✓ overcoming corruption by means of economic and legal modernization of the State and development of a culture of zero tolerance to corrupt practices;
- ✓ improving the efficiency of the judicial system;
- ✓ improving the skills of managerial staff.

Efficient health care and longer, healthy lives

- ✓ forming healthy lifestyle standards and promoting them in society, and providing economic and social incentives to being healthy;
- ✓ providing legal, economic, institutional and infrastructural conditions for leading a healthy lifestyle;
- ✓ forming an efficient system of prevention and early diagnosis, especially of lifestyle-related diseases;
- ✓ ensuring accessibility of health care services for all Ukrainian citizens regardless of their welfare and residence;
- ✓ securing accelerated development of the reproductive health care system;
- ✓ reforming the health care management system, particularly the funding of medical services;
- ✓ reducing employment in harmful and hazardous conditions;
- ✓ strengthening supervision of compliance with occupational safety standards;
- ✓ reducing road traffic injuries.

Decent work: promoting human development and the realization of human potential

- ✓ securing the right to work on a full-time basis, and providing conditions for self-realization;
- ✓ ensuring equitable remuneration of labour, and legalizing employment and employment-related income;
- ✓ strengthening the link between earned income and social protection;
- ✓ developing self-employment, protecting private initiative, and supporting small and medium-sized business as a source of jobs;
- ✓ taking action in the labour market in the interests of young and elderly persons;
- ✓ developing new forms of employment, and providing proper social protection to persons exercising innovative forms and types of employment;
- ✓ ensuring employment for vulnerable populations and persons with special needs;
- ✓ combining employment policy with family support policy;
- ✓ enhancing the social prestige of labour;
- ✓ establishing a system to inform broad population groups on conditions in the labour market and development prospects.

Modern economy: shaping an innovative development model, and identifying and supporting strategic economic sectors

- ✓ developing a knowledge-driven economy, and prioritizing labour-intensive and knowledge-intensive activities;
- ✓ implementing an effective system of state strategic planning;
- ✓ implementing modern innovative technologies;
- ✓ developing private initiative and market economy institutions, and supporting small and medium-sized business;
- ✓ diversifying energy supply sources.

Healthy environment: preserving and developing the ecological potential of territories

- ✓ implementing modern renewable and alternative energy technologies to reduce anthropogenic environmental impact;
- ✓ prioritizing the development of territorial economic systems that promote the development of every citizen and the entire territorial community based on the implementation of the principles of a green economy;
- ✓ setting criteria for restrictions on economic activity based on the environmental capacity of territories;
- ✓ ecologizing and reducing the resource intensity of industry, agricultural production and housing and utility services;
- ✓ reducing the scale of environmental pollution;
- ✓ preserving forests, water resources and biodiversity;
- ✓ developing green tourism, and shaping a mass culture of environmental protection;
- ✓ implementing standards on the use of water, soil and other renewable resources in agricultural production, and reducing the scope of single-crop agricultural production;
- ✓ encouraging the development of biologically clean products, and changing people's nutrition culture.

Accessible and high-quality education: intellectual development and competitiveness in the labour market

- ✓ ensuring accessible and continuous lifelong education;
- ✓ modernizing the structure, content and organization of education based on a competency-oriented approach, and retargeting the content of education to meet the goals and principles of sustainable human development;
- ✓ implementing models of integrated and inclusive education at all education levels;
- ✓ shaping motivation and ability for learning, and maximizing the values of academic performance and self-education;
- ✓ eliminating inequality in people's access to high-quality education at all levels;
- ✓ engaging various population groups in the acquisition of knowledge to use new opportunities in the social space (computer literacy, command of foreign languages etc.);
- ✓ improving procedures and mechanisms of forecasting educational development;
- ✓ ensuring further development of an open system of education quality management at the national, regional and local levels; improving quality assessment procedures; increasing the level of responsibility of educational institutions for quality training; developing a mechanism for 'consumer protection' against low-quality education services;
- ✓ enhancing the efficiency of integration processes in the implementation of a model of state and public administration (in particular, activity of civil society institutions in the formulation of various aspects of educational policy, implementation of quality control technologies etc.).

Improved infrastructure: overcoming territorial inequality

- ✓ transforming relations between central and local authorities, and changing the funding mechanisms for infrastructure projects;
- ✓ encouraging public-private partnerships;
- ✓ delegating the rights and responsibilities for development and proper maintenance of infrastructure facilities to local authorities and territorial communities, with appropriate changes to tax and budget systems;
- ✓ distributing private and communal rights of ownership of infrastructure facilities;
- ✓ restoring regional social, utility and cultural infrastructure to develop regional labour markets.

BIBLIOGRAPHY

- Aksionova, S.Y., *'Fertility Peculiarities in Middle-age Women'*, *Demografiya ta Sotsialna Ekonomika*, 2, 2009, 28-38.
- Amjadin, L.M., T.O. Konoplytska, O.M. Lysenko et al, *'Repeated Assessment of Youth-friendly Clinics'*, K.I.S., Kyiv, 2012, 112.
- ADEF-Ukraine, *'Marriage, family and childbearing attitudes in Ukraine'*, ADEF-Ukraine, Kyiv, 2008, 256.
- 'Assessment of Maternal Health by Region of the World, 2000'*, <http://demoscope.ru/weekly/2005/0199/reprod01.php>.
- Balakireva, O.M., T.V. Bondar, O.R. Artiukh, et al., *'State and factors of Ukrainian adolescents' health'*, UNICEF, O. Yaremenko Institute for Social Studies, Kyiv, K.I.S., 2011, 172.
- Baliuk, S.A., V.V. Medvedev, M.M. Miroshnychenko, Y.V. Skrylnyk, D.O. Tymchenko, A.I. Fateev, A.O. Khrystenko, and Y.L. Tsapko, *'Environmental Conditions of Soils in Ukraine'*, *Ukrainian Geographic Journal*, 2012, 2, 38-42.
- Baliuk, S.A., V.V. Medvedev, O.H. Tarariko, V.O. Hrekov, and A.D. Balaev (Eds.), *'National Report on Soil Fertility in Ukraine'*, National Academy of Agrarian Sciences of Ukraine, Kyiv, 2010, 112.
- Belyshev, O.V., et al. (Eds.), *'Youth under consolidation of independence of Ukraine (1991–2011): Annual report to the President of Ukraine, the Parliament of Ukraine, and the Cabinet of Ministers of Ukraine on the situation of youth in Ukraine'*, Ministry of Education and Science of Ukraine, State Institute for Development of Family and Youth Policy, Kyiv, 2011, <http://www.dipsm.org.ua/files/2012/04/dopovid-molod11-ebook.pdf>.
- Bortnik, R.O., R. Melnyk, I.V. Pechenkin, K.Y. Alandarenko, V.O. Manziuk, and D. Bohatchuk, *'Independent public report on protection of the rights of the child in Ukraine in 2010–2012'*, All-Ukrainian NGO Common Goal Human Rights Organization, 2013, <http://commongoal.org.ua/?p=138>.
- Burkynskyi, B.V., *'Ecologization of regional development policy'*, Institute for Market and Economic-Ecological Studies, NAS of Ukraine, Odessa, 2002, 328.
- Centre of Ecological Education and Information, *'National report on the state of the environment in Ukraine 2010'*, Centre of Ecological Education and Information, Kyiv, 2011, 254.
- Centre for Social Expertise of the Institute of Sociology of NAS of Ukraine, *'Gender stereotypes and public attitudes to gender problems in Ukrainian society'*, UNDP, Institute of Sociology, NAS of Ukraine, Kyiv, 2007, 145.
- Cherenko, L.M., S.V. Poliakova, A.H. Reut, et al., *'Child Poverty and Disparities in Ukraine'*, E.M. Libanova Institute for Demography and Social Studies, NAS of Ukraine, UNICEF, Ukrainian Centre of Social Reforms, Kyiv, 2009, 288.
- Cherenko, L.M., *'Combating poverty – a top priority in state policy'*, speech presented at the round-table 'Poverty reduction in Ukraine: Basics of state policy. Activities of the Ministry of Labour and Social Policy in pursuance of the Decree of the President of Ukraine on Urgent Measures to Reduce Poverty', Ministry of Labour and Social Policy, Kyiv, 2010, 2–3, <http://mlsp.kmu.gov.ua/document/118811/st26.pdf>.
- Cherheha, O.B. and V.V. Opalko, *'Poverty reduction is the key to achieving the Millennium Development Goals'*, *Visnyk Ekonomiky Transporty i Promyslovosti*, 2010, 32, 335–340, http://archive.nbuv.gov.ua/portal/natural/Vetp/2010_32/10cobmdp.pdf.
- de Colombani, P. and J. Veen (Eds.), *'Review of the National Tuberculosis Programme in Ukraine, 11–22 October 2010'*, WHO Regional Office for Europe, Copenhagen, 2011, http://www.euro.who.int/__data/assets/pdf_file/0007/142369/e95006.pdf.
- 'Communication on Publication of the Draft Law of Ukraine on Approval of the State Programme on Health 2020: the Ukrainian Dimension'*, Kyiv, 2011, http://www.moz.gov.ua/ua/portal/Pro_20120316_1.html.
- 'Concept of the State Environmental Programme for Protection and Reproduction of Environment in the Sea of Azov and the Black Sea for 2010–2020'*, *Zhyva Ukraina*, Draft, http://pryroda.in.ua/files/2010/04/Z_05-2009.pdf.
- 'Convention on Biological Diversity, 4th National Report of Ukraine'*, Secretariat of the Convention on Biological Diversity, Kyiv, 2010,

- <http://www.cbd.int/doc/world/ua/ua-nr-04-ru.pdf>.
- Dobriak, D.S. and A.H. Martyn, 'Directions for improvement of the regulatory legal framework for the regulation of land relations', *Zemleustrii i kadastr*, 2009, 4, 5–10.
- Dubossarska, Z.M., Y.M. Duka, 'Habitual miscarriage', *Zdorovya Ukrainy*, 2007, No. 9, 62–64.
- ECOSOC, 6th Session, 'Outcome of the Sixth Session of the United Nations Forum on Forests', Resolution 2006/49, New York, 2006, <http://www.un.org/ru/ecosoc/docs/2006/r2006-49.pdf>.
- Emerson, J.W., A. Hsu, M.A. Levy, A. de Sherbinin, V. Mara, D.C. Esty, and M. Jaiteh, 2012 *Environmental Performance Index and Pilot Trend Environmental Performance Index*, Yale Center for Environmental Law and Policy, New Haven, CT, <http://epi.yale.edu>.
- Form No 4, 'Report on total quantities of tuberculosis cases in I, II and III patient categories', TB07 <http://s2.nauch.com.ua/docs/56/index-43892-4.html>.
- Form No 4-1, 'Report on the quantity of patients registered in category 4', TB 07-MP TB, <http://s2.nauch.com.ua/docs/56/index-43892-3.html>.
- Form No 8-3, 'Report on findings of a study of TB mycobacteria resistance to anti-mycobacterial drugs in pulmonary TB patients registered 12-15 months ago', TB11, <http://s2.nauch.com.ua/docs/56/index-43892-4.html>.
- Frejka, T., T. Sobotka, J.M. Hoem, and L. Toulemon, 'Summary and General Conclusions: Childbearing Trends and Policies in Europe', *Demographic Research*, 2008, No. 19, 5–14, <http://www.demographic-research.org/volumes/vol19/2/default.htm>.
- Galbraith, J., *Economics and the Public Purpose*, Progress, Moscow, 1976, 406.
- Galbraith, J., *The Great Crash of 1929*, Mariner Books, 1997.
- Golos Ukrayiny, 'Education for Pupils, Quality for Education', 2 April 2013, <http://golosukraine.com/publication/kultura/osvita/9620-shkolyaram-osvitu-osviti-yakist/#.UbBnHdh8nFw>.
- Goldenberg, R.L., J.F. Culhane, J.D. Iams, and R. Romero, 'Epidemiology and Causes of Preterm Birth', *The Lancet*, 2008, 371, 9606, 75–84.
- Gore, A. 'Earth in the Balance: Ecology and the Human Spirit', Ukraine. Agenda for XXI Century NGO and Institute for Sustainable Development. – Kyiv, Intelsfera, 2001, 404.
- 'Harmonized AIDS Response Progress Report of Ukraine', State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases, <http://www.dssz.gov.ua/index.php/operativna-informaciya/plany-i-zvity/1294-2012-11-13-12-19-44>
- Heets, V.M., A.I. Danylenko, M.G. Zhulynskyy, 'National report "New course: Reforms in Ukraine, 2010–2015"', National Academy of Science of Ukraine, Section of Social and Human Sciences, Kyiv, 2010, <http://www.nbuv.gov.ua/books/2010/10nandop1.pdf>.
- 'Higher education in Ukraine is recognized as one of the world's best', TSN, 2012, <http://tsn.ua/ukrayina/vischu-osvitu-v-ukrayini-viznali-odniyeyu-iz-naykraschih-u-sviti.html>.
- Hulchak, V., 'Positive changes. Forest inventory in Ukraine – results and forecasts', *Lisovyi i Myslyvsky Zhurnal*, 2012, No. 2, 6–8.
- IBSER, 'Strengthening Local Financial Initiative Project', USAID, Nora-Druk, Kyiv, 2001, 96.
- Ilchuk, L.I., O.O. Davydiuk, and Y.V. Kryvobok (Eds.), 'Social Policy amid Deepening Social Inequality in Ukraine: monograph', PE V.S. Vyshemyrskyi, Kherson, 2010, 376.
- Intelsfera, 'Agenda 21/AUNGO "Ukraine. Agenda 21"', Intelsfera, Kyiv, 2000, 360.
- iPress, 'Maternal mortality in Ukraine higher than in Europe', 11 July 2012, http://ipress.ua/news/v_ukraini_materi_pomyrayut_chastishe_nizh_v_yevropi_4409.html.
- Institute of Geography, 'National Report of Ukraine on Implementation of the Provisions of the Agenda 21 for a ten-year period (final)', Institute of Geography, NAS of Ukraine, Kyiv, 2012, www.menr.gov.ua/media/files/Nacdpovid2012.doc.
- International Energy Agency, 'Key World Energy Statistics 2010', International Energy Agency, Paris, 48–53, www.iea.org.
- Jones, R., *A Theory of Justice*, Harvard University Press, Cambridge, MA, 1971.
- Kharchenko, N.M., 'Methodology of Measurement and Experience of Analysis of Poverty in Contemporary Ukraine', Abstract of a Thesis for a Sociological Sciences De-

- gree, Taras Shevchenko National University of Kyiv, Kyiv, 2001, http://librar.org.ua/sections_load.php?s=sociology_demography&id=166&start=3.
- Kochemyrovskaya, O. and A. Avchukhova, 'Analytical note "On integration of family policy into the economic strategy of the State"', National Institute for Strategic Studies (NISS), Kyiv, 2012, <http://www.niss.gov.ua/articles/842>.
- Kremen, V.H., V.P. Bekh, M.I. Burda, 'National report on the situation and development prospects of education in Ukraine', National Academy of Pedagogical Sciences in Ukraine, Pedahohychna Dumka, Kyiv, 2011, 304.
- Kulynych, P.F., 'Environmental imperatives in the system of legal protection of agricultural land in Ukraine', *Pravo Ukrainy*, 2011, 2, 140-147.
- Law of Ukraine on Amending the Law of Ukraine on Tuberculosis Control, No. 4565-VI as of 22 March 2012.
- Law of Ukraine on Approval of the State Programme to Combat Tuberculosis for 2007–2011, No. 648/V as of 8 February 2007.
- Law of Ukraine on Approval of the State Programme to Combat Tuberculosis for 2012–2016, No. 5451-VI as of 16 October 2012.
- Law of Ukraine on Approval of the State Environmental Programme for Protection and Reproduction of Environment in the Sea of Azov and the Black Sea for 2010–2020, No. 2333-III as of 22 March 2001.
- Law of Ukraine on Approval of the State Programme for Development of Water Management and Environmental Recovery of Dnipro River Basin for the Period until 2021, No. 4836-VI as of 24 May 2012.
- Law of Ukraine on Basic Principles (Strategy) of the State Environmental Policy of Ukraine for the Period until 2020, No. 2818-VI as of 21 December 2010.
- Law of Ukraine on the Common Customs Tariff, No. 2097-XII as of 1 June 2012.
- Law of Ukraine on Forest Code of Ukraine, No. 3404-IV as of 8 February 2006.
- Law of Ukraine on Preschool Education No. 2628-III as of 5 December 2012.
- Law of Ukraine on State Programme for Development of Small Towns of Ukraine, No. 1580-IV as of 10 June 2012.
- Law of Ukraine on State Programme Drinking-Water of Ukraine for 2006–2020, No. 2455-IV as of 3 March 2005.
- Law of Ukraine on State Programme for Development of Water Management, No. 2988-III as of 21 June 2002.
- Law of Ukraine on State Programme of Economic and Social Development of Ukraine for 2010 (Anti-crisis programme), No. 2278-VI as of 20 May 2010.
- Law of Ukraine on State Programme to Ensure HIV/AIDS Prevention, Treatment, Care and Support for 2009–2013, No. 1026-VI as of 19 February 2009.
- Law of Ukraine on Tax Code of Ukraine, No. 2755-IV as of 2 December 2010.
- Libanova, E.M., National Report 'Sustainable Human Development: Securing Justice', M.V. Ptukha Institute for Demography and Social Studies, NAS of Ukraine, Kyiv, 2012, 412.
- Lisovskyi, S.A., 'Society and Nature: Balance of Interests in Ukraine', Institute of Geography, NAS of Ukraine, Kyiv, 2009, 300.
- 'Main Reasons for High Mortality in Ukraine, a Study from the Human Health and Demography Series', VERSO-04, Kyiv, 2010, 60.
- Makarenko, N.A., O.O. Rakoid, R.P. Sakharchuk, and L.P. Dziuba, 'Environmentally safe use of agricultural land amid climate change. National environmental policy in the context of Ukraine's European integration: Proceedings of the International Scientific and Practical Conference, Kyiv, 27 October 2010', Centre of Ecological Education and Information, Kyiv, 2010, 134–138.
- Makarenko, N.A., O.O. Rakoid, R.P. Sakharchuk, Y.T. Kolmaz, 'National Report on Implementation of the UN Convention to Combat Desertification in Ukraine', Fitosotsiotsentr, Kyiv, 2007, 54.
- Marushevskiy, H.B., V.P. Melnychuk, and V.A. Kostushyn, 'Preservation of biodiversity and creation of an econetwork: An information guide', Wetlands International Black Sea Programme, Kyiv, 2008, 168.
- Marushevskiy, H., speech presented at the 2nd Interim Meeting on Preparation for the UN Conference on Sustainable Development, New York, 16 December 2011, *Ekolohichny Visnyk*, 2011, 6, 3.

- 'Maternal mortality in Eastern Europe and Central Asia'*, <http://demoscope.ru/weekly/2012/0529/reprod01.php>.
- Medvedovska, N.V. and H.V. Kurchatov, *'Contribution of the Ministry of Health of Ukraine to the Situation of Youth in Ukraine. Annual Report to the President of Ukraine'*, Ministry of Health of Ukraine, Kyiv, 2010.
- 'Memorandum to the Draft Law of Ukraine on Approval of the State Programme on Health 2020: the Ukrainian Dimension'*, Kyiv, 2011, http://www.moz.gov.ua/ua/portal/Pro_20120316_1.html.
- 'Methodology for comprehensive assessment of poverty'*, approved by the Order No. 629/1105/1059/408/612 as of 8 October 2012, Ministry of Social Policy of Ukraine, Ministry of Economic Development and Trade of Ukraine, Ministry of Finance of Ukraine, State Statistics Service of Ukraine, and National Academy of Sciences of Ukraine.
- Ministry of Ecology and Natural Resources of Ukraine, State Environmental Investment Agency of Ukraine, *'National inventory of anthropogenic emissions by sources and removals by sinks in Ukraine for 1999–2009'*, Ministry of Ecology and Natural Resources of Ukraine, State Environmental Investment Agency of Ukraine, Kyiv, 2011, 558.
- Ministry of Economy of Ukraine, *'National Report: Millennium Development Goals. Ukraine'*, Ministry of Economy of Ukraine, Kyiv, 2010.
- Ministry of Emergencies of Ukraine, *'National Report on the State of Technogenic and Natural Safety in Ukraine 2009'*, http://www.mns.gov.ua/content/annual_report_2009.html.
- Ministry of Emergencies of Ukraine, *'National Report on the State of Technogenic and Natural Safety in Ukraine 2010'*, Ministry of Emergencies of Ukraine, Kyiv, 2010, <http://www.mns.gov.ua/content/nasdopov2010.html>.
- Ministry of Emergencies of Ukraine, *'National Report on the State of Technogenic and Natural Safety in Ukraine 2011'*, Ministry of Emergencies of Ukraine, <http://www.mns.gov.ua/content/nasdopovid2011.html>.
- Ministry of Education and Science of Ukraine, *'Ten biggest challenges for the modern Ukrainian school'*, results of a survey among education managers of various levels, Ministry of Education and Science of Ukraine, Kyiv, 2012, <http://mon.gov.ua/index.php/ua/11476-desyat-najgostrishikh-problem-suchasnoji-ukrajinskoji-shkoli>.
- Ministry of Health of Ukraine, *'Informational Bulletin: HIV Infection in Ukraine'*, Ministry of Health of Ukraine, Ukrainian Center on Control of Socially Dangerous Diseases, L. Gromashevsky Institute of Epidemiology and Infectious Diseases of the NAMS of Ukraine, 39, 2013, 35.
- Ministry of Health of Ukraine, *'Informational Bulletin: HIV Infection in Ukraine'*, Ministry of Health of Ukraine, Ukrainian Center on Control of Socially Dangerous Diseases, L. Gromashevsky Institute of Epidemiology and Infectious Diseases of the NAMS of Ukraine, 40, 2013, 24.
- Ministry of Health of Ukraine, *'Monitoring of mother and child health: An analytical and statistical handbook 2010'*, Ministry of Health of Ukraine, Center for Health Statistics, Kyiv, 2011, http://moz.gov.ua/docfiles/Mother_children_Monitoring.pdf.
- Ministry of Health of Ukraine, *Obstetric and Gynaecological Care in Ukraine, 2006–2008: A Statistical and Analytical Handbook*, Ministry of Health of Ukraine Centre of Medical Statistics, Kyiv, 2009, 238.
- 'Millennium goals in the light of crisis'*, *Ekonomicheskoe Obozrenie*, <http://review.uz/ru/article/302>.
- Moiseenko, R.O. (Ed.), *'National Approaches to Implementing a System of Perinatal Care Regionalization in Ukraine: Practical Guidelines'*, Ministry of Health of Ukraine, Kyiv, 2012, 111.
- National Institute for Strategic Studies, *Prospects of Ukraine's Economy under Global Macroeconomic Instability. An Analytical Report*, NISS, Kyiv, 2013..
- 'National programme to combat tuberculosis for 2002-2005'*, approved by the Decree of the President of Ukraine No. 643/2001 of 20 August 2001.
- 'National Strategy of Education Development in Ukraine for the Period until 2021'*, approved by the Decree of the President of Ukraine No. 344/2013 as of 25 June 2013.
- 'National Environmental Policy of Ukraine: Assessment and Strategy of Development'*,

- prepared as part of the National Capacity Self-Assessment for Global Environment Management in Ukraine, UNDP/GEF Project, 2008, http://www.un.org.ua/files/national_ecology.pdf.
- Norwegian Social Science Data Services (NSD), 'European Social Survey', NSD, Bergen, <http://ess.nsd.uib.no/ess/round4>.
- Novikov, V.M., N.M. Deeva, G.A. Dmitrenko, et al., 'Economic and humanitarian directions of social infrastructure development: A collective monograph', Ed. V.M. Novikov, V.M. Ptukha Institute for Demography and Social Studies, NAS of Ukraine, Kyiv, 2012, 509.
- Order of the Cabinet of Ministers of Ukraine on Approval of an Action Plan for 2010 on the Implementation of the State Strategy of Regional Development for the Period until 2015, No. 891 as of 29 July 2009.
- Order of the Ministry of Health of Ukraine on Procedure for Maintaining a Register of Tuberculosis Patients, No. 1864/22176 as of 6 November 2012.
- Order of the Ministry of Health on the Improving the Outpatient Obstetric and Gynaecological Care in Ukraine, No. 503 as of 15 July 2011.
- Peterson, S., 'Rethinking the Millennium Development Goals for Africa', *Vestnyk Mezhdunarodnykh Organizatsiy*, 2012, No. 3(38), 147–183, <http://ecsocman.hse.ru/hsedata/2012/10/08/1244264911/9.pdf>.
- 'Poverty Reduction Strategy', approved by the Decree of the President of Ukraine No. 637/2001 of 15 August 2001, <http://zakon4.rada.gov.ua/laws/show/637/2001>.
- Prokopenko N., 'Temporary answers to eternal questions', *Newspaper Mirror of Week*, No. 47–48 of 21–27 December 2012, Kyiv, 2012.
- Prosecutor-General's Office of Ukraine, 'Prosecution Service of Ukraine performs each year inspection of protection of children's rights for education', 14 November 2011, http://www.gp.gov.ua/ua/news.html?_m=publications&_t=rec&_c=view&id=99005.
- Ringen, S., 'Well-being, Measurements and Preferences', *Acta Sociological*, 1995, No.38, 3–15.
- 'Report on the implementation of the National Programme of Establishment of a National Ecological Network in Ukraine, 2011', <http://www.menr.gov.ua/content/article/6032>.
- 'Recommendations of the Parliamentary Hearing on Education in Rural Areas: Crisis Trends and Ways of Overcoming Them', approved by Resolution of the Parliament of Ukraine No. 4949-VI of 7 June 2012.
- 'Report on progress in the implementation of the Drinking Water and Health Protocol in Ukraine', 2013, <http://www.menr.gov.ua/content/article/12433>.
- Resolution of the Cabinet of Ministers of Ukraine on Approval of the Concept of Reducing Heavy Metal Emissions into the Air, No. 1291 as of 21 August 2000.
- Resolution of the Cabinet of Ministers of Ukraine on Approval of the Concept of the State Programme for Land Use and Protection for the Period until 2022' (draft).
- Resolution of the Cabinet of Ministers of Ukraine on the Concept of the State Programme on Ensuring Equal Rights and Opportunities of Women and Men until 2016, No. 1002-p as of 21 November 2012.
- Resolution of the Cabinet of Ministers of Ukraine on the Concept of the State Programme on Health 2020: the Ukrainian Dimension, No. 1164-p as of 31 October 2011.
- Resolution of the Cabinet of Ministers of Ukraine on the Implementation of the State Economic Programme on Energy Efficiency for 2010–2015, No. 44727 as of April 2011.
- Resolution of the Cabinet of Ministers of Ukraine on State Economic Programme on Energy Efficiency for 2010–2015, No. 2431 as of March 2010.
- Resolution of the Cabinet of Ministers of Ukraine on the State Programme for Adoption of Information and Communication Technologies into the Educational and Training Process in General Educational Institutions "Hundred Percent" for the Period until 2015, No. 494 as of 13 April 2011.
- Resolution of the Cabinet of Ministers of Ukraine on the State Programme on Child Oncology, No. 983 as of 19 July 2006.
- Resolution of the Cabinet of Ministers of Ukraine on the State Social Programme for Preschool Education Development through 2017, No. 62913 as of April 2011.

- 'Results of the Rio+20 UN Conference on Sustainable Development'*, Ekolohichny Visnyk, 2012, 3, 2–3.
- Rudenko, L.H., I.O. Gorlenko, I.V. Gukalova, *'Evaluation of compliance with outcome documents of the World Summit on Sustainable Development (Johannesburg, 2002) in Ukraine'*, Akadempriodyka, Kyiv, 2004, 208.
- Shcherbyna, I.F., A.Y. Rudyk, V.V. Zubenko, et al., *'Budget monitoring: Analysis of budget execution in 2011'*, Institute for Budgetary and Socio-Economic Research (IBSER), Kyiv, 2011, 96 http://www.ibser.org.ua/User-Files/File/Budget-Monitor/KV_IV_2011_Monitoring_eng.pdf.
- Sheviakov, A., *'Impact of social policy on the situation of certain population groups'*, Ekonomist, 2008, No. 9, 54–64.
- 'Shifting to a Green Economy Model in Ukraine Entails Some Difficulties'*, <http://www.rbc.ua/ukr/news/economic/perehod-k-modeli-zelenoy-ekonomiki-v-ukraine-sopryazhen-01072011151700>.
- 'State and Prospects of the Development of a Green Economy and Green Business in Ukraine'*, Analytica, <http://bibl.com.ua/ekonomika/20710/index.html?page=3>.
- State Institute for Development of Family and Youth, *'Attitudes of Youth to a Healthy Lifestyle'*, Youth for Health Resource Centre, 2010, <http://www.mzz.com.ua/anketa-stavlennya-molodi-do-zdorovogo-sposobu-zhittya.html>.
- 'State Economic Programme on Energy Efficiency for 2010–2015'*, approved by Resolution of the Cabinet of Ministers of Ukraine, No. 2431 of March 2010.
- 'State Programme for Adoption of Information and Communication Technologies into the Educational and Training Process in General Educational Institutions "Hundred Percent" for the Period until 2015'*, approved by Resolution of the Cabinet of Ministers of Ukraine, No. 494 of 13 April 2011.
- 'State Programme on Child Oncology'*, approved by Resolution of the Cabinet of Ministers of Ukraine, No. 983 of 19 July 2006.
- 'State Social Programme for Poverty Reduction and Prevention for the Period until 2015'*, approved by Resolution of the Cabinet of Ministers, No. 1057 of 31 August 2011.
- 'State Social Programme for Preschool Education Development through 2017'*, approved by Resolution of the Cabinet of Ministers of Ukraine, No. 62913 of April 2011.
- State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases, *'Analytical report on results of the study in the framework of the project "Improvement of TB detection and treatment adherence among high risk population groups in rural and small town areas of Ukraine"'*, 2012, <http://dssz.gov.ua/index.php/golovna/97-novyny/824-2012-03-04-09-35-01>.
- State Statistics Service of Ukraine *'Civil servants and local government officials as of 31 December, 2012'*, Statistical Digest, State Statistics Service of Ukraine, Kyiv, 2013. – 35 c.
- State Statistics Service of Ukraine, *'Environment of Ukraine 2010'*, Statistical digest, State Statistics Service of Ukraine, Kyiv, 2011, 282.
- State Statistics Service of Ukraine, *'Report on results of the Multi-indicator Cluster Household Survey in Ukraine'*, 2012–2013: Preliminary results, Kyiv, 2013. http://www.unicef.org/ukraine/ukr/Preliminary_MICS4_Preliminary.pdf.
- State Statistics Service of Ukraine, *'Socio-economic Situation of Rural Settlements in Ukraine'*, Statistical Digest, State Statistics Service of Ukraine, Kyiv, 2006, 207.
- State Statistics Service of Ukraine, *'Socio-demographic characteristics of Ukrainian households in 2013'* (based on the data from the Household Budget Survey), Statistical digest, State Statistics Service of Ukraine, Kyiv, 2013, 83.
- State Statistics Service of Ukraine, *'Social Protection of the Population of Ukraine in 2011'*, Statistical Digest, State Statistics Service of Ukraine, Kyiv, 2012, 119.
- Stiglitz, J.E., *Economics of the Public Sector*, W.W. Norton & Co., London, New York, 1988 (Russian Edition: Moscow, 1997), 720.
- 'The enhanced efficiency initiatives "Child-friendly Clinic"'*, <http://kdm-ldd.org.ua/ldd/index.php?tab=1&subtab=1&submenu=71&entity=381>.
- Tolstanova, O.K. (Ed.), *'Tuberculosis in Ukraine'*, Analytical and Statistical Handbook for 2002–2012, Ministry of Health of Ukraine, Kyiv, 2013.

- Townsend, P., 'Measuring Poverty', *British Journal of Sociology*, 1954, 5(a), 130–137.
- Tyshchuk, T.A., Y.M. Kharazishvili, O.V. Ivanov, Y.A. Zhalilo 'Economy of Ukraine in 2011: Forecast of Behaviour, Challenges and Risks', NISS, Kyiv, 2011, http://www.niss.gov.ua/content/articles/files/ekon_Ukr_-2011-96d4f.pdf.
- Udod, O.A., K.M. Levkivskyi, V.P. Pohrebniak, et al, 'Education of Ukraine 2011: Information and analytical materials on the work of the Ministry of Education and Science, Youth and Sports of Ukraine in 2011', Ministry of Education and Science of Ukraine, Kyiv, 2011, <http://www.mon.gov.ua/ua/activity/education/education-reform/informatsijno-analitichni-materiali-pro-diyalnist-ministerstva-osviti-i-nauki-molodi-ta-sportu-ukrajini-1/1365767056/>.
- Udod, O.A., K.M. Levkivskyi, V.P. Pohrebniak, et al, 'Education of Ukraine 2012: information and analytical materials on the work of the Ministry of Education and Science, Youth and Sports of Ukraine in 2012', Kyiv, 2012, [http://www.mon.gov.ua/img/zstored/files/MON_Osvita-Ukr_2012_ukr_\(038-13\)_V_indd.pdf](http://www.mon.gov.ua/img/zstored/files/MON_Osvita-Ukr_2012_ukr_(038-13)_V_indd.pdf).
- Ukrainian Centre of Social Reforms and the Social Monitoring Centre, 'Sociological Survey "Research on Women's Participation in the Labour Force in Ukraine – 2012"', conducted with support from UNFPA, Ukrainian Centre of Social Reforms and the Social Monitoring Centre, 2012, <http://ucsr.kiev.ua/proekt.html>.
- UN General Assembly, 62nd Session, 'Non-Legally Binding Instrument on all Types of Forests', UNGA Resolution A/RES/62/98, New York, 2008, <http://daccess-ods.un.org/TMP/9695956.11095428.html>.
- UN General Assembly, 66th Session, 'The Future We Want', UNGA Resolution A/RES/66/288, 2012.
- UN General Assembly, 66th Session, 'Political Declaration of the High-level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases', UNGA Resolution, New York, 2011, agenda item 117.
- UNDP Ukraine, 'National Human Development Report 2011. Ukraine: Towards Social Inclusion', UNDP, Kyiv, 2011, http://www.undp.org.ua/files/ua_95644NHDR_2011_Ukr.pdf.
- UNDP Ukraine, 'Millennium Development Goals in Ukraine', UNDP, Kyiv, <http://www.undp.org.ua/ua/millennium-development-goals/mdgs-in-ukraine>.
- United Nations, 'Convention on the Rights of the Child', 20 November 1989, as amended by the UN General Assembly Resolution 50/155 as of 21 December 1995.
- United Nations Economic Commission for Europe (UNECE) Environmental Policy Committee, '2nd Environmental Performance Review, Ukraine', UNECE, New York and Geneva, 2007, 29–30, http://www.un.org/ru/publications/pdfs/second_survey_of_economic_activity_results_ukraine_rus.pdf.
- United Nations Environment Programme, 'Towards a green economy: Pathways to sustainable development and poverty eradication – a synthesis for policymakers', UNEP, 2011, http://www.un.org/ru/development/sustainable/ger_synthesis.pdf.
- United Nations, 'UN Convention to Combat Desertification in Those Countries Experiencing Serious Drought and/or Desertification, Particularly in Africa', signed in Paris, 14 October 1994 (No. 33480).
- UN Secretary General, speech presented at the UN Summit, 22 September 2010, UN News Centre, New York, 2010, <http://www.un.org/ru/mdg/summit2010>.
- Veklych, O., 'Ecological rent: Meaning, types, forms', *Voprosy Ekonomiky*, 2006, No. 11, 104.
- WHO 'Beyond the numbers: reviewing maternal deaths and complications to make pregnancy safer', WHO, 2004.
- WHO, 'Ensuring safe pregnancy. Quality Estimation Tool', WHO, 2009, http://www.euro.who.int/__data/assets/pdf_file/0010/98794/E93128R.pdf.
- WHO, 'Global Tuberculosis Control Report 2010', WHO, Geneva, 2010, WHO/HTM/TB/2010.7.
- WHO, 'Global Tuberculosis Report 2012', WHO, Geneva, 2012, WHO/HTM/2012.6, <http://www.who.int/tb/publications/global-report/en/index.html>.
- WHO, UNICEF, UNFPA and The World Bank, 'Trends in Maternal Mortality: 1990 to 2010', WHO, Geneva, 2012, http://whqlibdoc.who.int/publications/2012/9789241503631_eng.pdf.

- Wirth L., *'Breaking Through the Glass Ceiling: Women in Management'*, Geneva, International Labour Office, 2001, 186.
- 'Youth for Healthy Lifestyle'*, National Report, <http://www.mzz.com.ua/vidannya/derzhavna-politika-formuvannya-mzz>.
- Zhalilo Y.A., Pokryshka D.S., Belinska Y.V., et al. *'Post-crisis Development of Ukraine's Economy: Modernization Strategy Basics. An Analytical Report'*, NISS, Kyiv, 2011, 66.
- Zhalilo Y.A., Pokryshka D.S., Belinska Y.V., et al. *'Prospects of economy of Ukraine in macroeconomic instability'*, NISS, Kyiv, 2013, 120.
- Zubets M.V., Medvedev V.V., and Baliuk S.A., *'Strategy of balanced use and protection of Ukrainian lands'*, *Visnyk Agrarnoi Nauky*, 2011, 4, 19–23.

ANNEXES

A decorative teal wavy line that starts from the left edge, dips slightly, and then curves upwards towards the right edge, creating a modern, abstract border at the bottom of the page.

Annex A

Table A.1. Incompleted Targets that Go Beyond 2015

Priority area theme	Priorities by area	Objectives, indicators and timelines	Source Documents
Poverty	Reduce and prevent poverty	<p>Targets and indicators:</p> <ul style="list-style-type: none"> – reduce the poverty rate among employed people to 15% (now 20.7%); – reduce the poverty rate among children to 29% (now 33.1%); – reduce the poverty rate according to the relative criterion of extreme poverty to 10.9% (now 11.2%); – reduce the poverty rate according to the absolute criterion to 0.5% (now 2.3%). <p>Time-frame – by 2015</p>	State Programme for Poverty Reduction and Prevention until 2015
	Reduce child poverty scale and overcome social orphanage	<p>Targets:</p> <ul style="list-style-type: none"> – increase the number of children returned to their biological family or adopted by Ukrainian nationals; – raise the prestige and authority of foster families in society; – introduce a uniform mechanism for the financial support of children; – reduce the number of children withdrawn from a family environment; – reduce the number of children referred to institutions; – reduce the number of children placed in families at the child's place of origin; – reform the system of institutions to create conditions for children's living and upbringing like in family; – provide conditions for ensuring the exercise of the child's right to maintain or resume contacts with his/her biological family or family environment unless it causes damage to the child's interests. <p>Time-frame – by 2017</p>	State Programme for Reform of the System of Institutions for Orphaned Children and Children Deprived of Parental Care
		<p>Targets:</p> <ul style="list-style-type: none"> – ensure efficient activities of social workers with families, children and youth to achieve early detection of families at risk of living in difficult circumstances, provide social services to them, and prevent withdrawal of a child from the family; – ensure provision of high-quality social services to children and families with children in difficult life circumstances, and reduce the number of such families; – reduce the number of orphaned children and children deprived of parental care who live in residential institutions; – reduce the number of children living outside a family environment; – provide conditions for affirmation of family values in society, promotion of responsible parenthood, and prevention of social orphanhood. <p>Time-frames for the first stage – by 2015 (the number of orphaned children must be decreased by at least 10,000). Time-frame – by 2020.</p>	<p>National Strategy for Prevention of Social Orphanage until 2020</p> <p>Action Plan on implementation of the Strategy until 2020</p>

Employment	Provide conditions for a higher employment rate	<p>Targets:</p> <ul style="list-style-type: none"> – support young workers engaged in work in villages and towns; – increase people's self-employment by providing unemployed persons consultations on the organization and running of business; – improve the system of monitoring the creation of new jobs; – modernize the system of forecasting, and shift to making a medium-term forecast of demand of the economy and social sphere for specialists with higher education and workers. <p>Indicators:</p> <p>number of persons engaged in economic activities aged 15–70: 21.2–21.4 million persons;</p> <p>employment rate, persons aged 15–70: 63.7–64.3%</p> <p>employment rate, persons aged 15–24: 50.8–51.9%</p> <p>number of unemployed persons aged 15–70 according to the ILO methodology: 1.45–1.5 million persons;</p> <p>unemployment rate, persons aged 15–70, according to the ILO methodology: 6.3–6.6%;</p> <p>unemployment rate, persons aged 15–24, according to the ILO methodology: 13–14.8%.</p> <p>Time-frame – by 2017</p>	Programme for Promoting Employment of the Population and Encouraging New Job Creation until 2017
Education	Develop pre-school education	<p>Targets:</p> <ul style="list-style-type: none"> – ensuring constitutional rights and state guarantees on access to pre-school education for children by expanding the network of pre-school institutions of various types and forms of ownership; – creating conditions for mandatory pre-school education of children (up to five years old); – improving the quality of pre-school education, drafting a mechanism to ensure its sustainable innovative development; – ensuring personal growth of each child, taking into account its abilities and individual mental and physical features; – strengthening the health of children from early childhood. <p>Time-frame – by 2017</p>	State Programme for the Development of Pre-school Education until 2017
Gender equality	Overcome gender inequality	<p>Targets:</p> <ul style="list-style-type: none"> – provide conditions and opportunities for equal participation of women and men in political, economic and social decision-making; – provide proper conditions to secure women and men an opportunity of combining work and family responsibilities; – ensure inclusion of gender education standards in curricula; – minimize asocial manifestations in families, first of all violence; increase by 20% the number of persons involved in relevant rehabilitation programmes. <p>Time-frame – by 2016</p>	Concept of the State Programme on Ensuring Equal Rights and Opportunities of Women and Men until 2016
	Improve pregnant women's health	<p>Targets and indicators:</p> <ul style="list-style-type: none"> – reduce by 2015 the level of: anaemia among pregnant women by 45% (to 19.1%); haemolytic disease of newborns by 20% (6.6 per 1000 newborns with at least 1000g weight); teenage pregnancy by 20% (11.2 per 1000 girls aged 15–17); inflammatory genital diseases in adolescents aged 15–17 by 20%; – induced abortion among adolescents aged 15–17 by 20%; – induced abortion among adult women by 20%; – incidence of sexually transmitted infections by 30%; – incidence of gonorrhea among male adults by 10%; – incidence of cervical cancer by 20%; 	State Programme on the Reproductive Health of the Nation until 2015

Health		<p>incidence of breast cancer by 10%; newborn mortality from respiratory distress syndrome by 20% (0.9 per 1000 live births). – increase the number of children on breastfeeding up to 6 months to 60%; – provide antenatal care to 98% of pregnant women; – raise the level of implementation of the ‘youth-friendly clinic’ service system in out-patient paediatric clinics to 90%; – increase by 20% the use of modern means of preventing unintended pregnancy. Time-frame – by 2015</p>	
	Improve the Ukrainian people's health	<p>Targets: – develop and adopt novel technologies to minimize disease risk factors (drivers), and create a healthy environment based on scientific research data; – develop a strategy for shaping people's conscious and responsible attitude to their own health and personal security; – optimize the organization of, and the financing mechanism for, the medical service provision system aimed to address people's real needs, and implement a pay-as-you-go financing principle; – raise the quality of staffing support and professional background of experts in prevention and early identification of diseases; – conduct, and apply results of, modern innovative scientific developments with the mandatory establishment of an efficient system of implementing the results in health care practice (interaction with feedback); – conduct scientific research on maintenance and strengthening of people's health by building a public health care system, ensuring primary disease prevention, and examining adverse impacts of risk factors and social determinants on health as well as ways of minimizing them. Time-frame – by 2020</p>	Concept of the State Programme on Health 2020: Ukrainian Dimension
Environment	Improve environmental conditions	<p>Goals: 1. Raise the level of public environmental consciousness; 2. Improve the environmental situation and raise the level of environmental safety; 3. Achieve the environmental conditions safe for human health; 4. Integrate the environmental policy and improve the integrated environmental management system; 5. Stop losses of biological and landscape diversity and form an environmental network; 6. Ensure environmentally sustainable nature management; 7. Improve regional ecological policy. Time-frame – by 2020</p>	Strategy of the State Environmental Policy of Ukraine until 2020
	Ensure people's access to quality drinking water	<p>Targets: – arrange protective sanitary zones of drinking water sources; – build and reconstruct water intake facilities with the use of new technologies and equipment, and install drinking water tertiary treatment stations (plants) in centralized water supply systems; – build and reconstruct water supply and sewage treatment facilities with the use of new technologies and equipment. Indicators: Number of water intakes where protective sanitary zones of drinking water sources will be arranged: 247 Number of drinking water tertiary treatment stations installed: 2500 Time-frame – by 2020</p>	State Programme ‘Drinking Water of Ukraine’ for 2011–2020

Annex B

Global MDGs and MDGs Adapted for Ukraine

Table B.1. Official List of the MDGs Indicators (efficient from 15 January 2008) and the National MDGs Targets and Indicators (adapted in 2003 and revised in 2010)

Goals and Targets (from the UN Millennium Declaration)	Indicators (from the UN Millennium Declaration)	Goals and Targets (national)	Indicators (national)	Target value for 2015	Actually achieved in 2013 (2012 data)
Goal 1: Eradicate extreme poverty and hunger					
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1. Proportion of population living below \$1 (PPP) per day ¹ 1.2. Poverty gap ratio 1.3. Share of poorest quintile in national consumption	Target 1.A: Eradicate poverty according to the criterion of US\$5.05 (PPP) per day by 2015 Target 1.B: Decrease share of poor population (according to the national criterion of poverty) to 25 percent by reducing the number of poor among children and employed people Target 1.C: Decrease by 10 times by 2015 the number of people whose daily consumption is below the actual subsistence minimum	1.1. Share of population whose daily consumption is below US\$5.05 (PPP), % 1.2. Share of poor population according to the national criterion, % 1.3. Share of poor children, % 1.4. Share of poor employed people, % 1.5. Share of population with consumption below the actual subsistence minimum, %	< 0.5 25.0 29.0 15.0 7.0	2.3 25.5 33.1 20.7 24.0
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4. Growth rate of GDP per person employed 1.5. Employment-to-population ratio 1.6. Proportion of employed people living below \$1 (PPP) per day				

Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.7. Proportion of own-account and contributing family workers in total employment 1.8. Prevalence of underweight children under five years of age 1.9. Proportion of population below minimum level of dietary energy consumption				
Goal 2: Achieve universal primary education					
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1. Net enrolment ratio in primary education 2.2. Proportion of pupils starting grade 1 who reach last grade of primary 2.3. Literacy rate of 15–24-year-olds, women and men	Target 2.A: Increase enrolment rates in education	2.1. Net enrolment rate in pre-school educational institutions for children aged 3–5 in urban areas, % 2.2. Net enrolment rate in pre-school educational institutions for children aged 3–5 in rural areas, % 2.3. Net enrolment rate for children in secondary education, % 2.4. Net enrolment rate in post-secondary institutions for those aged 17–22, % 2.5. Cumulative gross rate of persons undergoing retraining or professional development, thousands of people 2.6. Number of general educational institutions with internet access, %	95.0 60.0 99.9 56.0 320 90	93.0 57.6 99.5 45.7 – 76.4
		Target 2.B: Raise the quality of education			

Goal 3: Promote gender equality and empower women		Goal 3: Promote gender equality		
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1. Ratios of girls to boys in primary, secondary and tertiary education 3.2. Share of women in wage employment in the non-agricultural sector 3.3. Proportion of seats held by women in national Parliament	Target 3.A: Ensure gender representativeness at the level of no less than 30–70% in representative bodies and high-level executive authorities	3.1. Gender ratio among the Members of Parliament of Ukraine, number of women/number of men 3.2. Gender ratio among the members of local authorities, number of women/number of men 3.3. Gender ratio among the higher-level civil servants (categories 1–2), number of women/number of men 3.4. Ratio of average wages between women and men, %	30/70 50/50 28/72 77.6
Goal 4: Reduce child mortality		Goal 4: Reduce child mortality		
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1. Under-five mortality rate	Target 4.A: Decrease the mortality rate among children up to 5 years of age by one quarter	4.1. Mortality rate among children of up to 5 years of age, number of children of corresponding age who died per 1000 live births	11.0 10.2

4.2. Infant mortality rate	4.2. Infant mortality rate, number of infants up to one year of age who died per 1000 live births	9.3	8.4
4.3. Proportion of 1-year-old children immunized against measles			
Goal 5: Improve maternal health			
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	Target 5.A: Halve the maternal mortality rate	13.0	12.5
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.1. Maternal mortality rate, number of maternal deaths per 100,000 live births		
	5.2. Abortion level, number of abortions per 1000 women of fertile age	15.1	13.5
Goal 6: Reduce and slow down the spread of HIV/AIDS and tuberculosis and initiate a trend to decrease their scales			
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	Target 6.A: Decrease growth rate of HIV-infection by 13%	49.1	45.7
	6.1. Number of people newly diagnosed with HIV per 100,000 population		
	6.2. Growth rates of HIV-infection, %	+4.0	-1.7
	6.3. Number of people died from AIDS, per 100,000 population	8.0	12.5
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.4. Mother-to-child HIV transmission rate, %	2.0	4.05

Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6. Incidence and death rates associated with malaria 6.7. Proportion of children under 5 sleeping under insecticide-treated bednets 6.8. Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9. Incidence, prevalence and death rates associated with tuberculosis 6.10. Proportion of tuberculosis cases detected and cured under directly observed treatment short course	Target 6.B: Decrease tuberculosis morbidity by 20% (compared with 2005)	6.5. Number of people diagnosed with tuberculosis for the first time (including tuberculosis of respiratory organs) per 100,000 population 6.6. Number of tuberculosis deaths per 100,000 population	67.5 15.0	68.2 15.1
Goal 7: Ensure environmental sustainability					
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1. Proportion of land area covered by forest	Target 7.D: Increase forest cover of the territory of Ukraine to 16.1 percent and the area of nature reserves by 2015. Enhance the network of nature reserves, biosphere reserves and natural national parks to 3.5% of the overall territory of Ukraine and to 9.0% of the overall area of territories and objects of the nature reserve fund	7.6. Forest cover and ratio of lands covered with forests, % of overall area of the territory of Ukraine 7.7. Share of area of nature reserves, biosphere reserves and natural national parks, % of overall area of the territory of Ukraine	16.1 3.5	– 2.8

			7.8. Share of area of territories and objects of the nature reserve fund, % of overall area of the territory of Ukraine	9.0	6.05
	7.2. CO ₂ emissions, total, per capita and per \$1 GDP (PPP)	Target 7.B: Stabilize by 2020 greenhouse gas emissions at 20 percent below 1990 levels	7.3. Volume of emissions of pollutants into atmosphere from stationary sources, million tonnes per year	4.7	4.3
	7.3. Consumption of ozone-depleting substances		7.4. Volume of emissions of pollutants into atmosphere from mobile sources, million tonnes per year	3.2	2.48
Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.4. Proportion of fish stocks within safe biological limits				
	7.5. Proportion of total water resources used	Target 7.C: Stabilize pollution of water reservoirs by 2015. Stabilize at the level of 8,500 million cubic metres per year the volume of sewage disposal to surface water reservoirs	7.5. Volume of reused water disposals into surface water reservoirs, million cubic metres per year	8500	7788
	7.6. Proportion of terrestrial and marine areas protected				
	7.7. Proportion of species threatened with extinction	Target 7.A: Increase by 2015 the share of the population with access to centralized water supply, inter alia 90 percent of the urban population and 30 percent of the rural population	7.1. Share of the urban population with access to a centralized water supply, % of overall urban population	90.0	–
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8. Proportion of population using an improved drinking water source		7.2. Share of the rural population with access to a centralized water supply, % of overall rural population	30.0	–

Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.9. Proportion of population using an improved sanitation facility			
	7.10. Proportion of urban population living in slums			
Goal 8: Develop a global partnership for development		Goal 8: Not adapted		
Target 8.A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system	<p><i>Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.</i></p> <p>Official development assistance (ODA)</p> <p>8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income</p> <p>8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)</p> <p>8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied</p> <p>8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes</p> <p>8.5 ODA received in small island developing States as a proportion of their gross national incomes</p>			
Includes a commitment to good governance, development and poverty reduction – both nationally and internationally				
Target 8.B: Address the special needs of the least developed countries				
Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction				

<p>Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)</p>	<p>Market access</p> <p>8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty</p> <p>8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries</p> <p>8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product</p> <p>8.9 Proportion of ODA provided to help build trade capacity</p>	
<p>Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term</p>	<p>Debt sustainability</p> <p>8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)</p> <p>8.11 Debt relief committed under HIPC and MDRI Initiatives</p> <p>8.12 Debt service as a percentage of exports of goods and services</p>	
<p>Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries</p>	<p>8.13. Proportion of population with access to affordable essential drugs on a sustainable basis</p>	
<p>Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</p>	<p>8.14. Fixed telephone lines per 100 inhabitants</p> <p>8.15. Mobile cellular subscriptions per 100 inhabitants</p> <p>8.16. Internet users per 100 inhabitants</p>	

Table B.2. Values of Indicators from the Harmonized AIDS Response Progress Report of Ukraine

Targets and indicators	Indicator value	Indicator origin
Target 1. <i>Reduce sexual transmission of HIV two-fold by 2015</i>		
1.1 Percentage of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*	39.9%	Political Declaration, Dublin Declaration
1.2 Percentage of young women and men aged 15–24 who have had sexual intercourse before the age of 15	6.7%	Political Declaration
1.3 Percentage of adults aged 15–49 who have had sexual intercourse with more than one partner in the last 12 months	9.7%	Political Declaration
1.4 Percentage of adults aged 15–49 who had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse*	63.9%	Political Declaration
1.5 Percentage of women and men aged 15–49 who received an HIV test in the last 12 months and who know their result	12.4%	Political Declaration
1.6 Percentage of young people aged 15–24 who are HIV-positive*	Ukraine does not report the indicator because this indicator is applied to countries with a generalized epidemic	Political Declaration
1.7 Percentage of female commercial sex workers reached by HIV prevention programmes	61.2%	Political Declaration, Dublin Declaration
1.8 Percentage of female commercial sex workers reporting the use of a condom with their most recent client	92.0%	Political Declaration, Dublin Declaration, Joint tool
1.9 Percentage of female commercial sex workers who received an HIV test in the last 12 months and who know their result	58.5%	Political Declaration, Dublin Declaration, Joint tool
1.10 Percentage of female commercial sex workers living with HIV	9.0%	Political Declaration, Dublin Declaration, Joint tool
1.11 Percentage of men who have sex with men reached by HIV prevention programmes	53.1%	Political Declaration
1.12 Percentage of men reporting the use of a condom the last time they had anal sex with a male partner	70.5%	Political Declaration, Dublin Declaration, Joint tool

1.13 Percentage of men who have sex with men who received an HIV test in the last 12 months and who know their result	37.8%	Political Declaration, Dublin Declaration, Joint tool
1.14 Percentage of men who have sex with men living with HIV	6.4%	Political Declaration, Dublin Declaration, Joint tool
1.15 Percentage of health facilities that provide HIV testing and counselling services	21.1%	Joint tool
1.17 Percentage of women accessing antenatal care (ANC) services who were tested for syphilis during their first ANC visit	92.4%	Joint tool
1.18 Percentage of migrants from countries with a generalized HIV epidemic who had sexual intercourse with more than one partner in the past 12 months reporting the use of a condom during their last sexual intercourse	Ukraine does not report the indicator because this indicator is applied to countries with a generalized epidemic	Dublin Declaration
1.19 Percentage of migrants from countries with a generalized HIV epidemic who received an HIV test in the last 12 months and who know their result	Ukraine does not report the indicator because this indicator is applied to countries with a generalized epidemic	Dublin Declaration
1.20 Percentage of HIV-positive migrants	Ukraine does not report the indicator because this indicator is applied to countries with a generalized epidemic	Dublin Declaration
1.21 Percentage of HIV-positive prisoners	13.6%	Dublin Declaration
Target 2. Reduce HIV transmission among people who inject drugs two-fold by 2015		
2.1 Number of syringes distributed through needle and syringe programmes per injecting drug user per year	75.3	Political Declaration, Dublin Declaration, Joint tool
2.2 Percentage of injecting drug users reporting the use of a condom the last time they had sexual intercourse	47.8%	Political Declaration, Dublin Declaration, Joint tool
2.3 Percentage of injecting drug users reporting the use of sterile injecting equipment the last time they injected	95.5%	Political Declaration, Dublin Declaration, Joint tool
2.4 Percentage of injecting drug users who received an HIV test in the last 12 months and who know their result	35.7%	Political Declaration, Dublin Declaration, Joint tool

2.5 Percentage of injecting drug users living with HIV	21.5%	Political Declaration, Dublin Declaration, Joint tool
2.6 (a) Estimated number of opioid users (injection and non-injection)	Estimated number of injection opioid users: 250,000	Joint tool
2.6 (b) Number of people on opioid substitution therapy (OST) at all OST sites	6632	Joint tool
2.7 (a) Number of needle and syringe programme sites (including pharmacies with free distribution of needles and syringes)	1667	Joint tool
2.7 (b) Number of OST sites	133	Joint tool
Target 3. By 2015 eliminate cases of HIV transmission from mother to child and significantly reduce AIDS-related maternal mortality		
3.1 Percentage of HIV-infected pregnant women who received antiretrovirals to reduce the risk of mother-to-child HIV transmission	95.5%	Political Declaration, Dublin Declaration, Joint tool
3.2 Percentage of infants born to HIV-infected women who received virological HIV test within 2 months	55.3%	Political Declaration, Joint tool
3.3 Mother-to-child transmission of HIV (modelled)	Mother-to-child transmission of HIV based on national methodology: 4.7% (2009)	Political Declaration
3.4 Percentage of pregnant women who were tested for HIV and received their results during pregnancy, during labour and during the post-partum period (<72 hours), including those with previously known HIV status	99.2%	Joint tool
3.7 Percentage of infants born to HIV-positive women receiving antiretroviral prophylaxis for prevention of mother-to-child transmission during pregnancy and labour (early transmission frequency at the age of six weeks)**	99.1%	Joint tool
3.10 Number of HIV-exposed infants who are exclusively breastfeeding at DTP3 visit	Ukraine does not report the indicator because this indicator is applied to countries with a generalized epidemic	Joint tool
3.13 (a) Percentage of HIV-positive pregnant women who were injecting drug users (IDUs)	3.5%	Joint tool
3.13 (b) Percentage of HIV-positive pregnant women IDUs who received OST during pregnancy	7.3%	Joint tool
3.13 (c) Percentage of HIV-positive pregnant women IDUs receiving antiretroviral prophylaxis for prevention of mother-to-child transmission during pregnancy	65.3%	Joint tool

Target 4. Have 15 million people living with HIV on antiretroviral treatment by 2015

4.1 (b) Percentage of eligible adults and children who are enrolled in antiretroviral therapy currently receiving treatment:		Political Declaration, Dublin Declaration, Joint tool
people in HIV care	69.9%	
estimated number	22%***	
4.2 Percentage of adults and children with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	82.3%	Political Declaration, Joint tool
4.2 (a) Percentage of injecting drug users with HIV known to be on treatment 12 months after initiation of antiretroviral therapy	73.2%	Joint tool
4.2 (c) Percentage of adults and children with HIV known to be on treatment 60 months after initiating antiretroviral therapy during 2006	70.8%	Joint tool
4.2 (d) Percentage of injecting drug users with HIV known to be on treatment 60 months after initiating antiretroviral therapy during 2006	61.7%	Joint tool
4.4 Percentage of health facilities dispensing antiretroviral drugs and those that experienced a shortage of at least one required ARV drug in the past 12 months	Indicator is relevant; however, there are no available report forms to enable data collection to measure the indicator	Joint tool
4.5 Percentage of people with HIV infection who already need antiretroviral treatment at the time of diagnosis	40.0%	Dublin Declaration, Joint tool

Target 5. Reduce two-fold TB-related mortality in people living with HIV by 2015

5.1 Percentage of estimated HIV-positive TB cases that received treatment for both TB and HIV	35.7%	Political Declaration, Dublin Declaration, Joint tool
5.3 Percentage of adults and children newly enrolled in HIV care who start on isoniazid preventive therapy (IPT)	Indicator is relevant; however, there are no available report forms to enable data collection to measure the indicator	Joint tool
5.4 Percentage of adults and children enrolled in HIV care who had TB status assessed and recorded during their last visit	Indicator is relevant; however, there are no available report forms to enable data collection to measure the indicator	Joint tool

Target 6. Reach a significant level of annual global expenditure (US\$22–24 billion) in low- and middle-income countries

6.1 Domestic and international AIDS spending by categories and financing sources	2009: UAH 509,446,463 2010: UAH 578,340,208	Political Declaration, Dublin Declaration
--	--	---

Target 7. Critical enablers and synergies with development sectors

7.1 National Commitments and Policy Instruments (NCPI) (prevention, treatment, care and support, human rights, civil society involvement, gender, workplace programmes, stigma and discrimination, and monitoring and evaluation)	Attachment 2, 3 to Report	Political Declaration, Dublin Declaration
7.1 (c) European additions to NCPI	Attachment 4, 5 to Report	Dublin Declaration
7.2 Proportion of once married or partnered women aged 15–49 who experienced physical or sexual violence from a male intimate partner in the past 12 months	Ukraine does not report the indicator because this indicator is applied to countries with a generalized epidemic	Political Declaration
7.6 Percentage of adults and children with HIV enrolled in HIV care	Indicator is relevant; however, there are no available report forms to enable data collection to measure the indicator	Joint tool
7.7 Percentage of adults and children enrolled in HIV care who were screened for hepatitis C	Indicator is relevant; however, there are no available report forms to enable data collection to measure the indicator	Joint tool

Source: State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases, <http://www.dssz.gov.ua/index.php/operativna-informaciya/plany-i-zvity/1294-2012-11-13-12-19-44>

Political Declaration – The Political Declaration of the High-Level Meeting of the General Assembly on the Prevention and Control of Non-communicable Diseases, adopted in 2011;

Dublin Declaration – Dublin Declaration on Partnership to Fight HIV/AIDS in Europe and Central Asia.

Joint tool – WHO, UNAIDS and UNICEF joint reporting tool 'Towards Universal Access: Scaling up Priority HIV/AIDS Interventions in the Health Sector'.

* Millennium Development Goal Indicator

** Countries should track the percentage of infants on ARV. If it cannot be done, the countries should report percentage of infants who initiated ARV therapy. Data should correspond to the national protocol on ARV prophylaxis in the postnatal period.

*** Estimated data obtained by the working group of experts on 28 March 2012.

Annex C

Table C.1. Progress Towards Achieving the MDGs in Ukraine

	Goal 1	Goal 2	Goal 3	Goal 4	Goal 5	Goal 6	Goal 7
Ukraine	Eradicate extreme poverty and hunger	Achieve universal primary education	Promote gender equality and empower women	Reduce child mortality	Improve maternal health	Combat HIV/AIDS, malaria and other diseases	Ensure environmental sustainability
2010							
2013							

- Significant progress / goal has been achieved or will probably be achieved by 2015
- Mixed progress / goal might be achieved by 2015, if respective actions are taken immediately
- Weak progress / goal will not be achieved by 2015



MILLENNIUM DEVELOPMENT GOALS

UKRAINE – 2013

ISBN 978-966-2748-38-3



9 789662 748383 >