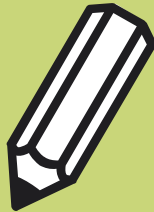




The Third Millennium Development Goals Report. Republic of Moldova



ERADICATE EXTREME
POVERTY AND HUNGER



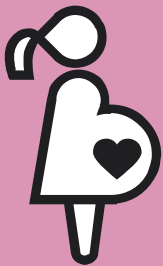
ACHIEVE UNIVERSAL
PRIMARY EDUCATION



PROMOTE GENDER
EQUALITY AND EMPOWER
WOMEN



REDUCE CHILD
MORTALITY



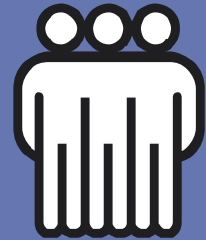
IMPROVE MATERNAL
HEALTH



COMBAT HIV/AIDS,
MALARIA AND OTHER
DISEASES



ENSURE ENVIRONMENTAL
SUSTAINABILITY



GLOBAL PARTNERSHIP
FOR DEVELOPMENT



The Third

Report on Millennium Development Goals. Republic of Moldova

Chisinau, 2013

This Report was produced by the Government of the Republic of Moldova with the assistance of the UN Agencies in Moldova. Opinions expressed in this publication do not necessarily reflect the official views of the United Nations.



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LIST OF ABBREVIATIONS

AIDS	- Acquired Immunodeficiency Syndrome
DOTS	- Directly observed treatment, short course – strategy recommended by WHO
GFATM	- Global Fund to Fight AIDS, Tuberculosis and Malaria
HBS	- Household Budget Survey
HIV	- Human Immunodeficiency Virus
IBBS	- Integrated Bio Behavioural Survey
IMCI	- Integrated Management of Childhood Illness
KAP	- HIV Knowledge, Attitude, Practice
MDG	- Millennium Development Goal
MOH	- Ministry of Health
MEc	- Ministry of Economy
MEn	- Ministry of Environment
MFin	- Ministry of Finance
NARECIT	- National Agency for Regulation in Electronic Communication and Information Technology
NBM	- National Bank of Moldova
NBS	- National Bureau of Statistics
NCFM	- National Commission of Financial Market
NCPH	- National Centre for Public Health
NGO	- Nongovernmental Organizations
STI	- Sexually Transmitted Infections
TB	- Tuberculosis
UNGASS	- United Nations General Assembly Special Session for HIV/AIDS
WSS	- Water and Sewerage Supply
WHO	- World Health Organization
WSS Strategy	- Water and Sewerage Supply Strategy



FOREWORD



The Millennium Development Goals established minimum standards, for each state to reach, to ensure a decent standard of living for its population. In partnership with 189 countries, who signed the declaration at the United Nations Millennium Summit in 2000, the Moldovan

Government made a commitment to ensure inclusive and sustainable development for its people. The country's long term future and competitiveness depend on the ability to create the conditions for every citizen, individually and professionally, to be able to reach their full potential. However, a fundamental prerequisite of this goal is ensuring the greatest possible access to basic goods and services such as safe drinking water and proper sewage systems, quality healthcare, a clean environment, modern roads as well as equal opportunities regardless of gender. These criteria are included in the eight Millennium Development Goals, which ultimately define quality of life and serve as pillars to modernize the country.

The Third National MDG Report offers an objective analysis of Moldova's progress towards reaching the objectives which were established for 2010-2013, and the natural progression of efforts to measure implementation of the MDG agenda. Moldova has made tangible progress in reducing poverty and infant mortality, and in ensuring access to compulsory education. Hence, from 2006-2012 the poverty rate decreased from 30.2% to 16.6%, the child mortality rate decreased from 11.8% to 9.8%, and preschool enrolment for children increased from 90.3% to 93.5%. All these indicators reflect an improving standard of living and are the product of reforms which are currently underway. At the same time, the Government acknowledges the discrepancy in development between urban and rural areas, and the all too frequent marginalization of small towns in terms of access to economic opportunities and access to clean water, healthcare and quality education. A number of strategic planning documents, such as the National Decentralization Strategy adopted in 2012, have sought to address these problems in conjunction with The Strategy of Agriculture and Rural Development of Moldova which will be implemented starting in 2014.

The report's utility is its emphasis on areas where the Government should seek to strengthen its efforts to achieve faster and more qualitative changes. In particular, progress made in combating tuberculosis is currently very slow, while the incidence of HIV / AIDS has become an increasing problem in rural areas, especially in the Transnistrian region where the total prevalence of HIV infection is almost three times higher, in comparison to the right side of the River Nistru. When it comes to promoting gender equality, by providing women with equal opportunities to engage in social, professional, and political spheres compared to men, clearly much remains to be done. Finally, the question of environmental quality remains a pressing concern, and in this respect Moldova seeks to increase forested areas and to continue efforts to increase access to larger numbers of people in rural areas to sewerage systems and quality water.

In recent years, the Government has embarked on a number of systemic reforms to modernize the country and improve the quality of life of all citizens. We realize that we follow a long and difficult path, and the Millennium Development Goals serves as our guide on this ambitious journey. In this context, we remain partners in implementing the MDGs, and we acknowledge the importance of enlisting the support of the entire population in this process, as well as the need of an open dialogue and communication during the implementation process. At the same time, we rely on the support of our friends and partners from the international community who provide an indispensable contribution to the transformation of the country from a transitional state into a prosperous, and dynamic one, that has a clear European perspective. However, to successfully reach these objectives we must actively harness the cooperation of key stakeholders and institutions, at both the central and regional levels. And last, but not least, development which meets the interests of all the people cannot be achieved without their active involvement in this transformation, which the country is currently witnessing. Therefore, we are committed to attracting as large a number of people, as is possible, in the consultative and decision-making processes, because, ultimately, the Millennium Development Goals are designed to ensure a decent life for all citizens of this country. In this respect, we will seek to improve the quality of life of the rural population, including

Transnistria, where the development discrepancies are significant.

We acknowledge that it is impossible to completely address all of Moldova's development challenges by 2015. But with the initial premise that all Moldova's citizens deserve a decent living, in truth the Government's policies aim far beyond this near term horizon. Together these sustained efforts will support our implementation of the National Development Strategy, "Moldova 2020", in conjunction with other recently-developed sectoral strategies. The key to success in

reforming and modernizing the country lies in our own hands, and in our own homes, in partnership with the Moldovan people, not only can we leverage our current opportunities, but we can also overcome the challenges outlined in this report.



Iurie LEANCA,
Prime Minister of the Republic of Moldova



EXECUTIVE SUMMARY

MDGs' importance for development. When the Moldovan Government signed the Millennium Declaration at the Millennium Summit in 2000, along with other 189 countries, they made a commitment to a comprehensive process of reform to address poverty, ensure peace and security, and observe human rights and democratic principles. The MDGs are vitally important, because they serve as useful tools to define policy priorities, monitor the impact of reforms implemented by each of the countries which signed the Declaration, as well as mobilizing new domestic and international resources to address poverty reduction. All these aspects make a contribution to increasing public accountability, and in comparison with other countries allows the international community and donors to target their programs more effectively to meet domestic needs. In general, monitoring the implementation of the MDGs progress highlights key successes, as well as development challenges, which should be dealt with through further systemic reforms. The main drawback observed across all of the 8 Goals is the gap between the rural and urban living standards, which has actually increased in recent years. Hence, in spite of the remarkable progress witnessed in poverty reduction, rural populations continue to have limited access to basic assets and services, such as water and sewerage supply, health and education services. In this way, the fiscal poverty of the rural population is magnified by a lack of economic and social infrastructure, which together with the absence of viable economic alternatives forces the population to migrate. The discrepancies between the urban and rural areas are also apparent in terms of visible social inequities, in terms of social exclusion of the poor. Thus, children from the less financially well-to-do families are less likely to be enrolled in kindergartens, and poorer people face limited access to quality health services, water and sewerage supply. Another important problem refers to the significant differences in opportunities between women and men. Hence, the report highlights the modest participation of women in the decision-making process, especially at the higher levels, as well as fewer economic opportunities for women compared to men. The perpetuation of these development problems could magnify emigration trends in the near future, which in spite of short-term advantages, actually carries long-term risk: a brain drain from both a qualitative and quantitative point of view.

National Development Framework. After the stagnation witnessed in 2012 by the Moldovan economy, reflecting the mixed effect of the European economic crisis and the severe drought affecting the agricultural sector, economically 2013 looks rather promising. Agriculture continues to be the most vulnerable sector, but also the sector with the biggest potential to increase turnover, farmers' revenues and living standards of rural communities'. Economic modernization together with entrenching the path to European integration, the creation of jobs, and combating corruption are the core priorities that the Government has adopted to ensure development for the people. The key constraints which limit the Government's room for manoeuvre and to speed up development relates to the inefficient use of public financial resources, insufficiently developed policy capacities, and a deficit of qualified people drawn to public service. All these constraints have influenced the way in which the country has progressed toward achieving the Millennium Development Goals (MDG).

MDG 1. Reduce extreme poverty and hunger.

For MDG 1, the Republic of Moldova has made remarkable progress. In 2012, the country already reached the final targets set for 2015. The incidence of poverty according to the international threshold of 4.3 dollars per day decreased from 34.5% in 2006 down to 20.8% in 2012 (the final target – 23.0%). The share of the population living under the absolute poverty line decreased from 30.2% to 16.6% (the final target: 20.0%), while the share of population suffering from hunger – from 4.5% to 0.6% (the final target: 3.5%). The main factors which favour progress include: economic growth, the increase of revenues remitted by the emigrants and the social assistance provided by the Government according to a specific formula, which allows for a better targeting of the resources to assist the really poor families. In spite of all these successes, special concerns are raised by the pronounced inertia of rural poverty: in big cities absolute poverty has decreased by more than two times from 2008 to 2012 (from 10.9% to 4.3%), while in villages the decrease was slower (from 34.6% to 22.8%). The gap between rural and urban living standards increased: in 2006, 75.7% of the population living in poverty were in villages, while in 2012 this percentage increased to 79.1%. The main causes of rural poverty include: the vul-

nerability of the agricultural sector, the lack of alternative occupations in other economic sectors, and emigration. All these have created a vicious cycle of poverty, in which the vast majority of Moldovan villages are still trapped. This was also affected by the transition to means tested allowances. If state resources were fully allocated based on the principle of means testing, they would be almost be enough to completely eradicate the poverty. Nevertheless, besides fiscal poverty, rural populations also faces other forms of poverty, related to limited access to a number of basic services and products (water and sewerage, health and education services), as a result of insufficient infrastructure. The Government acknowledges economic growth is a vital component in maintaining and strengthening long-term progress in alleviating all forms of poverty, as is model of growth which is more environmentally sustainable, and socially and geographically more equitable. Both national and sector strategies developed over the last years have targeted this goal.

MDG 2. Achieve universal access to general compulsory education.

The reduction in fiscal poverty reflected in the MDG 1 correlates with the increased access to education, but discrepancies between the rural and urban areas, as well as the problems with relation to social exclusion still persist. Although the target set for 2015 in relation to preschool education coverage was met in 2011, many rural children continue to face marginalisation, and about 30% of them do not go to kindergartens. It is unlikely to reduce fundamental disparities in access to preschool education between urban and rural areas, and by income groups. At the same time, residential disparities in access to education play a significant role in shaping the differences between poverty rates in rural and urban areas. The developments for compulsory education are also mixed. While a number of surveys reveal that the target set for 2015 for gross school enrolment had already been reached, people are still not satisfied with the quality of formal education, and this is reinforced by the results of the final exams from 2013 school session. The main causes are associated with the precarious legacy of educational materials and school staff – which is an acute problem in villages, which far from attracting teachers, discourages them from staying, particularly younger teachers. This situation risks endangering enrolment in general secondary education. The following can be noted among the other key constraints: significant demographic differences

between rural and urban areas; lower access to education for children with disabilities and Roma children, including to preschool education. On the basis of all these drawbacks, the main priorities refer to the efficient use of technical-material basis and financial resources allocated to the educational system, re-evaluation and re-design of the staffing policies in education, and improving the quality of training. Moldovan Government policy on educational reform aims to tackle both the quality and access to education as indispensable elements in addressing poverty in a sustainable way. Respectively, provision of quality preschool, primary, and secondary education for all the children is a key strategic objective.

MDG 3. Promote gender equality and empower women.

Gender disparities are not evident in preschool and compulsory education, but nevertheless, they start appearing as people start entering the labour market and participating in economic and political life. Among elected mayors, the share of women is still very small and stagnant, increasing only marginally from 18.15% in 2007 to 18.51% in 2011; at the rayon counsellors' level the increase is from 16.48% in 2007 to 18.39% in 2011. At the same time, the increase in the numbers of women on the MP candidates' list has not influenced the proportion of women among MPs, it stayed at 19.8% in November 2010 and 2011. Thus, in spite of some progress, reaching the ultimate target is still uncertain in terms of promoting women to key positions. The lack of affirmative action (quotas) legislation, the persistence of gender stereotypes – all these significantly reduce opportunities for women's participation in the decision-making process. The reform of legislation to institute quotas, has promoted further progress towards reaching the MDG targets, and helped to create preconditions for more solid political empowerment of women. Implementation of some gender education programs for youth, as well as in the general and university education system could facilitate the transformation of women's and men's gender roles in the society and in the family. But, besides gender differences in terms of participation in the decision-making process, women are also at a disadvantage on the labour market. Although provisions for ensuring equal payments for equal work are stipulated in law, gender discrepancies are registered in women's and men's salaries. At the same time, the employment rate is constantly lower in comparison with men's rates, and this fact reveals the existence of some major barriers to the integration of women on the labour market. Thus, ensuring basic conditions for wom-

en's political empowerment (through affirmative actions and training programs) and economic empowerment (through training and entrepreneurship programs) is one of the relevant priorities for the post-2015 period.

MDG 4. Reduce child mortality. The final targets set for 2015 for infant mortality and the under-5 mortality rate have already been reached, this was one of the areas in which the greatest progress has been made. Nevertheless, social exclusion has also influenced and marked this area as well. Hence, there are marked inequities in cases of child mortality, which disadvantages poor children, and especially Roma children. This fact again reveals discrepancies between rich and the poor, as well as drawbacks in relation to social equity. Moreover, sometimes cases of child neglect are still identified, and in some cases may not receive the assistance they need. Another challenge is vaccinating children against measles by 2015, which is in some doubt, as in recent years the number of children who have been vaccinated decreased for different reasons. The problem is especially acute in rural areas and, mainly, among the Roma children, due to low levels of knowledge about the benefits of vaccination. The Ministry of Health acknowledges these issues and actively promotes, maternal and child health, and is implementing a series of reforms in this area. Free and comprehensive health care coverage and free medicines, in conjunction with the introduction of compulsory health insurance, all served as crucial elements in combating infant and maternal death. There are specific national health policies and programs which focus on mother and child health. The development of a regionalised perinatal assistance system, strengthening paediatric emergency health care and the regional reanimation and intensive therapy departments, as well as an increase in the level of knowledge through continuous medical training all represent some examples of the major efforts which have already had visible impact. The implementation of Integrated Management of Childhood Illness (IMCI) and the system of individual evaluation of the neonatal mortality cases allows for the collection of some relevant data for developing effective interventions. Although efforts were undertaken to implement a mechanism for inter-sector collaboration in the medical-social area, the lack of social assurance is one of the major factors driving child mortality cases. Neurodevelopmental surveillance services for children from the high risk groups (especially the extremely premature new-borns) for neurological disorders, early intervention and

individualised recovery could be more efficiently provided on a regional basis to increase access for vulnerable populations, and this would reduce these children's disability. Further joint efforts together with international development partners are major preconditions to ensure sustainability and increase the prospects for successes.

MDG 5. Improve maternal health. The high level of access to perinatal health has been maintained over the last few years. The same thing characterises access to medical services and this has contributed to maintaining a high rate of medically assisted deliveries. At the same time, inequalities are still apparent in terms of access to and quality of services – inequalities between rural and urban populations, insured and uninsured in the population, general population and marginalised groups (Roma women, persons with disabilities, migrants). The maternal mortality rate has registered a sinuous development with a slight worsening trend, reflecting a number of structural factors in the health and social-economic sector. It is obvious that the low number of mortality cases is caused by significant and unpredictable variations, whenever reported per 100000 live births. It is very important to mention that effective tools were implemented over the last years to identify the underlying causes and to develop cost-efficient measures to address the situation. In this context, concerns are raised related to focus on indirect factors (unrelated to pregnancy) of maternal mortality, inducing drawbacks in the antenatal surveillance and gaps in the quality of the provided health services. Although a regionalised and perinatal services' referral system has been implemented, the professionalism and efficiency of many interventions, especially in emergencies, could benefit from considerable improvements. The implementation of modern teaching methods based on simulation of emergency situations in the multidisciplinary teams of specialists in the maternity hospital is crucial. The level of knowledge among women and training about the needs and importance of early medical surveillance in case of pregnancy represents a very important factor, which can reduce the incidence of complications and deaths. The improvement of access for vulnerable groups and the increasing quality of family planning services provided to these groups are also essential in achieving the targets set in the MDG 5. These firm actions undertaken by the authorities and the commitments assumed to continue investing in this area provide some optimism for future developments, without any major risks. At the same time, the Government

acknowledges that it is impossible to ensure that absolutely all deliveries are assisted by medical personnel, and that the maternal mortality rate decreases to zero, because there are causes beyond the control of the authorities’.

MDG 6. Combat HIV/AIDS, tuberculosis and other diseases. None of the targets set for 2010 was achieved, and it is not possible to reach them by 2015. The fight against socially-conditioned infectious diseases – a major health priority – has not produced any major results, and the near future will bring new challenges, because of the financial constraints caused by the revision of financing mechanisms and countries’ eligibility conditions to the Global Fund to fight AIDS, Tuberculosis and Malaria (GFATM). Although it is still concentrated in the key groups – injectable drug users, commercial sex workers, and men having sex with other men – the HIV/AIDS infection has shown a clear trend towards infection of their partners. The mode of transmission has changed, in the main it is now sexual. The infection has feminised and has shown a tendency to spread in the rural areas. The Transnistrian region and the largest cities are leading in HIV prevalence, although the GFATM resources for prevention and treatment measures are provided throughout the country. In this respect, the Government collects relevant data for the MDG 6 from the both sides of the River Nistru, including Transnistria, to monitor progress of UN-GASS across the country. Over the few last years trends have stabilized for TB-associated mortality, reflecting a decrease of 29% by 2012 in comparison to 2007, a decrease of the DOTS (Directly Observed Therapy) treatment drop-outs to 8.5% and an increase of the success rate up to 62.2% as compared with the previous years, when the figures did not exceed of 58%. The success of treatment depends partly on clinical factors, but also on economic factors and patients’ level of knowledge about TB and its treatment. TB continues to affect mainly socially vulnerable groups – unemployed people, persons with disabilities, homeless people, and persons suffering from alcoholism. The main problems identified in fighting HIV and TB include the rigidity and unattractiveness of the services provided to patients, service provision which is limited to the big cities, the system’s incapacity to tackle the multifaceted needs of the sick people, including stigmatization and discrimination. However, the existence of a consolidated and participatory response of the stakeholders from the civil society, authorities, specialists, and development partners, is a source of optimism.

The country mechanism for coordinating national programs (the National Coordination Council) has both qualitative and comprehensive data to support the development of efficient policies based on epidemiological evidence.

MDG 7. Ensure a sustainable environment. The country has made some progress towards reaching the indicators of the MDG 7, but additional efforts are needed in all areas. Hence, although the final target related to state protected natural areas (4.65%) was achieved in 2006, nevertheless insufficient resources are being allocated to develop management systems, ensure the maintenance for such areas, and with respect to their protection. The number of forested areas has increased only by 0.2% and the intermediary target (12.1% of the country area) was not reached. The share of the population with access to improved sewerage has increased from 43.3% in 2006 to 56.6% in 2012 and this has exceeded the intermediary target (50.3%), but the majority of these systems are in poor condition. The share of the population with permanent access to improved water sources has increased, but the intermediary target was not met. Many water supply systems are not functional. The data suggest that it will be difficult to achieve the final targets set by 2015 for all the indicators, except for the state protected natural areas and the population’s permanent access to improved water supply. Gaps are qualitatively apparent for all these indicators. In the context of the MDG 7, the most vulnerable inhabitants are those who live in rural communities, who have no sanitary infrastructures and no access to improved systems of water and sewerage supply. The main risks related to these failures are the following: environment pollution, the worsening health status of the population, land degradation, and reduction of agricultural crops’ harvests and farmers’ incomes. The main opportunities to serve as catalysers for achieving the MDG 7 would be: better cooperation among the entities working in the area of sustainable development, promotion of deep and active participation of the entire population in environmental protection, fostering a green economy, and use of EU experience to streamline environment requirements in economic development activity.

MDG 8. Create a global partnership for development. Moldova has made satisfactory progress, although not all the relevant indicators have shown positive trends. The Republic of Moldova has made good progress in building an information society

(Target 6). Hence, in 2012 the penetration of mobile phones has achieved 114.6%, as compared to 37.8% in 2006, while the final target was set at the level of 75.6%. The penetration rate registered for PCs in 2012 was 65% higher than the level achieved in 2006, for the Internet – a level 75%, with real chances to achieve the targets set for 2015. There is prudent management and control of external debt (Target 3). The unemployment rate among youth aged 15-24 years old remains to be a problem (13.8%), but the reaching the final target (10.0%) is possible if the efforts for improving the investment climate are made. A negative trend was registered for Target 1 “Further develop a transparent, predictable and non-discriminatory trade and financial system based on rules through promoting exports and attracting investments”, as it declined due to external economic shocks and the internal problems encountered by the business environment. The Government is dedicated to allocate more resources to attract strategic investors in the economic sectors with a potential to generate jobs and extend the networks of local suppliers, and for harnessing fully the new opportunities provided by the Deep and Comprehensive Free Trade Area which will be established as part of the Association Agreement signed with the European Union.

MDG: a finalised agenda or not yet? The Republic of Moldova has successfully reached several of the objectives set at the beginning of the new millennium: absolute and extreme poverty has decreased, access to preschool education has improved, and success was achieved in women’s political representation at the local public administration level. The health condition of infants and under-5 children has improved significantly. Several recent surveys suggest that the situation has also improved in relation to enrolment in compulsory education of the Republic of Moldova. On the other hand, it cannot be ascertained that development efforts have achieved the set goals and brought benefits to all people, as a number of critical drawbacks still remain, for which policy

efforts should be intensified and more resources should be granted. These include, health, including maternal health, combating HIV/AIDS and TB, and objectives that refer to ensuring environmental sustainability. There is much to be done for women’s economic and political empowerment. Nevertheless, the rural-urban inequality is the red thread which is mainstreamed through all the eight Goals for which Moldova has established development objectives and which represent a general challenge for the development policies to be set for what remains of the MDG period, and for the post-2015 period.

A prospective view on the post-2015 Development Agenda: people’s expectations for the country’s long-term development, identified within the national post-2015 consultation campaign “The Future Moldova Wants” (supported by UN Moldova), refer to the following areas: 1) economic development (education, jobs, sustainable economic growth), 2) social development (a more inclusive, tolerant and solidary society) and 3) environment and health. The good governance and human rights were identified by the consultation participants as a central priority, which, in a way, unify those three specific areas. At the same time, the decrease in rural-urban discrepancies, which are manifested by inequality of incomes and opportunities, by educational performance gaps, as well as gaps in attitudes and values, has become be the fifth major development priority. People’s expectations are reflected in the official long-term development vision expressed in the National Development Strategy “Moldova 2020: seven solutions for economic growth and poverty reduction”. The seven identified solutions are: 1) education relevant for a career (focusing on vocational and technical education); 2) roads in good condition, anywhere; 3) cheap and affordable financing; 4) business with clear rules of the game; 5) an equitable and sustainable pension system; 6) safely delivered and efficiently used energy; 7) responsible and incorruptible justice system.



MDGs AND TRANSCENDING DEVELOPMENT CHALLENGES AT A GLANCE

THE KEY PERFORMANCE AND DRAWBACKS ACHIEVING THE MILENIUM DEVELOPMENT GOALS



#1

#2

#3

THE **MAIN 3 AREAS** WHERE **GOOD PERFORMANCE** INDICATORS WERE ACHIEVED ARE THE FOLLOWING:

#1 Reduce extreme poverty and hunger

Reduce extreme poverty:



#2 Reduce child mortality

Child mortality rate:



#3 Create a global partnership for development

Mobile telephony penetration level:



#4 Gross enrolment rate in general compulsory education

Acces to compulsory education rate:



#5 Ensure a sustainable environment

Afforestation level:



Share of population with permanent access to improved water sources



THE MOST **LAGGING BEHIND**
ARE THE FOLLOWING **3 AREAS**

#6 Combat HIV/AIDS, tuberculosis and other diseases

Incidence of HIV/AIDS:



8
cases
target for
2015

18,5
cases
per 100,000
inhabitants
in 2012

#7 Improve maternal health

Maternal mortality rate :



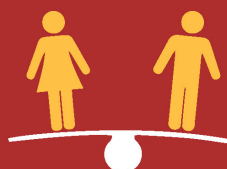
30,4 cases
per 100,000 live births
pentru anul 2012

13,3
target for
2015



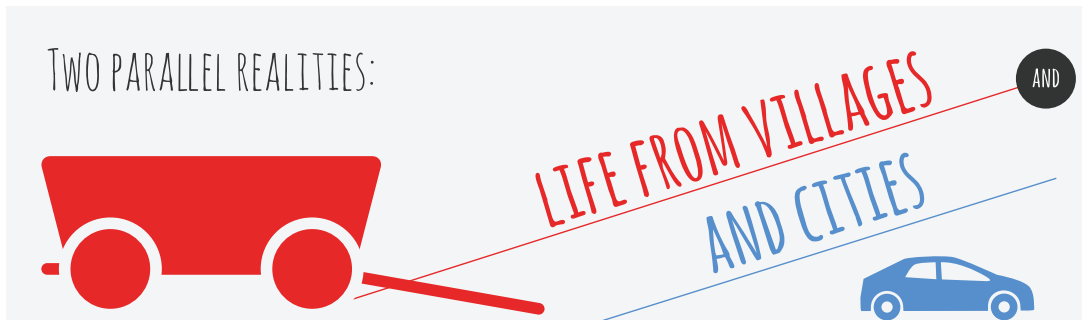
#8 Promote gender equality and empower women

Women's representation in the Parliament:

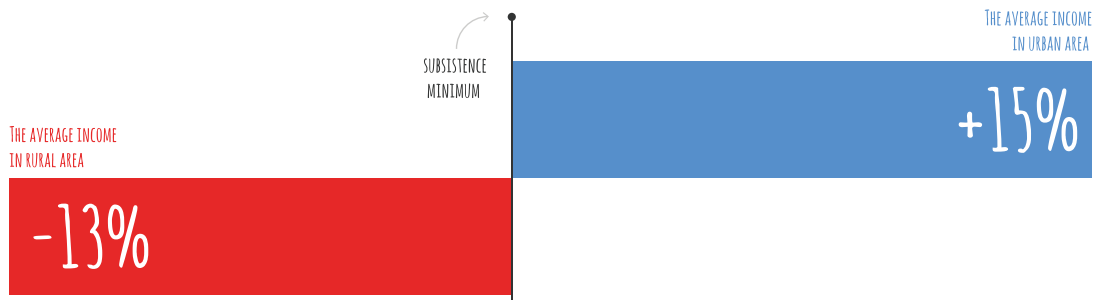


19,8%
for 2012

30%
target by
2015



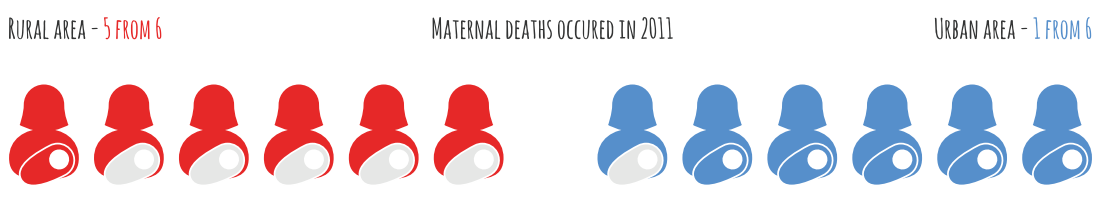
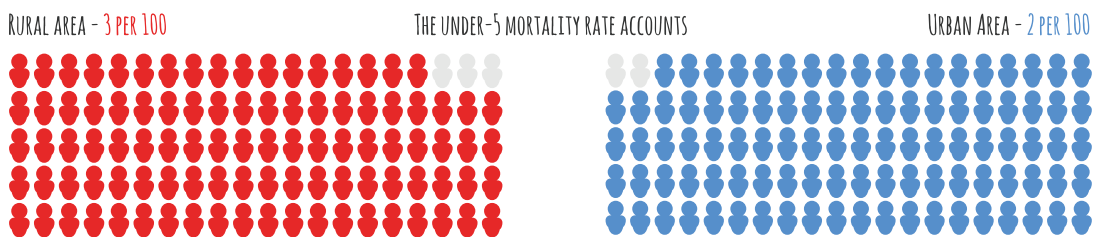
POPULATION IN RURAL AREA IS MORE EXPOSED TO POVERTY THAN THE URBAN POPULATION



WHILE ABSOLUTE POVERTY RATE FELL, THE GAP BETWEEN THE RURAL AND URBAN AREAS WIDENED.

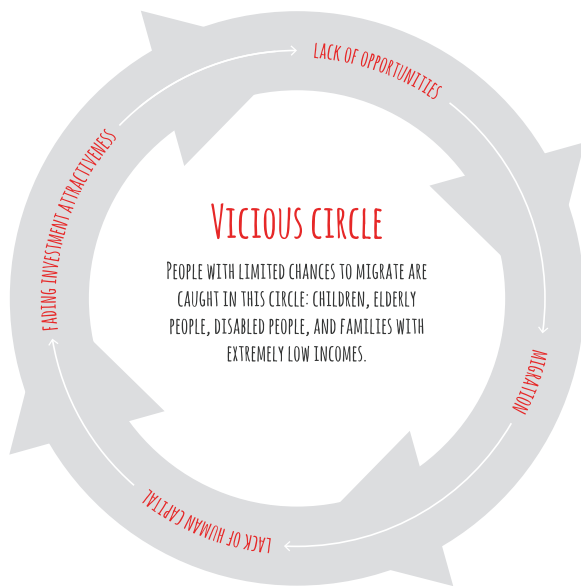


ACCES TO HEALTH SERVICES IS MUCH MORE LIMITED IN RURAL AREA.

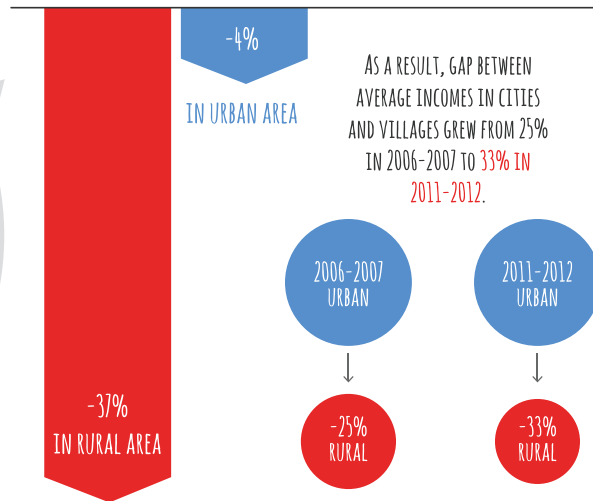


LOW LIVING STANDARDS, LIMITED ACCESS TO HEALTHCARE, AND INDIFFERENCE TOWARDS THEIR OWN HEALTH AMONG THE RURAL POPULATION HAVE DETERMINED A HIGH TB INCIDENCE.

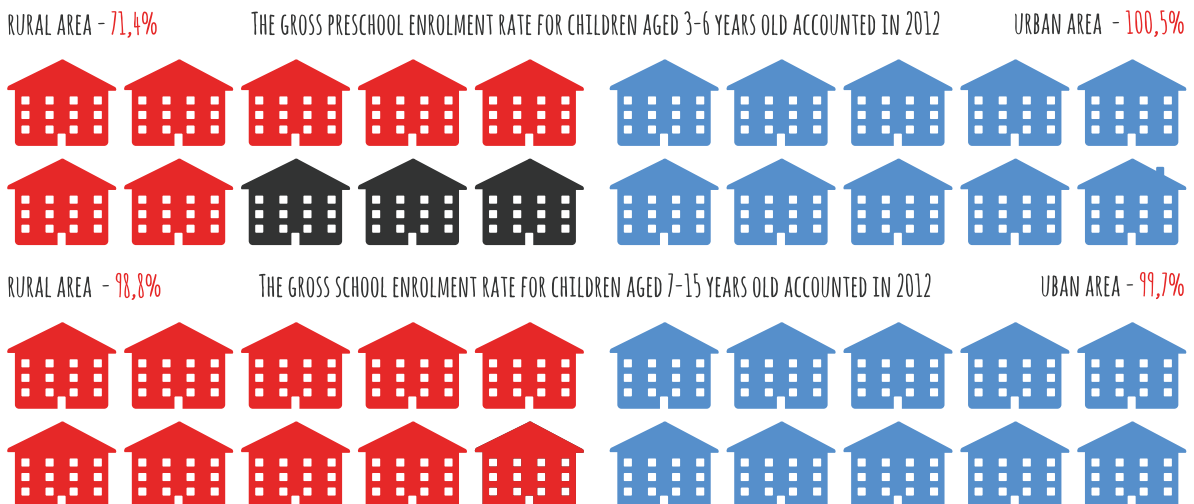
UNEMPLOYED	76,7%
RURAL INHABITANTS	44,1%
MIGRANTS	17%
ALCOHOL USERS	11%
DISABLED PERSONS	10,7%
PENSIONERS	8,6
HOMELESS PERSONS	7,2%

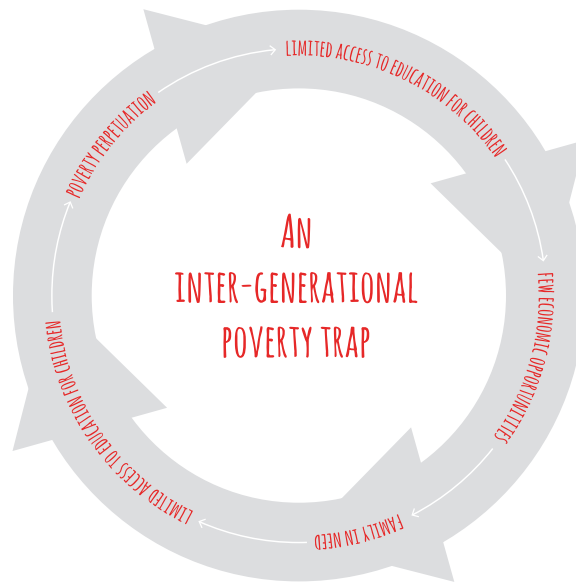


DURING 2000-2012, THE SHARE OF EMPLOYED POPULATION IN RURAL AREA DECREASED BY:

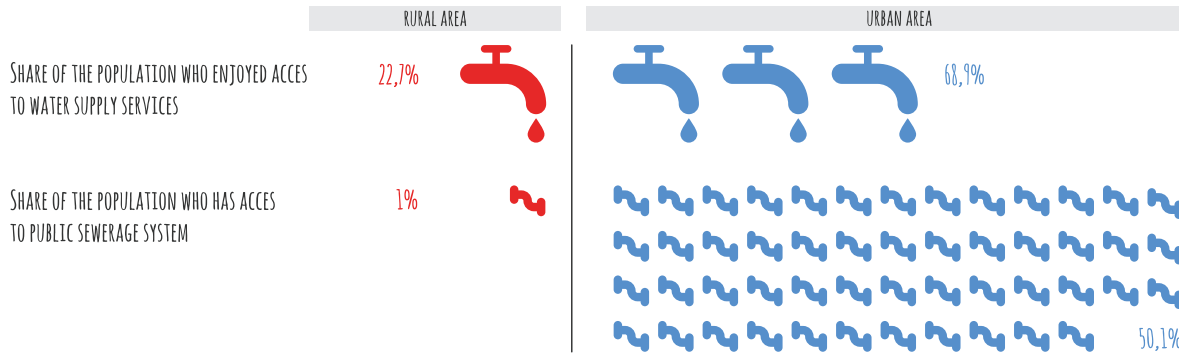


ACCESS TO EDUCATION IS MORE LIMITED IN RURAL AREA:
FEWER CHILDREN FROM RURAL AREAS THAN URBAN AREA GO TO KINDERGARTENS AND SCHOOLS





POPULATION FROM COUNTRY-SIDE ENJOYS **MUCH WORSE ACCESS**
TO WATER AND SEWERAGE AND FACES HIGHER HEALTH RISKS AS A RESULT



CITIES AND VILLAGES ARE ON DIFFERENT SIDES OF THE DEMOGRAPHY 'FENCE': URBAN POPULATION ENJOYS POSITIVE POPULATION GROWTH TRENDS, WHILE POPULATION IN THE COUNTRY-SIDE SUFFERS FROM NEGATIVE ONES.

THE AVERAGE **NATURAL GROWTH** RATE FOR 2008-2012 (PER 1000)

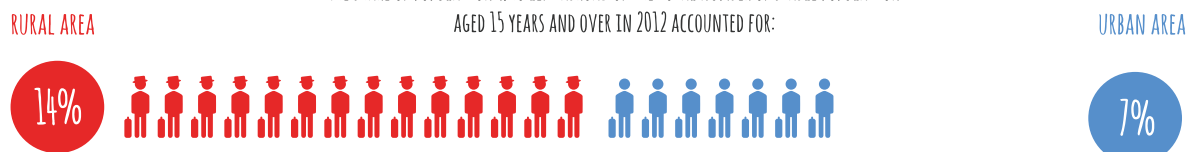


THE AVERAGE **MORTALITY** RATE FOR 2008-2012 (PER 1000)



THE **OUTWARDS MIGRATION** IS MOSTLY FUELLED BY **COUNTRY-SIDE** DWELLERS
COMPOUNDING ALREADY NEGATIVE DEMOGRAPHIC OUTLOOK.

THE SHARE OF POPULATION WHO LEFT ABROAD OF THE TOTAL NUMBER OF STABLE POPULATION
AGED 15 YEARS AND OVER IN 2012 ACCOUNTED FOR:



EMIGRATION

A TWO-FACETED PHENOMENON

THE BRIGHT SIDE:

Falling monetary poverty

The absolute poverty rate



The absolute poverty rate fell from 30.2% in 2006 to 16.6% in 2012

The extreme poverty rate



The extreme poverty rate fell from 4.5% in 2006 to 0.6% in 2012

Rise in consumption, especially of the basic products



Development of the financial-banking sector and facilitation of investments



Share of bank credits in GDP



Mitigation of pressure on labour market

Unemployed rate dropped



The risk of maternal mortality

The mortality rate per 100.000 live births:



Women of reproductive age with poor financial situation and who work abroad in difficult conditions are exposed to higher maternal mortality risk.

THE DARK SIDE:

Depopulation of many rural localities



A young generation not adequately supervised by parents

HIV/AIDS incidence per 100.000 persons aged 15-24 years old



The abortion rate per 1000 women of reproductive age

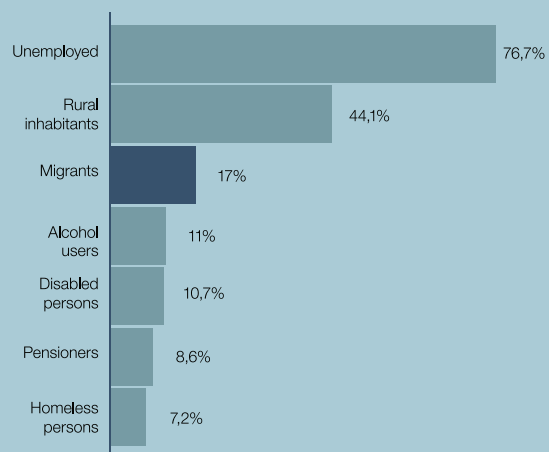


Brain-waste



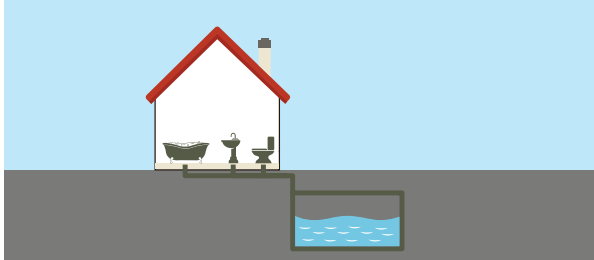
Migrants' wide exposure to TB

The share of TB global incidence in 2010:



Migrants represent the third important group of persons in relation to TB global incidence, after the unemployed and rural inhabitants.

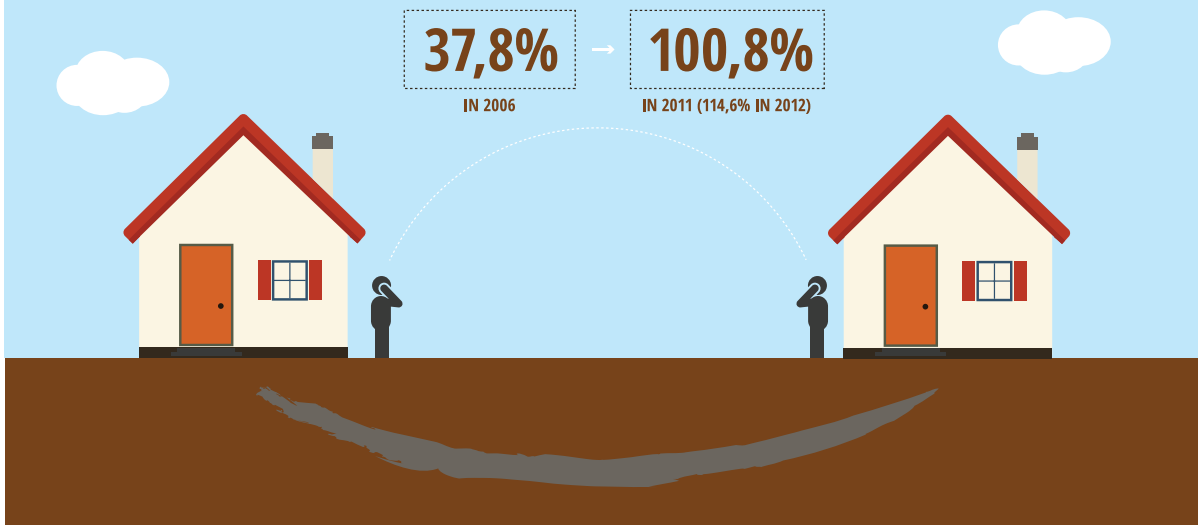
TECHNOLOGIES – the main driver of changes



WHILE ONLY 1% OF RURAL POPULATION HAS ACCESS TO PUBLIC SEWERAGE SYSTEM, **33,2%** OF VILLAGE INHABITANTS BUILT THEIR OWN SEWERAGE SYSTEMS.

THE CONSTRAINTS RELATED TO ROAD INFRASTRUCTURE QUALITY FOR INTER-CONNECTIVITY WERE COMPENSATED BY THE INCREASE OF MOBILE TELEPHONY PENETRATION RATE

THE LEVEL OF MOBILE TELEPHONY PENETRATION PER 100 INHABITANTS ACCOUNTED FOR:

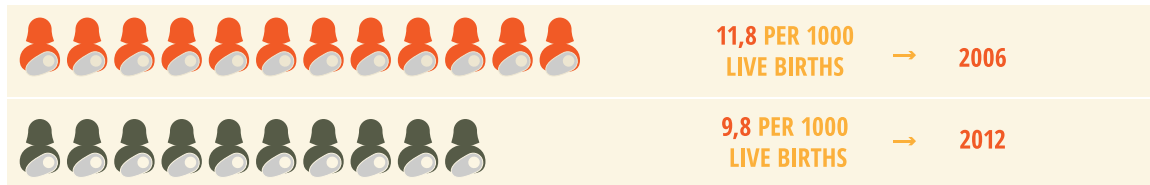


THE SHARE OF INVESTMENTS IN TRANSPORTATION SECTOR OF THE TOTAL PUBLIC INVESTMENTS ACCOUNTED FOR:

19,5% → **10,7%**
IN 2006 IN 2011

THE IMPLEMENTATION OF NEW TECHNOLOGIES IMPROVED HEALTH SERVICES:

INFANT MORTALITY RATE DECREASED FROM:



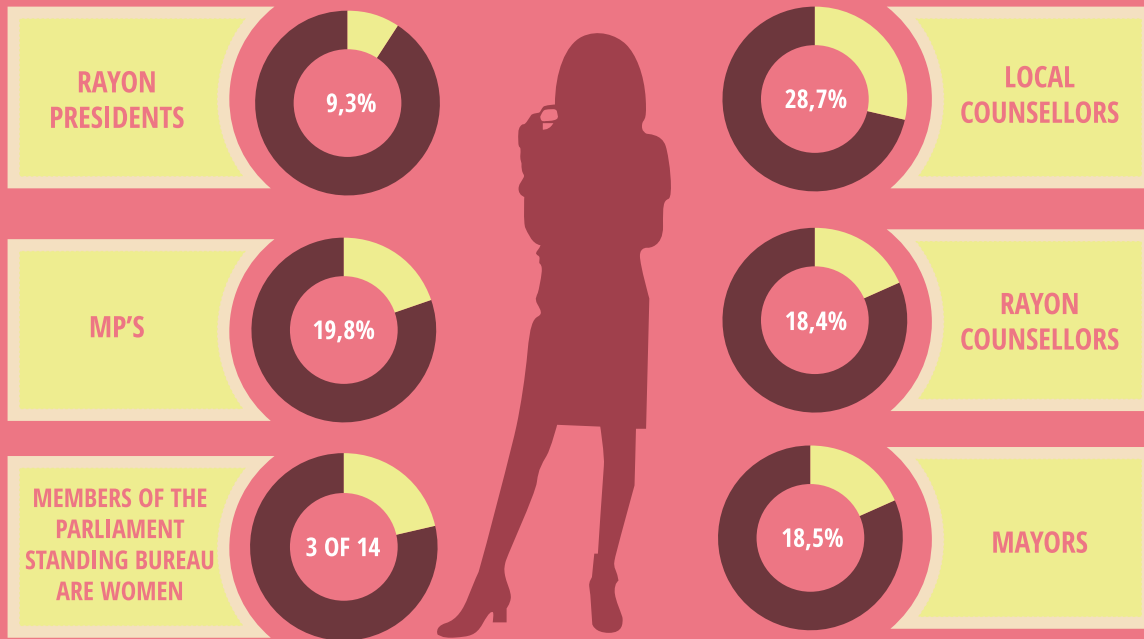


FROM A PATRIARCHAL SOCIETY TO A MODERN ONE:

GENDER-BASED DIFFERENCES IN OPPORTUNITIES

There are no gender difference in access to education and literacy rate. Nevertheless, the differences appear in the productive period: during employment, entrepreneurial activity, and participation in decision-making.

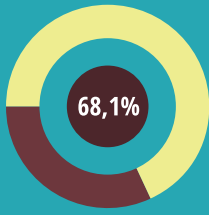
MORE MODEST PARTICIPATION OF WOMEN IN DECISION-MAKING, AS RELATED TO MEN, ESPECIALLY AT THE HIGHER POWER LEVELS (2011)



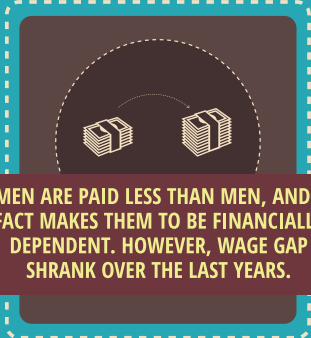
ONLY 30% OF HIGHER-RANK LEADERSHIP PUBLIC FUNCTIONS ARE HELD BY WOMEN



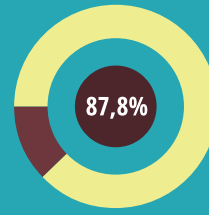
ONLY 25.4% OF HIGH-RANK PUBLIC OFFICIALS ARE WOMEN



IN 2006: WOMEN'S AVERAGE WAGE ACCOUNTED FOR 68.1% OF MEN'S WAGE



WOMEN ARE PAID LESS THAN MEN, AND THIS FACT MAKES THEM TO BE FINANCIALLY DEPENDENT. HOWEVER, WAGE GAP SHRANK OVER THE LAST YEARS.



IN 2011: THE RATIO INCREASED UP TO 87.8%
(*SINCE 2011 A NEW METHODOLOGY IS APPLIED)

WOMEN HAVE FEWER ECONOMIC OPPORTUNITIES THAN MEN, BEING INVOLVED MORE TIME IN HOUSEHOLD CHORES AND FAMILY CARE, AND LESS TIME IN PROFESSIONAL OCCUPATIONS (AVERAGE)



MENS



WOMENS

ALLOCATED TIME PER DAY TO HOUSEHOLDS CHORES AND FAMILY CARE (2011-2012)



MENS



WOMENS

SPENT TIME PER DAY TO PROFESSIONAL OCCUPATION (2011-2012)

ONLY 27.5% OF THE TOTAL NUMBER OF ENTREPRENEURS ARE WOMEN





INTRODUCTION

In 2000, together with other 189 countries, Moldova signed the Millennium Declaration adopted at the Millennium Summit from New York. Hence, it committed to contribute to the accomplishment of eight Millennium Development Goals (MDG). Those eight goals, revised and adjusted to the national development priorities, are the following:

- *Eradicate poverty and hunger;*
- *Achieve universal access to general compulsory education;*
- *Promote gender equality and empowering women;*
- *Reduce child mortality;*
- *Improve maternal health;*
- *Combat HIV/AIDS and tuberculosis;*
- *Ensure environmental sustainability;*
- *Develop a global partnership for development.*

The first National Report on progress towards reaching the MDGs was developed in 2004. Three years later, in 2007, after a progress analysis and organizing a number of consultation sessions with civil society and country's development partners, many of the objectives were revised. The second National Report related to MDG progress was developed in 2010. This document is the third National Report used by the Government of the Republic of Moldova to assess honestly and objectively the progress made in fulfilling the Millennium Development Goals from 2010-2013, to identify the problems encountered by the country, and to outline the eventual solutions and available options to accelerate the positive evolutions and to reverse the negative ones. At the same time, the third National Report also aims to provide a view beyond the 2015 timeline, so as to identify the priorities that will remain on the national development agenda.

The Report follows a simple and reader-friendly structure, which aims to promote MDGs and to inform the wider national and international audience. The first chapter of the Report takes an overview of the most important internal and global factors influencing the national development policies and processes.

Eight chapters follow per each MDG, highlighting the main trends over the recent period of time, assessing the quality of the achieved progress, and identifying the main constraints and opportunities that could serve to "speed up" the MDGs.

The tenth chapter refers to the "unfinished agenda", offering a brief feasibility study on MDGs' and what they will have achieved by 2015, identifying systemic causes which need to be addressed to maintain the same pace of development. This chapter seeks to highlight a way to escape the vicious cycle of under development and how to avoid multidimensional poverty traps, by looking at the interrelationship between the MDGs.

The last chapter of the Report tries to answer the following question "what will follow after 2015?", elucidating the main results of the post-2015 national consultations "The Future Moldova Wants", carried out with the support of the United Nations Development Programme in Moldova, and it seeks to corroborate these results with the Moldovan Government's vision for the country's long-term development.

Due to the lack of statistical data and comparability problems regarding the data on social and economic life in the Transnistrian region, the authors have mainly sought to analyse developments in the Republic of Moldova regions from the right side of the River Nistru, except for the MDG 6, where the data reflects the situation on both sides of the River Nistru¹.

¹ The monitoring of the developments occurred in the Transnistrian region for the given MDG is motivated by the existence of comparable data, due to the cooperation between the institutions from Chisinau and Tiraspol, as well as due to the externalities induced by HIV/AIDS and TB on the population on the both sides of the River Nistru. At the same time, it should be pointed out that the dynamics of the indicators monitored within the MDG 6 cannot be used for assessing the performance in relation to the MDGs' fulfilment in the Transnistrian region.



NATIONAL CONTEXT: GLOBAL TURBULENCE AND INTERNAL CHALLENGES

Political framework

European integration is the strategic path that the Moldovan Government has chosen as the most compatible with its desire for long-term economic growth, and its social, and democratic development priorities. Thus, Moldova seeks to ensure a higher level of living standards for all the citizens, through modernization of infrastructure, improving public services, and increasing economic opportunities in urban and rural areas. Deeper European integration and the harmonisation of key aspects of national legislation with European standards have already yielded visible results. Thus, new economic branches emerged as a result of investments made by European companies who are now present in the Moldovan economy. The Government also adopted fundamental human rights legislation, to ensure the non-discrimination, tolerance, and mutual respect principles.

The unsettled Transnistrian conflict is an essential factor hindering the development on the right and the left sides of the River Nistru. The conflict impedes human and economic contacts, magnifies country risks and external financings costs, reduces Moldova's attractiveness as a destination for investment and as a place to live place for people from other countries, and creates a background of permanent stress, which impedes the ability of the authorities to focusing on long-term development agenda. At the same time, the Transnistrian region represents a high risk zone in relation to the development goals and targets referring to HIV / AIDS, which is the only target measured in this report.

Governance

In comparison with 2000, when the MDGs were adopted as a guide to policy, **the current governance agenda encompasses a wider and more comprehensive vision** of development. Hence, the Activity Program of the Republic of Moldova

Government, European Integration: FREEDOM, DEMOCRACY, WELLBEING 2013-2014 targets three essential goals: ensuring the irreversibility of the European integration process, creating new well-paid jobs, and preventing and combating corruption.

A long-term development vision is expressed in the National Development Strategy "Moldova 2020: seven solutions for economic growth and poverty reduction"², which served as basis for the Government Activity Program and a series of sector strategies. The seven solutions identified in "Moldova 2020" actually represent horizontal intervention priorities, which it is hoped will benefit all the sectors of the economy equally, all social groups, and every person. These solutions include: 1) education relevant for a career (focusing on vocational and technical education); 2) roads in good condition, anywhere; 3) cheap and affordable financing; 4) business with clear rules of the game; 5) an equitable and sustainable pension system; 6) safely delivered and efficiently used energy; 7) responsible and incorruptible justice system.

The low level of revenues has also resulted in a **limited flow of public resources** for public expenditure to implement development policies and projects. This weakness is magnified by the extended informal economy with untaxed incomes and consumption. According to some estimates, the share of the informal economy accounts for about 45% of the official one (Schneider, Buehn and Montenegro, 2010), creating a high degree of dependency on external support.

Social and demographic factors

After a decade of **negative natural population growth**, in 2011-2012 the Republic of Moldova registered zero natural population growth, as a product of an increased birth rate and decreased death rate. The disaggregated indicator reflects a worsening situation in the rural areas in comparison with urban areas: in 2008-2012, the average

² Approved by Law No. 166 dated July 11, 2012.

birth rate in urban areas accounted for 9.96 per 1000 population and the death rate – for 8.84 per 1000 population; while in the rural areas, during the same period of time, a higher birth rate (12.02 per 1000 population) was accompanied by a higher death rate (13.54 per 1000 population). The difference in attitudes towards health, lifestyle and food, as well as the unequal access to health care services are the main causes of an increasing rural-urban gap.

The alarming demographic situation in the rural areas is even worse when **emigration is taken into account**, which represents a real population drain for villages. Data from the National Bureau of Statistics suggest that about 7% of urban stable population aged 15 years old and over has left abroad for work in 2012, while for rural area – this indicator was double that, at 14%.

The intense migration of labour represents a **key constraint for regions' and local community' development**. Although, in short term, emigration contributes to poverty reduction, over the longer term, it erodes – human capital – which could be used for the sustainability development of Moldovan communities and regions, and of the country as a whole (UN Moldova, 2013). Emigration has caused a significant depopulation of many rural communities, generating innovative policy challenges for the Republic of Moldova.

Economic situation

During 2010-2012, **economic growth** in Moldova was rather rapid with an annual average GDP growth rate of 4.6%. However, growth was volatile and jobless, reflecting the wider vulnerability of the economy to external and climate shocks. Official statistical data showed that the percentage of the population employed in the Moldovan economy in 2012 was 25% lower than the number registered in 2000. Again a large rural-urban gap is apparent: in this period, the share of urban employed population decreased by 4%, while the rural employed population decreased by 37%, with no signs of recovery sign.

This **rural-urban inequality** in employment opportunities is reflected in sharp income inequality throughout the country. If during 2006-2007, the average incomes of the rural population were 25% lower than those for urban population, in 2011-

2012 they were lower by 33%. This inequality also reflects visible differences registered in the quality of life: in urban areas, income exceeds the calculated minimum subsistence level by 15%, while in villages – the average income is 13% under the average subsistence level.

A key factor explaining the increasing gap in employment opportunities is **the level of development of the private sector**. Moldovan villages are highly dependent on agriculture (employing half of the rural population); the main alternative to employment in the agricultural sector is employment in the public sector (21%). But the agricultural sector is extremely feeble: in 2000-2012, the gross value added (GVA) generated by the agricultural sector increased on average only by 2.6% annually, while the GVA generated by the non-agricultural economic sector increased by 5%³. In the same period of time, the volatility of agricultural production was ten times higher than that for the non-agricultural production⁴.

Global factors

Climate change is a key factor reducing the impact of Government's anti-poverty policies, especially in rural areas. Increasingly frequent periods of drought are a consequence of global warming and may generate problems related to accessibility of food products and forage for animals, as the drought in 2007 demonstrated. About 90% of the country's territory and 80% of the rural population dependent on agriculture were affected by poor harvests. Much of the rural population lost their savings and income and the total losses accounted to 1 billion USD, according to the official estimates (UNDP Moldova, 2009, p. 85). Alongside the decrease in remittances, the drought was the major cause for poverty in 2007 (MEc, 2009). In 2012 the country witnessed a severe drought again, accompanied by a dramatic decrease in agricultural productivity. And again, the small and medium producers represented the group that has suffered the most as a result of this drought (MAFI, August 2012, p.24).

The global economic crisis from 2009 revealed the extreme vulnerability of the country and the fragile nature of an economy based on emigration. As an immediate effect, the crisis resulted in a decrease in exports, remittances, and foreign direct investments. If exports and remittances recovered

³ In this report, the non-agricultural economic sector was defined as the amount of all the economic activities identified in the National Classifier of Economic Activities with the codes from C (mining industry) to K (real estate transactions, rent activities, and services provided to enterprises) and does not include public administration and services (codes L-O).

⁴ Measured as a standard average deviation for the GVA increase rates.

from losses incurred in 2009-2010, foreign direct investments has not yet returned to pre 2009 levels registered before the crisis. In the absence of some powerful “internal growth engines”, Moldova will continue to be dependant in the near future on external economic developments at the European and global levels.

By mid-2008, the whole world was affected by an **exceptional increase in food prices**. The increase of extreme poverty in rural areas in 2008 was mainly due to an increase in the price of food products (even though it is difficult to separate this variable from the impact of the economic crisis and the drought). In 2012, global food prices increased again. Although in 2013 prices declined, they still remain close to the historical highs of August 2012. The risk of a new global food crisis remains very high, especially for average households, where 41% of the urban family expenditure and 46% of the rural household expenditure is used for food.

The energy crisis, manifested by a global increase in prices for energy, also had a direct impact on Moldova, which is a net importer of energy. Compared to 2007, import prices for energy were 53% higher in 2011, continuing to rise moderately in 2012 as well. According to statistical data, in 2011 traditional energy sources (electricity, natural gas, coal) accounted for about 8.8% of the urban household expenditures and 8.3% of the rural ones (NBS, 2012, pp. 92-94); the data also shows that the poorest quintile spend more for energy than the more well-to-do ones.

The national balance of reserve-water consumption in the Republic of Moldova is adequate in relation to the available resources. In spite of this balance, certain regions of the country face **water deficits**, which may get sharper along with the growth of the economy, diversification of social needs and emphasised global heating (UNDP Moldova, 2009, p. 55). This will have a major impact on various economic sectors (agriculture, food industry) and vulnerable local communities (especially in the South of the country).

Impact on MDGs

These factors explain the **balance of successes and failures witnessed across** the country in reaching the MDGs. Emigration and related remittances have helped many Moldovan families escape from

poverty, hence MDG 1 (Reduce extreme poverty and hunger) has a good chance of being reached. But the current depressing rural economic picture explains why poverty in villages is much more entrenched and why policies have not resulted in sustainable progress.

Education is a critical determinant of household wellbeing (MEc, 2012). **Hence, MDG 2 (Achieve universal access to general compulsory education) has a major impact on the MDG 1 (Reduce extreme poverty and hunger)**. Access to education in rural areas represents a deeply embedded structural constraint, which suggests that combating rural poverty will be a more complicated process in rural areas as compared to urban areas, where better access is complemented by a larger range of options. Nevertheless, the results of the final exams taken in 2013 suggest that the problem of quality in education is a major one both, in rural and urban areas.

The MDG 8 (develop a global partnership for development) has a major and direct impact on the MDG 1 (Reduce extreme poverty and hunger), but it also indirectly influences all the other MDGs. Actually, the level of integration into the global economy, the degree of penetration of the banking system into the real economy, the level of digitalisation in society and employment among youth are some critical economic and social factors, which determine, at the latest stage, the level of public revenues and, implicitly, the state's ability to finance and attain goals such as better information for pregnant women about the risks related to pregnancy (MDG 4 Reduce child mortality), improving the conditions in maternity hospitals (MDG 5 Improve maternal health), assurance of the conditions for treatment and palliative care (MDG 6 Combat HIV/AIDS and tuberculosis), as well as the allocation of more resources to extend national coverage of safe water systems and to extend forested areas (MDG 7 Ensure a sustainable environment). Notwithstanding national expenditures in these areas, investments made, until now, have been largely funded by global donors, and the resources that have been allocated have proven to be unequal to the task of making a decisive contribution.

The level of unemployment, small incomes and poverty of rural population (MDG 1), together with increased prices for energy resources, have led to considerable illegal deforestation and poaching (MDG 7).

Moldova has neither succeeded in making significant progress towards promoting gender equality nor empowering women (MDG 3). These problems have major implication on other MDGs, as modern literature has proven a **close link between, for instance, women's empowerment and economic development** (Duflo, 2012). A higher level of economic development is associated with decreasing inequalities in men's and women's incomes, but, on

the other hand, greater empowerment of women is an essential factor which may benefit economic development. But this virtuous cycle is too weak to be self-sustaining, and Moldova needs more dedicated and better targeted programs and better focused on women's political and economic empowerment, as well as enhancing the positive links between women's empowerment and development



**“Reduce extreme poverty
and hunger”**: a small and
still uncertain success

MDG 1

Key trends

During 2010-2012, the Republic of Moldova made strong progress towards achieving the indicators related to the MDG 1. Hence, in 2012 the share of the population with a level of consumption below 4.3 USD per day decreased to 20.8% from 34.5%, in 2006, the first year when these indicators were calculated. As the Table 1 shows, this evolution is perfectly in line with the intermediary and final targets which were established. The target for the population under the national absolute poverty line was also reached ahead of schedule. This indicator dropped from 30.2% in 2006 down to 21.9% in 2010, and in 2012 the indicator reached 16.6%. Moldova also made impressive progress in combating extreme poverty, as its incidence fell to 0.6% in 2012. An important change in 2010-2011 was the sharp decrease of poverty in rural areas compared to the previous years. A total of 226 thousand people escaped poverty during this period of time (MEc, 2012, p. 5).

citizens still are categorized as poor. The rural population is 3 times more exposed to the risk of poverty than urban populations, and one in four villagers lives under the national poverty line. Children, in general, continue to be more vulnerable to poverty: the rate of poverty registered in 2011 among children accounted for 19.6%, which exceeds the national average by 2.1 percentage points. Although it is declining, malnutrition still affects one in ten under-5 children.

MDG 1 is closely dependant on the evolution of other MDGs. Hence, education (MDG 2) is one of the most powerful factors determining poverty. People with higher levels of education are 6-times less likely to become poor than people with a secondary level of education, and 10 times less likely than the people with primary education or no education (MEc, 2012). In turn, children raised in poor families have limited access to education than other children, and this fact generates a vicious circle of chronic and multi-generation poverty. At

Table 1. Evolution of MDG 1 indicators, period 2006-2012 and intermediary and final targets

	2006	2007	2008	2009	2010	2011	2012	Target 2010	Target 2015
Share of population with under 4.3 USD per day consumption	34.5	29.8	30.4	29.5	26.8	23.4	20.8	29.0	23.0
Share of population under absolute poverty line	30.2	25.8	26.4	26.3	21.9	17.5	16.6	25.0	20.0
Share of population under extreme poverty line	4.5	2.8	3.2	2.1	1.4	0.9	0.6	4.0	3.5

Source: MEc, 2012, pp. 11-15 and information provided for the Report by the MEc for 2012;

A number of factors have led to this progress.

Economic growth, reflected in people's incomes, was one of the main drivers reducing poverty at an aggregate level. Remittances from emigrants represented another important factor in the decrease in poverty. At the same time, new social programs promoted by the Government, especially the provision of social assistance on a more accurate and equitable formula, have had a major impact in reducing inequalities in incomes and poverty incidence. In 2010-2012, the increase in prices for agricultural products has had a positive impact on consumption in rural areas, but it seems that it has moderated the pace of growth for urban consumption.

In spite of the remarkable decrease in the incidence of poverty, more than half a million

the same time, the poverty level, especially in case of rural population, is largely influenced by limited access to financial resources to fund investments in agriculture (MDG 8). As it is mentioned in this Report in the chapter referring to MDG 6, poverty is one of the key factors of maternal mortality, as it is the source of other types of vulnerabilities and the cause of social marginalisation.

Key constraints

Poverty reduction continues to be one of the key priorities of the Government.

Hence, the National Development Strategy "Moldova 2020" aims to get at least another 150 thousand people out of poverty by 2020. Nevertheless, a number of factors still persist, raising questions about the sustainability of the successes that have already been

achieved and about the level of people's skills and habits necessary to stay out of the poverty trap.

The critical precondition for addressing poverty sustainably is establishment of decent work places. After a decade of continuous loss of the labour force and a decrease in the occupation rate (from 60% in 2000 down to 38.5% in 2012), it is clear that a fundamental improvement in the Moldovan business environment drives recovery, which is currently suffering from regulatory problems in such areas as fiscal and customs administration, company licensing and authorisation, competition, access to finance, protection of ownership rights (World Bank, 2013). Collectively this undermines company performance and respectively their capacity to provide good salaries, comfortable working conditions, and development opportunities for their employees.

An essential constraint reducing the impact of policies' is a lack of support from across the political spectrum for anti-poverty programs defined by the Government. Hence, reform of social assistance policy through introduction of the social benefits, has not received the support of all the political parties, although the new policy has had a major and visible impact on poverty reduction.

A number of rigid constraints and structural problems limiting progress still persist. For instance, the dispersion of the rural population into a large number of small communities with weak inter-connectivity reduces farmers' access to markets and inhibits the mobility of the labour force. Improving this would require a large volume of capital investment from public sources. The climate of vulnerability in the agricultural sector is another factor which in the near future limits the efficiency of policies and resources allocated for poverty reduction. And finally, rural populations are sceptical of adopting new technologies and modern agricultural methods, which could help harness agricultural resources and could stabilize income levels for rural population.

The global factors mark the progress registered by Moldova for MDG 1. Hence, the local consequences of global climate change have amplified the economic vulnerability of the agricultural sector, which was already high (MAFI, 2012). The financial crisis from 2008-2009, ended with an economic downturn in Europe and an essential drop in economic growth in Russia and other CIS

countries, has also been a major shock for the Moldovan economy and has proved once again that the country remains vulnerable to external economic calamities. The key macroeconomic indicators (current account deficit, budget structural deficit) from 2012 show that these vulnerabilities have not been reduced, thus inducing pressure on the private and public budgets.

Possible opportunities and success factors

As paradoxical as it may seem at first glance, the economic crisis in the European Union, alongside other challenges, also created some opportunities for poverty reduction in Moldova.

Many companies in search of more competitive locations, perceive countries in Eastern Europe as potential places to invest, as they extend their production capacities. As a result of such relocations, some industrial enterprises have already appeared in the Moldovan economy – which did not exist several years ago and which are labour intensive. Thus, Moldova has a chance to harness European interest and provide platforms and conditions for new investors to come, and this will create jobs and support poverty reduction, first in urban areas, and afterwards in rural areas, when labour mobility improves.

The state has sufficient financial resources to entirely eliminate poverty, but these resources are not allocated in the most efficient way. Surveys suggest that benefits allocated within social assistance programs decreases the incidence of poverty among beneficiaries (Sandu and Sinchetru, 2011, p.18). Recent data shows that the poverty gap is only 3.2%. According to the current poverty line, about 250 million lei would be necessary on annual basis to eliminate poverty across the country. In reality, social assistance programs spent in 2012 over 382 million lei. Hence, the Republic of Moldova currently has enough resources to reduce poverty to zero as defined by the national line, but this requires a more accurate distribution of the resources within the social assistance program: currently, 17% of resources are targeted towards those with relatively high incomes.

The elimination of the nominative compensation could have a larger impact on poverty⁵. Completing the transition would contribute to a more efficient use of the state's financial resources on

⁵ Cash payments instead of the allowances established previously. They will be replaced gradually by the social assistance system based on testing the real incomes and evaluating the needs of the applicants.

poverty eradication among the population. These resources could be channelled to increasing benefits within social assistance programs. But the complete abolition of the nominative compensation program is not politically feasible, and would be highly unpopular. Hence, the decision to stop new people gaining benefits from the nominative compensations program, and to gradually eliminate the program.

Combined with the necessary financial means to invest in sustainable businesses, education and training are essential ingredients for Moldovans to escape poverty. Returning Moldovan emigrants offer the country not only a chance to get out of poverty in the short-term, but also to eradicate this phenomenon for good. A number of success stories of returning emigrants and their families (see Box 1) proves that the new knowledge, skills and technologies learned abroad and the savings accumulated outside the home country may help to markedly improve the situation of returned emigrants and to create new jobs in communities. In this respect, it is important for the state to provide

the support necessary for the emigrants “to re-acquire deep roots in the country” and for Moldova to harness the skills and financial resources accumulated abroad.

At the same time, some complex rural economic recovery programs are necessary along with income redistribution, to support sustainable poverty eradication. Although national resources are rather limited, opportunities to find external financing still exist, especially by the EU. To make the most of these resources, it is necessary to enhance local public capacity (UNDP Moldova, 2012), which should be seen as the main change agents at the local level. The tools, their influence and impact, could be strengthened with greater decentralisation, to which the Government has committed itself. At the same time, rural economic recovery programs need “national champions”, who can actively promote rural economic development policies. Potential candidates, for such a role, include the Ministry of Agriculture and Food Industry, the Ministry of Economy, and the Ministry of regional Development and Constructions.

Box 1. Moldovan emigrants build their future at home

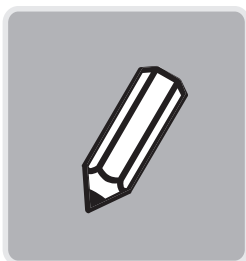
Vasile Gonciar from the Hoginesti village, Calarasi rayon, has worked abroad for 12 years, including in Italy where he worked for about 5 years, together with his wife, at several ceramics plants. When he gathered enough money to launch his own business, he returned to Moldova. Vasile Gonciar opened a ceramics plant in his home village. “Currently we produce commercial ceramics, but we also have equipment to produce ceramics for construction, which are usually imported. We have good clay, we have a skilled labour force and capacities – so why not to produce our own ceramics?!” says the ceramist, who has created 20 jobs until now and intends to open 30 new jobs soon.

After eight years of work in Spain, Eugen Scurtu came back to Moldova, to his wife and three children, and all of them together have launched a renewable energy business. The enterprise he created together with his wife, Rodica Scurtu, to produce biomass-based pallets: from straw, sunflower residues, tree branches, and sawdust. “Moldova has a lot of raw materials and biomass that can be used more efficiently”, says Rodica Scurtu, Eugen’s wife who has supported him fully. Currently they have created 5 new jobs, but they plan to extend the production capacity of the procured equipment and to increase the number of new jobs.

The businessmen in both cases have benefited from financial support provided by the state for business launch within the framework of the PARE 1+1 Program.

“Bombonici” is one of the best-known Moldovan brands for children’s clothes, from new-borns up to children age 4 years old. But the company is not located in Chisinau, but in a relatively remote village – Sadaclia in Basarabasca rayon (100 km from Chisinau). The director of the company is Silvia Lazu, a 35-year-old woman. Silvia studied fashion design and the idea appeared in 2004, when she had her first baby. This is a family business, involving her husband – who is the Sales Director, and her close relatives, who helped her initially with money to launch the business. Besides the plant in the village, the company has opened a shop in the capital city. They started only with 6 employees, but currently the company has 52 employees. The company is present not only on the local market, but they started to export their products to Romania.

Source: according to the materials from the reportage “Emigrations”, it seems that Moldovans come back to build their future at home, the daily newspaper “Timpul”, edition from February 10, 2012 and the reportage “The Model family! Has earned the money abroad and opened a confection unit in Moldova”, Publika TV, March 25, 2012.



**“Achieve universal access
to general compulsory education”:
problems related to access and quality**

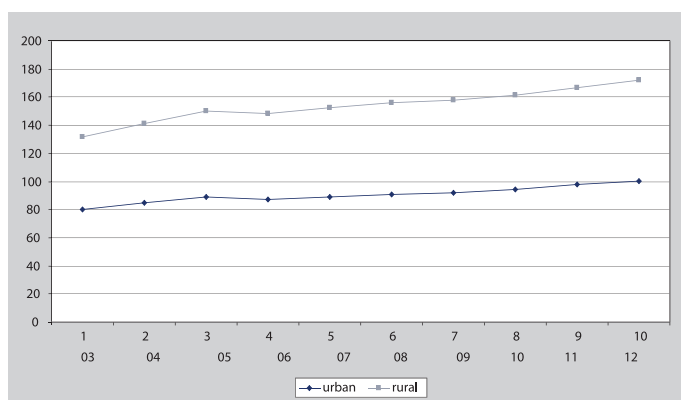
MDG 2

Key trends

During 2010-2012, the Republic of Moldova made some progress towards reaching the indicators related to MDG 2. The enrolment in preschool education has continuously⁶ improved. Over the last 5 years, the number of preschool educational institutions has increased by 5.1%. According to the official data, the gross enrolment rate in preschool education of children aged 3-6 years old accounted for 82.1% in 2012, representing a slight increase compared to 2011 (79.6%), and a significant increase compared to 2003 (61.1%). The current level of enrolment exceeds the MDG target of 78% set for 2015. Positive trends can be seen for urban and rural areas, nevertheless significant urban-rural gaps remain. The gross enrolment rate in preschool education of urban children aged 3-6 years old is 100.5%, while only 30% of rural children go to kindergartens. Hence the difference accounts for 19 p.p. and it is unlikely that this discrepancy will decrease by 2015 (Figure 1). The enrolment rate for children aged 6-7 years old in education is increasing, accounting for about 93.5% in 2012 as compared to 92.2% in 2003 (Table 2). Thus, concerns have been expressed with regard to the target of 98% set for this MDG by 2015.

No gender differences were registered in terms of access to preschool education. At the same time, experts point out some groups of children with low enrolment rates in preschool education: Roma children, children from families with low incomes (including households with many children and single-parent families) and children with disabilities (UNICEF Moldova, 2011). On average, only 63% of children from less well-to-do families and almost 92% of children from well-to-do families go to kindergartens (UN Women, UNICEF Moldova, 2013). According to statistics data, the number of children with intellectual and physical development problems going to a specialised institution has decreased from 4.0 thousand pupils in 2007/2008 down to 2.3 thousand in 2012/2013 (NBS, 2013). The situation is determined by the measures taken to include the children with special needs in general education.

Figure 1. Gross enrolment rate of children aged 3-6 years old in preschool institutions, 2003-2012, %



Source: NBS;

The literacy rate among the population has been relatively stable over the last few years, accounting for 99.4% in 2012. This figure practically corresponds to the MDG target – 99.5%. No significant gender differences are evident, only a statistically insignificant 1.2% in favour of boys.

Although some official data acknowledges a gradual decrease in enrolment rates in compulsory education over the last decade, other more recent data contradicts this conclusion. Hence, the gross enrolment rate in compulsory education accounted in 2012 for about 89.7% (according to NBS), practically maintaining the level registered in 2010 (90.3%) (Table 2). At the same time, other studies (see NBS, 2010) reveal an enrolment rate of 99.1% for children aged 7-15 years old, that is higher in urban areas compared to rural areas (respectively 99.7% and 98.8%). This high enrolment rate is also reflected in the preliminary results of the MICS survey: the net enrolment rate in primary education – 98.7%, in gymnasium education – 96.3% (NCPH, MoH, UNICEF, 2013). Taking into account Labour Force Survey data, (a survey of households in the country) in 2012, the gross rate of enrolment in primary education is 99.1%, and in gymnasium education - 102%; and the net enrolment rate in primary education – 92.1% and in gymnasium education – 93.3%. Hence, based on the most recent studies, the targets for 2015 have already been reached.

⁶ The MDG targets were revised in 2007 and the monitoring indicators were changed from measuring the net rate of enrolment to the gross rate of enrolment, which reflects the number of enrolments regardless of the age. It should be mentioned that the values of the indicators, which were taken in 2007 as benchmarks for setting the goals for 2010 and 2015, do not coincide with the data provided by the NBS (Government of the Republic of Moldova, 2010). At the same time, the international experts recommend coming back to the net enrolment rate of children in education.

Table 2. Indicators on children's enrolment in education, % of the total, period 2003-2012

Indicator	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Target 2010	Target 2015
Gross enrolment rate in compulsory education	95.1	94.6	94.4	92.0	91.6	90.9	90.7	90.3	90.1	89.7	95.0	98.0
Gross enrolment rate in preschool education for children aged 3-6 years old	61.1	66.1	70.7	70.1	72.6	74.4	75.5	77.1	79.6	82.1	75.0	78.0
Gross enrolment rate of children aged 3-6 years old in urban area	80.4	84.8	89.2	87.2	88.8	90.8	91.9	94.5	98.0	100.5		
Gross enrolment rate of children aged 3-6 years old in rural area	51.3	56.4	61.0	61.0	63.6	65.2	66.1	67.1	69.0	71.4		
Enrolment rate of children aged 6-7 years old in educational institutions	92.2	87.0	89.0	90.3	91.0	91.1	93.8	93.1	92.8	93.5	95.0	98.0
Share of children enrolled in the first grade, after preschool education*	78.8	69.1	75.6	81.7	n.a.	n.a.	91.5	97.7	97.5	97.5	-	-

Note: * - The presented data do not include the data from the left side of the River Nistru and Bender municipality; the difference up to 100% refers to the share of children enrolled in the first grade, who did not graduated from preschool education;

Source: 2003-2006 – ME, 2009-2012 – NBS;

At the same time, in terms of access to education, children with disabilities, Roma children, youth from total area are all on the lists of the most vulnerable groups. Hence, according to the recent surveys, only 31% of children with disabilities (out of those interviewed) go to schools (Brighidin A., 2012).

Even if we admit, as some data suggest, that the Republic of Moldova already has a high enrolment rate in gymnasium education, it should be recognised that the situation in education is complicated. On one hand, significant efforts were undertaken over the last few years to improve the quality of education: modernizing the curriculum, improving material and manuals, improving the quality of technical-materials, improving the teaching staff, etc. On the other hand, there is general dissatisfaction with the quality of formal education, as reflected in the results of the final exams in 2013. This is also supported by data that 50% of pupils failed the PISA test in 2009. The high level of expenditure for education in terms of GDP (8-9%) for the better part of a decade has not yet had a major economic and social impact (Government of the Republic of Moldova, 2012). The level of investment is also not uniform across

the country with more severe problems registered in rural area (NBS, 2012).

A number of factors have determined this situation. The unfavourable demographic situation in the country (decrease over the last years⁷ of the birth rate, the ageing population, the drain of the able-bodied population / migration) has turned into a decrease in the number of pupils, and a drop in efficiency in using the school system and service infrastructure. During the last decade, the population aged 3-23 years old, (that covered by the education system, dropped by 12.6% (NBS, 2012). Today, the structure of the educational institutions' network no longer reflects the underlying demographic reality across the country, especially, in rural areas. *Political factors* still exert an influence in terms of budget allocation on education and personnel policies. At the same time, specialist opinions differs in relation to *allocation of resources per capita*, as the country's current problems require a more sophisticated approach, as many stakeholders have mentioned.

There are significant discrepancies between the residential areas in terms of gross enrolment rates in preschool education of children aged 3-6 years

⁷ Except for 2012, when the birth rate has increased by 253 persons as compared to the previous year.

old. These differences are driven by *the fact that children from the adjacent villages go to urban kindergartens and higher employment levels in the case of urban women, etc.* (UNWomen, UNICEF-Moldova, 2013). At the same time, the disparities in terms of residence and subsequent access to education, significantly shapes discrepancies between the urban and rural poverty rates. If these disparities are not reduced, they will have implications on the poverty rate as well. In general, we have a vicious cycle: the more limited access to education in total area favours impoverishment, and poverty, in its turn, creates barriers for access to education (e.g. to survive and maintain the family, the children work on the fields instead of going to school).

The reduced school-enrolment rate among the Roma children is influenced by financial factors, change of residence, parents' refusal, as well as the persistence of discrimination from peers and even teachers – factors which diminish these children's wish to go to school. The low school-enrolment rate among the children with disabilities is influenced by a number of causes: insufficiency of financial revenues; lack of facilities and adequate conditions for children with disabilities within schools; lack of specialised transportation means and access roads, which would be adapted in the corresponding way (Brighidin A., 2012).

Another factor refers to the **reduced flexibility of the educational system**, which is poorly correlated with economic and social realities. This situation also refers to the insufficient collaboration or even no collaboration between schools and economic units.

The MDG 2 is closely interdependent on the evolution of other MDGs. Hence, the economic situation (MDG 1) has a significant impact, limiting the access of children from poor families to education services and leading to a drain on the labour force (of young teaching staff, of parents with children – pupils), and this generates a vicious cycle of poverty caused by insufficient education. Parents with lower levels of education, in general, tend to be poorer; hence, they can invest less in the education of their children. The quality of education has a direct relationship with people's health (MDG 5, 6, see Lutz, 2013), which largely determines the quality of life. In this respect, education serves as an important tool to cultivate healthy lifestyle among the youth, which could prevent future

unwanted pregnancies, drug and alcohol abuse, anti-social behaviours. At the same time reduced access to the basic health (MDG 7 and 5, 6) services (such as water, sewerage and heating supply) in the majority of rural localities affects the health and the motivation of children for education, and their psycho-social comfort. The lack of adequate infrastructure reduces the attractiveness of the education service, leading to a drain of young specialists from the respective area.

It should be noted that the lack or insufficiency of places in preschool education institutions affects women's employment and, respectively, their wellbeing (MDG 3, see UN-Women, 2011).

Critical constraints

The education system is subject to continuous reform and transformation process. During the last two decades, a lack of continuity was evident in some segments of educational policies and reforms; the mechanisms for strategic and operational management of general education are not perfect. In this context, the majority of the population denotes a certain level of scepticism referring to the possibility to make the system more efficient.

Another constraint refers to the **fragmentation of local authority into many small localities** which complicates school administration at the local level and creates important fixed costs for buildings' maintenance and administrative personnel. All of these create major pressures on the budget and mitigates against the expenditure of additional financial resources to improve technical-materials and developing teaching staff.

There was inadequate consultation with the local communities on local school reform. Hence, the need of the reform is not fully understood, and the Ministry of Education faces major resistance at the local level in this respect.

A number of structural factors limiting progress still persists. Thus, *residence* is a significant factor which determines access to education, as the children from rural localities are more disadvantaged in this respect (especially those from small and remote localities). *Some elements of segregation* of pupils by ethnicity, training language, religious affiliation, and physical and mental status also persist⁸. A lack of infrastructure and transportation

⁸ As revealed by the reports of field visits of human rights adviser to the UN Resident Coordinator in Moldova Claude Cahn, 2012-2013. Also, see: "Promoting inclusive education in Moldova. Communication Strategy" on www.edu.gov.md "Community mobilization for empowerment of vulnerable women and men". Joint Integrated Local Development Programme, Moldova, 2012. Government of the Republic of Moldova, UNDP, UNWomen, Government of Sweden.

which could support children with disabilities also serves to limit their access to education.

Economic and financial factors expressed in terms of low salaries and revenues, in turn driven by a lack of wider economic opportunity, affects children's access to education, especially of those from the vulnerable groups. Moreover, due to lack of basic infrastructure and low living standards in rural areas, teaching staff, especially younger teachers, are not interested in working in rural schools, and this makes the problem of quality of education in rural areas more acute.

The differences between statistical data, and the data obtained from different sources, often determined by the different methodologies, the insufficiency of indicators to assess the performance of every pupil, teacher and institution, insufficient disaggregation of the indicators currently used – all create serious obstacles for increasing the efficiency of educational management. Insufficiency of data related to access to education of Roma children and children with special educational needs limits the effectiveness of interventions.

Possible opportunities and success factors

The Government has sought to tackle the quality and access to education as indispensable elements in ensuring sustainable human development. Respectively, ensuring quality preschool, primary, and secondary education for all the children by developing child-friendly schools and extending the practice of inclusive education is a strategic objective (the Government of the Republic of Moldova, Ministry of Education, 2010). This sector enjoys strong Government support which will in all probability lead to good outcomes.

Implementation of different projects and initiatives supported by donors (such as the Global Partnership for Education, Quality Education in Rural Area in Moldova, and other) aims to modernize the educational system in the Republic of Moldova and may contribute to ensuring access to quality education at all the levels for all the children. For instance, the new initiative of the Ministry of Education, promoting the computer-assisted training in schools "Get connected! Information technologies for success in learning" represents an impact instrument to increase the quality and the relevance of the educational process. The economy of a country in the 21st century cannot be competitive without using IT.

The state allocates significant financial means for education (7.4% of GDP in 2013), but they are not used efficiently or adequately. The efficient use of technical-materials and financial resources in the educational system may contribute to improving the quality of education, without increased financial needs. At the same time, the provision of minimum hygiene and comfort conditions (drinking water, hot water, heating, WCs, etc.) and cultural and sports equipment are all factor which make the service in rural schools more attractive.

Decentralization, including in education, is perceived as an opportunity to develop some qualitative services focused on the needs / interests of the child, to extend the management mandate for financial, material, and human resources. Hence, the Government's hope that adequate human rights and gender-sensitive local policies, will help ensure sustainable social-economic development opportunities for the vulnerable groups.

Reforms optimising school networks in the regions helps to provide a more efficient the use of financial resources (by applying the financing per-pupil formula at the national level). These reforms, in consultation with the population and in partnership with the LPA, civil society, may really create more opportunities and help to ensure access for all children to quality education. For instance, the efforts of the Government and LPA to rehabilitate roads create the necessary conditions to transport children to hub-schools.

An important condition for making the education system more efficient would be a ***review and redesign of the personnel policy in education***. The settlement of this problem could also lead to a reduction of some gender disparities which exist at the staff level. At the same time, it is necessary to train teaching staff by taking into account the specific educational problems and ensuring the inclusion of all categories of children with special educational needs.

State efforts to reform legislation in education to meet international standards would help to ensure the efficient operation and systemic development of education. The adjustment of legislation to reform the system for record keeping of school-age children, the establishment of responsibilities for parents, teaching staff, heads of educational institutions, local public administration bodies related to children schooling, may contribute to improving the current situation.

The Government passed the Action Plan for supporting Roma population for 2012-2015, which stipulates measures to enrol Roma children in education. The MLSPF has initiated the training for community mediations in localities with Roma population. The subsequent implementation of these measures may contribute to increasing these children's access to education.

The implementation of the Program to develop inclusive education 2011-2020 provides opportunities for children with disabilities/special educational needs for them to be reintegrated in fam-

ilies and to continue their studies in community educational institutions.

According to the conclusions of a number of studies in the educational policy area, the main cause for low enrolment rates in primary and gymnasium education for certain social groups are poverty and parents' migration to other countries to look for work (see Government of the Republic of Moldova, Ministry of Education, 2010). **The state's efforts to combat poverty and create attractive jobs represent an important precondition for creating possibilities to access education for all the children.**

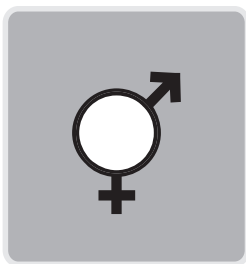
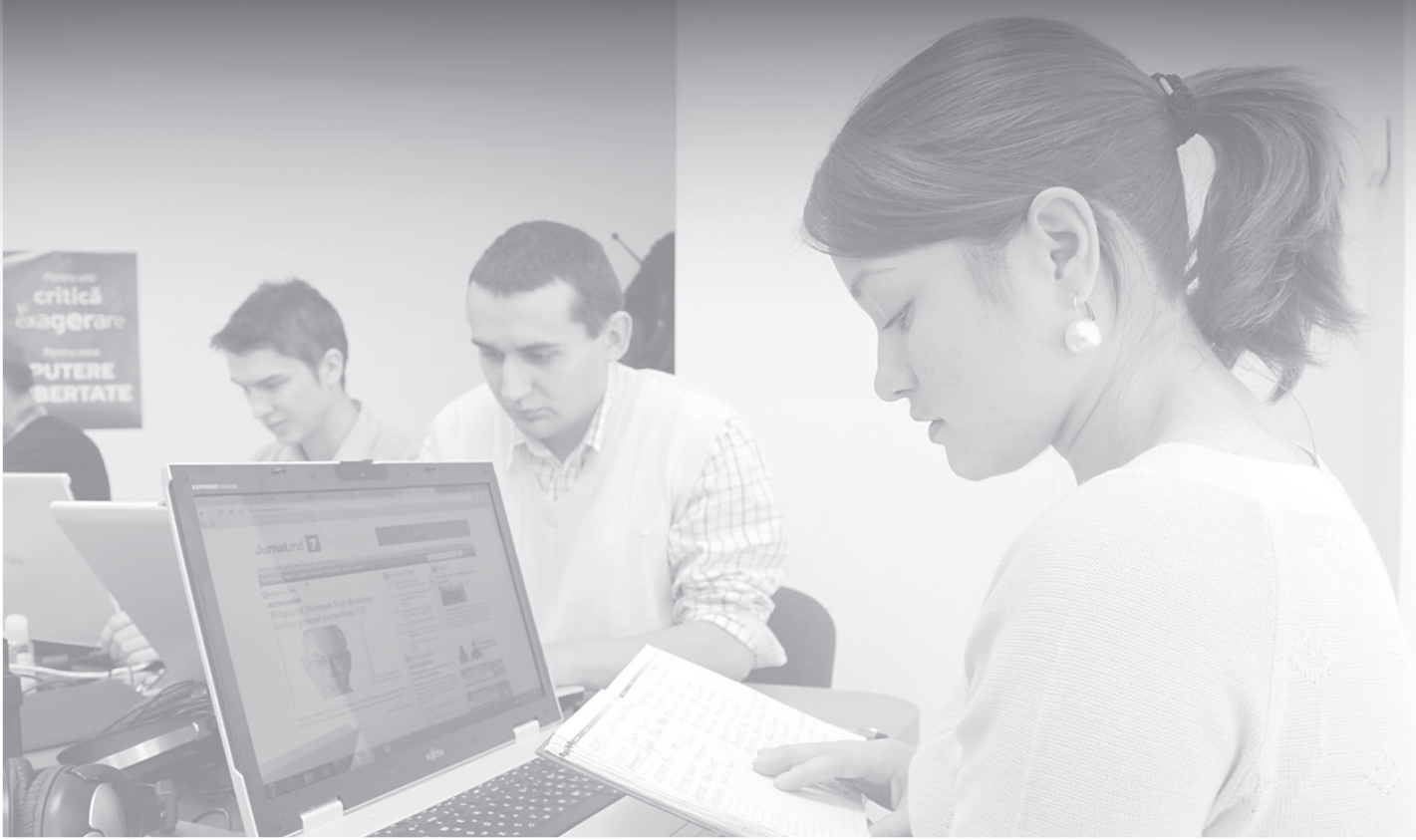
Box 2. Lessons to be learned for the Moldovan Educational System

Victoria, 17 years old, alumni of FLEX Program (*exchange of experience of pupils' groups in USA*):

"The participation in such programs is extremely positive and necessary. I would take on board the following elements: a welcoming/non-violent attitude of teachers towards pupils; the possibility of selecting subjects, which offers the possibility to test your interests and capacities; equipping the school with IT (access to Internet, most recent literature, every classroom to be equipped with laptop, projector, etc.), development of a culture of personal accountability, and the non-toleration of copying. During evaluations teachers actually encourage pupils, treated them with a positive perspective, offering them more chances. I was impressed with the fact that pupils in schools are assisted and trained for post-school education (how to select the institution, how to apply, how to prepare the CV, essays, etc.)."

FLEX Program (Future Leaders Exchange Program) provides scholarships for lyceum pupils (age 15-17) from Eurasia to spend an academic year in the United States, who live in a family and go to an American lyceum. The program is funded by the US Government.

Source: Interview with the alumni of the FLEX Program.



“Promote gender equality and empower women”: a real chance to speed up development

MDG 3

Key trends

During 2010-2011, the Republic of Moldova made some progress in reaching the indicators related to the MDG 3, and women's representation in decision-making positions at the local level has increased. Hence, a trend of gradually increasing the number of women in decision-making positions at local levels has been evident: among elected mayors – from 18.15% in 2007 up to 18.51% in 2011, among the local counsellors – from 26.5% up to 28.71%, and among the rayon counsellors – from 16.48% to 18.39% (Table 3).

representation is not enough to reach the MDG targets.

The following trend was noted for women's representation in decision-making positions at the central executive level: even though a gender balance is evident at the level of ministries and other central administration authorities in relation to distribution of salaries and decision-making positions, nevertheless the presence of women decreases as the hierarchical scale increases. Women's promotion at the Government level remains non-uniform, as only 6% of ministers have

Table 3. Women in decision-making positions at the local level, % of the total number of position holders

Position	2003	2007	2011	Ținta 2015
Rayon President	3.1%	3.1%	9.3%	-
Mayor	15.37%	18.15%	18.51%	25%
Rayon counsellor	10%	16.48%	18.39%	25%
Local counsellor	-	26.5%	28.71%	40%

Source: Central Electoral Commission

At the legislative power level, some positive trends are evident. The level of women's participation on MPs' candidate lists increased from 15.7% (1998), to 29% (2005), to 30.4% in July 2009 and to 28.5% (2010). Nevertheless, the effective representation of women in the Parliament is less

been women over the last few years, with few exceptions (Table 4). At the same time, after the political changes of June 2013, 4 (25%) of the 16 minister positions were attributed to women, and a woman was assigned as Deputy Prime-Minister for issues in social areas.

Table 4. Women in decision-making positions at the central level, % of the total position holders

Position	2005	2009	2010	2012
MP	22%	24.7%	19.8%	19.2%
Minister	6.7%	6.2%	6.2%	6.2%

Source: Central Electoral Commission, NBS;

positive: after an increase in the number of women's on MPs' candidate lists from 22% in 2005 to 24.7% in July 2009 and as a result of the elections held in November 2010, women still accounted for only 19.8% of the total number of MPs⁹ (Table 4) (the target for 2015 being 30%). The Parliamentary leadership includes 1 woman in its composition (out of 4 persons), three women are part of the Parliament's Standing Bureau (composed of 14 members). Only one parliamentary faction of those four factions is led by a woman. Currently, Parliament has ten standing committees and only three of them are chaired by women. In spite of these positive examples, this level of women's

Gender-based analysis of the number of civil servants shows that in 2012, the share of men accounted for 51.5%, and the share of women – 48.5% of the total number of civil servants (Table 5). The share of women in "public administration" in general accounts for 43.1%. At first glance it seems that this situation is favourable for women, nevertheless they are under-represented as public dignitaries (25.4%), public leadership positions at a senior level (30%), and public positions with special status (15.8%), and the figures registered a slight decrease as compared to 2010. Hence, a lower number of women take part in effective decision-making. On the other hand, women

⁹ According to these figures, the Republic of Moldova is ranked on the 64 place out of 188 countries with reference to women's share in the Parliament, as of January 01, 2012.

Table 5. Gender disaggregation of civil servants by administrative levels and types of held position, January 1, 2013

	Civil servants, total		Central Public Administration		Local Public Administration	
	women	men	women	men	women	men
Total	48.5	51.5	42.4	57.6	64.3	35.7
including: Position of public dignity	25.4	74.6	31.2	68.8	18.2	81.8
Public leadership position at senior level	30.0	70.0	30.0	70.0	-	-
Public leadership position	64.8	35.2	61.5	38.5	69.4	30.6
Public executive position	73.2	26.8	73.5	26.5	72.8	27.2
Public position with special status	15.8	84.2	15.8	84.2	-	-

Source: NBS;

make up a majority of public executive positions (73.2%).

A number of factors have favoured the progress achieved for some levels. A number of international commitments have been made, in the context of international gender equality treaties, including recommendations of the UN Committee for Elimination of Discrimination against Women referring to women's promotion in decision-making positions, all of which serve to motivate the Government to enhance efforts to mainstream gender in public policy developments, as well as the implementation, monitoring, and evaluation of these accords. Adoption of legislation on gender equality¹⁰, increasing the level of awareness among different categories of population about gender equality within NGOs' projects with the support of international organisations, advocacy of representatives from women's organisations, and the establishment of the dialogue between the Government and CSOs are examples of coherent actions undertaken across these areas.

In spite of this progress, **women continue to be under-represented both in the electoral process and in political and decision-making process**, as the figures mentioned above do not reflect the demographic structure of the population, where women represent 51.9% and men – 48.1% of the population.

The national legal-normative framework stipulates direct provisions on ensuring equal payment for equal work. Taking into account current

data, men and women in comparable situations on the labour market in Moldova are paid equally for performing the same duties. At the same time, the statistics reveal a gender discrepancy in salary payment, as women's salaries account on average for 76.1% of men's salary in 2010 and for 87.8% in 2011 (Table 6). It should be mentioned that starting in 2011, the NBS uses a new statistical methodology that shows an improved situation in this area, but this does not allow for comparisons over time¹¹.

These discrepancies are explained by the fact that men, traditionally, hold hierarchically higher and better paid positions and dominate sectors of the economy where salaries are higher, while women represent a majority in the social sector, where the level of salaries are low. Hence, in 2012, 69.6% of women were employed in education, health, social assistance where the wages are lower compared to other sectors (e.g. in education, in which one in five women works, the average remuneration accounts for about 80% of the average nominal gross salary in the economy). The unemployment rate is lower in women's case than in men's (4.3% as compared to 6.8%), but the employment rate is higher in the case of men as compared to women (40.6% and 43.5% as compared to 36.5% and 38.2%).

It should be mentioned that women have a smaller share in public life, entrepreneurship, and some areas of work, as they are forced to allocate more time to domestic chores and children's education, especially in rural areas, where traditional con-

¹⁰ Law No. 5-XVI on assuring equal opportunities between women and men (2006), National Program for ensuring gender equality for 2010-2015 and other.

¹¹ In 2011, a number of methodological modifications were introduced, that is why it is impossible to compare the data over time. In 2003 – 2010, the data were referring only on the month of September from every year, while in 2011 – 2012 the data were referring to the entire reporting (calendar) year. Important changes occurred also at the coverage level: the data for 2003 – 2010 cover the reporting units with 20 and more employees, while starting in 2011 – all the reporting unit with 1 and more employees.

cepts about women's role in the society are more deeply rooted and are transferred to younger generations. According to different studies' data, women dedicate themselves to domestic chores for 2 hours per day more¹².

MDG 3 is closely interdependent on the evolution of other MDGs. Hence equality between men and women is perceived as a precondition and an indicator of sustainable development focused on people (MDG 1)¹³. The "de facto" achievement of gender equality leads to diminishing women's discrimination and domestic violence, offering the possibility to reorient resources to other development programs. At the same time, the surveys reveal lower access to drinking water resources for rural families headed by women (MDG 7), a higher vulnerability for women as compared to men in terms of the perspective of access to health services (MDG 6)¹⁴. Education (MDG 2) is also one of the most powerful factors for raising awareness about gender equality among the different categories of population. At the same time, lack or insufficiency of places in preschool institutions affects the employment of women with children of preschool age (UN-Women, 2011).

Critical constraints

The Republic of Moldova has a solid legal framework on gender equality, but there are a number of weak points in its enforcement (such as the declarative nature, deficiencies in the mechanism used to monitor and settle the gender-based discrimination cases, etc.). **Lack of affirmative actions (quotas)** in the national legislation limits the possibility of ensuring and maintaining stability in women's political empowerment. Hence, in spite of the relative increase registered for women's

representation in rayon and local councils, as well as in the Parliament, **progress is limited**. It is not possible to anticipate women's promotion and positioning in decision-making structures, as this depends on the political context and on the leaders of every political party.

The persistence of gender stereotypes, a phenomenon confirmed by different studies and analyses¹⁵, affects women's involvement in political activity (including the practices of nominating candidates within the party), as well as the population's decision to vote in women's favour. In spite of women's wish to assume themselves decision-making roles (boss, politician, mayor), the persisting general vision makes women responsible for households chores and children care (Brighidin, 2012).

Global factors also influence the progress registered by Moldova for the MDG 3. Hence, the global economic crisis, via a direct impact on the Moldovan economy, has led to continuous decrease of number of jobs. These trends, but also the low level of jobs' attractiveness and the insufficient number of working places, especially in rural areas, condition **women's decisions favouring work in social areas and budgetary jobs, which are paid less, but are relatively stable**.

Fewer women are less employed in entrepreneurial activities. According to data, the percentage of women-entrepreneurs in Moldova is only 27.5%, with a high prevalence in urban areas. The deficiencies in the child care system, women's financial dependency, and persistence of stereotypes all represent factors which limit women's involvement in entrepreneurial areas. According to expert opinions, enterprises held and led by women are more limited in resources and have fewer possibilities for economic growth¹⁶.

Table 6. Evolution of salary earnings based on gender

	2006	2007	2008	2009	2010	2011
Men, lei	2162,6	2489,9	2910,1	3144,0	3439,5	3252,8
Women, lei	1472,7	1808,6	2134,0	2403,0	2619,0	2856,3
Women's salary in relation to men's salary, %	68.09	72.6	73.3	76.4	76.1	87.8

Source: NBS

¹² Time Use in the Republic of Moldova <http://www.statistica.md/newsview.php?l=ro&idc=168&id=4055>.

¹³ Policy responses: Now & Beyond 2014. UNECE Regional Report. UNECE Regional Conference, Geneva, 1-2 July 2013.

¹⁴ Brighidin A., Report on the sociologic survey about women' and men' access to services and local decision-making process (representatives of vulnerable groups), UNDP, UNWomen, Moldova 2012.

¹⁵ Participation of women and men from the Republic of Moldova in the decision-making process. Results of the public poll. CPD. Chisinau, 2012; Women's Needs Assessment. UN Women, Chisinau, 2011.

¹⁶ Aculai E. Conditions to create and develop enterprises: gender-based analysis. NBS, UN Women, UNDP. Chisinau, 2009, p.89 www.statistica.md.

Possible opportunities and success factors

The targets of the MDG 3 represent the strategic indicators of the Government's policies for ensuring gender equality¹⁷. It is important for the trends to increase the number of women involved in political activity to be supported and consolidated. Therefore, providing the conditions for political and economic empowerment of women is relevant for the government priorities. **The political will of the Government to fulfil the international and national commitments in gender equality area**¹⁸, especially in the context of the European integration, represents potential successes in promoting women to decision-making positions.

The efforts undertaken by the Government, LPAs, and NGOs to eliminate the gender stereotypes and structural barriers (such as development of care services for preschool-aged children, persons with disabilities / elderly people), the development of programs focused on reconciliation of professional and family lives and increasing the number of men taking leave for child care – all these provide perspectives for women's more active involvement in political and public life. **The implementation of some gender modules / training programs for youth**, initiated in the general secondary and higher education system, may facilitate the transformation of women's and men's gender roles in the society and family.

The reform of legislation (to make parties and other structures more accountable in observing gender balance by applying quotas), initiated by the Government, creates premises to facilitate women's

empowerment. Surveys confirm the importance of women's representation in the Parliament: the higher the number of women, the wider the possibility to tackle women's issues and to change gender dynamics in Parliament (Ballington, 2008). In this context it should be noted that there are initiatives to mobilise political parties to promote women on electoral lists by applying funding mechanisms and namely - allocation of public funding of parties which promote women on lists of candidates in parliamentary and local elections. Accordingly, real opportunities to promote women in decision making positions shall be opened.

The development of society is strongly affected by migration, which brings negative and positive effects. Tackling migrant women as agents of co-development (Council of Europe, 2010) and accumulation by them of positive experiences referring to women's status in European countries, as well as financial resources may facilitate women's decisions to become entrepreneurs, or participate in political and public life.

The state has prioritised and has allocated more resources to develop the entrepreneurial sector¹⁹. **The development of entrepreneurial programs**, especially for women and youth, could improve their social-economic situation and would foster their involvement in the decision-making process.

The establishment of the dialogue between the state structures, LPA, and NGOs active in the gender equality area, as well as support granted by the international structures via the programs dedicated to promoting gender equality and women's empowerment (UNWomen, UNDP, OSCE, UNFPA, and other) create positive premises for enhancing this area.

Box 3. Promotion of women in decision-making and political positions – the voice of a female mayor

National legislation stipulates equal rights for women and men to participate in decision-making. But in reality, it is more complicated for women to participate in elections and to take leadership positions.

Women's fates depend a lot, in this respect, on the political circumstances and the will of the political party leadership. The persistence of traditional stereotypes limits women's active involvement in political life. The cultural sensitivity of politicians leaves much to be desired.

Many times, women's promotion and success depend also on their self-promotion skills and persistence. At a rural level, in difficult social-economic conditions, it is very difficult for women to get involved and to overcome difficulties related to the political and public activities. Frequently women are faced with a dilemma: family or work.

In this context, the introduction of affirmative actions would make the parties more accountable to promote women, and would facilitate women's involvement in politics".

Female mayor, in a rural locality

Source: Interview;

¹⁷ The Government Activity Program "European Integration: Freedom, Democracy, Wellbeing" for 2011-2014; National Program for ensuring gender equality for 2010-2015.

¹⁸ See the National Program for ensuring gender equality for 2010-2015; Activity Program of the Republic of Moldova Government – European Integration: Freedom, Democracy, Wellbeing, 2011-2014.

¹⁹ See the Strategy for Development of Small and Medium enterprises for 2012-2020, approved via the Government Decision No. 685 dated 13.09.2012.



“Reduce child mortality”:
important progress that should
be maintained.

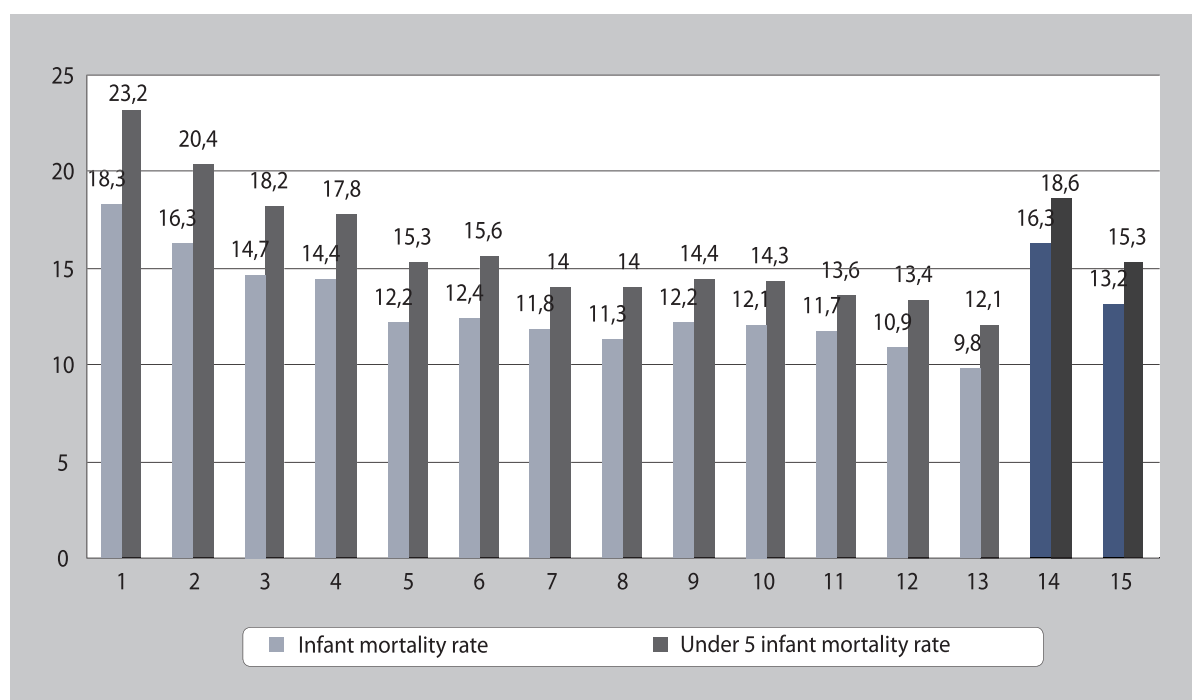
MDG 4

Key trends

The medium term and final targets for reducing infant mortality (IMR) and under-5 mortality rate (USMR) have been reached. In spite of the fact that in 2008 the definition of the “live birth” was adapted to meet the provisions of the World Health Organisation (WHO), including new-born children over 500 g, the infant mortality rate increased for only one year, and afterwards it returned to a downward trend, registering, for the first time in 2012, a value lower than 10 (more exactly, 9.8, the target by 2015 being 13.2). The under-5 mortality rate also reached a stable level which had decreased since 2009, achieving in 2012 the level of 12.1 per 1,000 live births (Figure 2). Nevertheless, even though this “work” has already been done in relation to MDG 4, these indicators are far from being similar to those set in the European Union states (4.3 in 2011)²⁰.

3 large stages: fortification (1998-2002), operation optimisation (2003-2007) and modernization (2006-2014) of the perinatology system, contributed significantly to reducing infant mortality based on the early neonatal system (by 50%). This success was made possible due to regionalisation of the perinatology/neonatology services in three levels, equipping maternities of all the levels with essential medical devices and the perinatal centres of II and III levels with sophisticated equipment, as well as implementation of essential interventions for mothers and new-borns, and of modern technologies necessary to take care of extremely premature children, and increasing their rate of survival. In spite of all these achievements, there are still neonatal deaths induced by prematurity (60%) and death of children in the first 3 months of their lives (30%), especially due to congenital malformations. These efforts are necessary to support the provision of quality maternal services (in

Figure 2. Infant mortality rate (IMR) and under-5 mortality rate per 1,000 live births



Source: MOH;

A number of factors over the last 12 years have contributed to this success, especially the introduction in 2004 of compulsory health insurance, thus guaranteeing a package of free services and medicines for children and pregnant women. The implementation of the Reform of Primary Health Care also had an impact. The National Program in Perinatology, implemented in the country within

line with standards in 80% of cases) and paediatric hospitals²¹.

The Republic of Moldova was among the first countries from the WHO European Region which, starting in 1998, implemented the Integrated Management of Childhood Illness (IMCI) initiative, as the most efficient strategy to improve mother

²⁰ Eurostat database.

²¹ Source "Report of the study for needs' assessment in mother and child health area", Chisinau, 2013.

and child health. At that time, child mortality at home was higher than 20 per 1,000 live births, and children from Moldova suffered from malnutrition and insufficiency of vitamin D. Almost half of under-5 deaths were caused by respiratory pathologies, and half of them could have been prevented. The IMCI Program aimed to tackle in the Republic of Moldova the main causes of child mortality, by improving the skills of the medical personnel in case management area, improving the performance of the health system and care practices at the family and community levels. The aim of the project was to support efforts to reach the Millennium Development Goals in Moldova for reducing infant mortality rate and under-5 mortality rate. In partnership with PAS Centre, UNICEF has assessed the impact of IMCI as crucial for decreasing this indicator (UNICEF, PAS, 2011).

Under-5 mortality rate at home has decreased over these two years by two times, and the same goes for the infant mortality at home (in 2010, the indicators accounted for 3.0 and 2.3, respectively). Boys face higher risks than girls in relation to the under-5 mortality, registering considerable differences since 2007 (in 2010 – 16 boys and 11 girls). Child mortality at home also decreased due to improved access to primary health care services, the single guaranteed program, as well as due to the information to parents and child caregivers about the danger signs and what to do in such cases. A major contribution in reducing this indicator was made by national campaigns for family education and community mobilisation carried out in the framework of “Regionalisation of paediatric emergency and intensive care services in the Republic of Moldova” Project (REPEMOL) and the Perinatology Program. At the same time, the intervention of medical-social multidisciplinary teams, contributed to reducing infant mortality at home. The main causes of under-5 mortality remained the same – respiratory pathology, trauma and intoxications, acute viral infections, and acute diarrheic diseases.

The Demography and Health Survey in 2005 has registered disparities related to the average value of the national IMR of 13 deaths per 1,000: 23 in rural area, 31 in the South and 20 in the first quintile. For U5MR, rural children are affected by higher rates (30 per 1,000) than urban children (20 per 1,000), and children from the lower quintile (29 per 1,000) are affected by higher rates than those from the higher quintile (17 per 1,000). Children

from the southern part of the country registered the highest U5MR (38 per 1,000), while the children from Chisinau have the highest chances of survival in the first 5 years of life. Although there are no disaggregated stratified data on IMR by ethnic criterion, the UNDP survey from 2007 shows that IMR in Roma people group is twice as high compared to non-Roma groups (29 comparing to 17 per 1,000). The survey revealed a concentration curve showing pronounced inequity of infant mortality among disadvantaged poor children (PAS Centre, 2010). According to the recent studies, vaccination levels among Roma children is not significantly lower; but they incur more problems related to migration, late registration and early delivery. This is confirmed by a recent study carried out by UNICEF “Vaccination of small children, knowledge and skills” (2012). Coverage of Roma families with compulsory health insurance is lower. Hence, only about 35% of Roma people have individual health insurance policies, as compared to 71.2% in other ethnic groups (UNICEF, 2012).

There are several groups that are particularly vulnerable. The evaluation report of the Integrated Management of Childhood Illness in the Republic of Moldova for 2000-2010 identified vulnerability (as defined by health professionals) is more frequently associated with the following categories of population: single mothers or families with many children, poor families, unemployed parents, young parents, detainees, patients with TB and PTH, high risk behaviour groups, Roma people, some religious groups (because of their reticence to access medical services and decline medical interventions). A recent and popular trend is represented by emigrant mothers and mobile populations. These trends of inequities related to vulnerable families are also pointed out by other recent studies (PAS Centre, 2009).

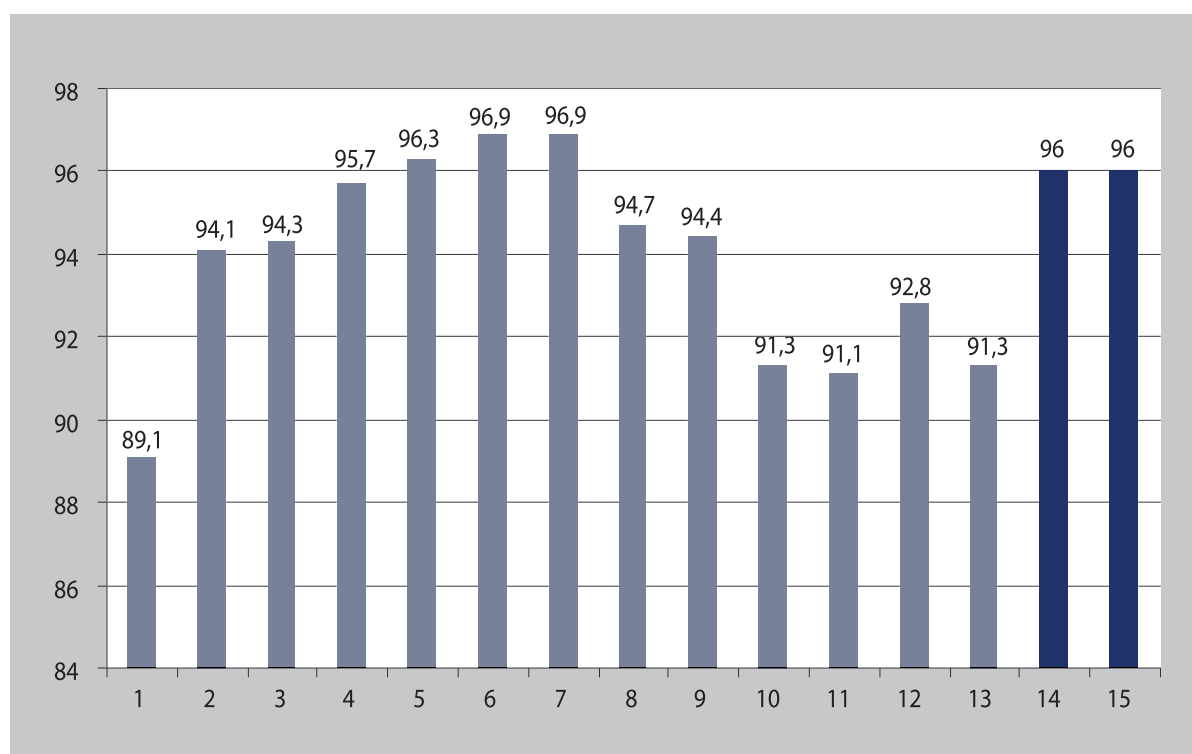
Infant mortality rate and under-5 mortality rates also decreased in Transnistria, registering in 2009 a value of 8 per 1,000 live births and 10 per 1,000 live births respectively²². General vaccination rates reportedly have reached 80%, which should be considered as a relatively low level. Nevertheless, child vaccination levels are over 90% and cover new antigens, such as hepatitis B, rubella, Haemophilus Influenzae Type B. The universal vaccination against the rotavirus started in May 2012, and in 2013 the vaccination against Pneumococcus will be introduced (report of the senior expert in human rights T. Hammarberg, 2013).

²² According to the data presented by the region authorities.

After a four-year period of decline in between 2006 and 2010, the vaccination rate among children under-2 remains significantly below the target level (91.3% in 2012) (Figure 2). The Ministry of Health has considerably enhanced the communication strategy on the benefits of vaccination and has organised several major and active campaigns promoting vaccination, including according to the National Vaccination Program 2011-2015. The ROR vaccination is provided free of charge at the age of 1 and 6-7 years old. After a number of years with no cases, in 2011, some cases were registered among Roma unvaccinated children. The indicators from the left side of the River Nistru and those from municipalities are substantially greater (in 2012 in the Eastern re-

training, and those from the lower quintile have a lower level of knowledge about the benefits of vaccines²³. Additional data will be generated by the MICS study in 2012. According to the opinion of public health specialists (Melnic A., Gheorghita S.), parental refusals are the main causes of a decline in the vaccination rate. The prevailing causes are misinformation from the Internet, biased or incorrect messages in mass-media, and affiliation to different religious communions. Medical contraindications from specialists, such as neurologists, oncologists, surgeons, which are frequently unfounded, and also make their contribution to an increasing number of non-vaccinations through immediate medical omission (the same source). The plan of the MH and NCPH includes informa-

Figure 3. Share of under-2 children vaccinated against measles



Source: NCPH;

gions 79.7% compared to 92.2% on the right side; 85.9% total for municipalities compared to 95,3% total for rayons).

The study of parental attitudes to vaccination highlighted that the vast majority (95%) of respondents consider that vaccines are beneficial for children’s health, and about 98.4% mentioned that their children are vaccinated. The respondents from rural areas, those with a lower level of

tion for parents, religious leaders, primary health specialists, and the continuous medical training departments from the medical university to ensure a better quality of information about the vaccination benefits.

Critical constraints

An important constraint for a better result in reducing infant mortality is the education and

²³National Study on families’ knowledge, attitudes and practices in the area of children care and early development. 2009. Summary report.

information level of caregivers (parents). An evaluation of mortality cases at home and during the first hours after hospitalisation revealed that in half of all these cases, children manifested signs of illness the previous day, but parents failed to ask for help, due to a lack of knowledge, lack of telephone, long distance to the medical institution, and fear of hospitalisation. Many of these families are poor and there are also signs of negligence towards children. The study also concludes that lack of social assistance and no involvement of local authorities also figure among the factors determining the mortality level²⁴.

Reduced access to health services for vulnerable groups, including in rural areas is a constraint, imposing general actions to improve access to health services for all the groups. These actions should include improving the attitudes of medical workers' so as to build a health service which will serve the entire population.

Social integration and the quality of life of children with neuromotor disabilities is not at an acceptable level and depends on efficient enforcement of the system of early intervention and individualised recovery.

Reduced capacity of monitoring and evaluation – although the efficient means for monitoring early perinatal/neonatal mortality is evident in the sanitary system, tools for post-neonatal mortality monitoring and evaluation, as well as the managerial capacities of the primary health care specialists currently have limited effects.

Possible opportunities and success factors

In August 2012, the Government and the Ministry of Health reconfirmed their efforts by signing the Global Committing to Child Survival: Promise Renewed" which is a UNICEF global initiative, which aims to continue efforts to save small children's lives.

Existence of donors and key partners who are active in the area of mother and child protection provide an important support to the Government in its endeavours²⁵.

The existence of a regionalised service in perinatology, the national system for diagnosis of new-borns' and surveillance, development and approval of mechanisms for inter-sector collaboration in the medical-social area for preventing and reducing the rate of infant and under-5 mortality at home, strengthening technical-materials and implementing new technologies (specialised ambulances and equipping regional reanimation and intensive therapy departments), and centres for continuous training for paediatrics in intensive and emergency therapy – **all these are factors that give some optimism for success sustainability and even hope for improvements in the post-2015 period**²⁶.

Important joint projects are implemented with the support of development partners, which will have a positive impact on the quality of perinatal and paediatric services. In particular, there are two important Moldovan-Swiss Projects: "Modernization of the perinatology system", currently in the third stage of implementation and "Regionalization of paediatric emergency and intensive care services (REPEMOL)", in its second stage. A number of subdivisions from specialised medical institutions were established or enhanced: the Emergency Admission Department in the Institute of Mother and Child; work finished to the joint Reanimation and Intensive Therapy Department in Cahul Rayon Hospital; the Toxicological Information Centre was established and equipped in the Institute of Mother and Child. In parallel, protocols and standards in the area have been updated and relevant personnel are trained. Communication and educational campaigns are organised, including at a national level, within the framework of the REPEMOL and Perinatology Projects, as well as with other international development partners – UNICEF, WHO and UNFPA.

²⁴ Ministry of Health, Ministry of Social Protection and Family, and Lumos Foundation.

²⁵ Governments of Switzerland and Japan, the European Bank of Reconstruction and Development, UNICEF, UNDP, Swiss Agency for Development and Cooperation (SDC), World Bank.

²⁶ See for more information on institutional framework and information campaigns on mother and child health in MDG 5.

Box 4. The modernization of the healthcare system saves human lives

"Iulia's survival was a miracle ..."²⁷

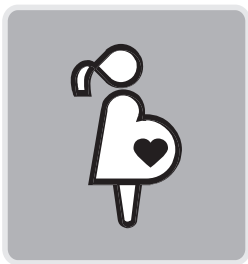
A total of 130 files are stored in the database of patients from the Neurologic Diagnosis and Monitoring Centre under the Institute of Mother and Child from Chisinau. Iulia's file may be found among them. She was born prematurely in October 2007, weighting only 1100 grams. The mother of the child, Eugenia Guila, 29 years old, who had lost a child before, remembers: "Iulia's survival was a miracle which came true due to the competence and attention of the personnel, but also due to some very sophisticated devices that I have never seen before".

The specialist from the Diagnosis Centre commented: "The application of an integrated program of diagnosis and monitoring, which includes two years of special rehabilitation, has had very good results in cases of premature children. The methodology identifies neurologic conditions of new-borns and provides subsequent rehabilitation. And this actually explains the fact that Iulia is a healthy and intelligent child".

The "Modernisation of the Moldovan Perinatology System" Project implemented in 2006 with the SDC support has contributed to the regionalisation of the perinatal care services and improvement of the referral system between maternity hospitals. The project consolidated the capacities of the neonatal intensive therapy departments to save prematurely born children with low weights at birth. The Neurological Diagnosis and Monitoring Centre, was created in Chisinau, provides neurological and development monitoring services with the goal of reducing the number of children born prematurely with disabilities.

Source: *Interview;*

²⁷ http://www.swiss-cooperation.admin.ch/moldova/ro/home/Studii_de_caz



“Improve maternal health”:
sinuous evolution, uncertain
perspectives.

MDG 5

Key trends

Improving maternal health remains a strategic priority for the Republic of Moldova. Over the last two decades, the situation has improved considerably, and the maternal mortality rate – has approached²⁸, the average for the entire European continent (which accounted for 11.57 in 2012) according to a sliding average. At the same time, maternal mortality rates remain 3 times higher than the average registered for EU countries²⁹ (15.31³⁰ as compared to 5.8).

Moldova has implemented policies which are essential to ensuring access to quality perinatal services. When the system of compulsory health insurance was introduced in 2004, the Government assumed the role of the insurer to provide unconditional and free access to quality services and free medication for a number of vulnerable groups, including children, pregnant women and mothers with 4 and more children, persons with disabilities. Via the National Program in Perinatology supported by UNICEF and Governments of Switzerland and Japan, and with the WHO technical assistance, the regionalised system of perinatal assistance was implemented in three levels, providing basic and comprehensive interventions to ensure safe pregnancy and motherhood. Local authorities have completely renovated 12 and partially renovated another 18 maternities, out of 38 around the country. The Government adopted the National Health Policy of the Republic of Moldova for 2007-2021 and the Strategy of Health System Development for 2008 – 2017 – both documents focus on maternal health, youth health, and newborn children's health. The National Strategy for Reproductive Health for 2005-2015 focused on family planning, safe motherhood, sexual-reproductive health of teenagers and youth, sexual-reproductive health of men, and abortions and services for pregnancy termination. All these factors directly contribute to improving maternal health. The concept of family-friendly maternity was implemented by applying some new and cost-efficient technologies³¹.

All these factors have made a contribution to the maintenance of a very high level for the rate of births assisted by qualified medical staff (an average of 99.4 for the decade 2002-2011). The target for 2010 was reached, and this gives a reasonable level of optimism that the final target for 2015 will be also reached. At the same time, the vision of the World Health Organisation (WHO) for the second target from the MDG 5 is larger and is not limited only to the rate of births assisted by qualified medical staff, as it is estimated in Moldova. According to WHO, assisted birth is defined by the presence of a qualified midwife, the presence of other professionals, the presence of necessary conditions, including access to medicines, transportation, emergency obstetrical services, and assistance for the new-born. It is important to maintain the high level of access to medical services, at the same time, reducing the differences in general access to health services between rural and urban populations (the share of persons who benefited from medical services over the last 4 weeks is 16.8% in rural area and 22.9% - in urban area), as well as between insured and uninsured people (23% and 9%, respectively, see NBS, 2012 (c)).

The maternal mortality rate is one of the most sensitive and representative indicators, which mirrors the health of the state, medically and also socio-economically. The successes registered in pursuit of the intermediary target for 2006 encouraged the Government to revise the target for 2010 in 2007, decreasing it from 21 to 15 cases. The final target stayed at 13.3 cases, as slightly more ambitious commitments in this respect would need major investments which Moldova is not able to make. But the target set for 2010 was not reached at the initial level (21 cases), the indicator actually reached a historic high 44.5 for the last decade (Figure 4).

It is necessary to point out that this indicator generates uncertainty for monitoring because its structure reported per 100000 live births may be unrepresentative compared to the apparently significant statistical values. This indicator is developed for a more conclusive evaluation in

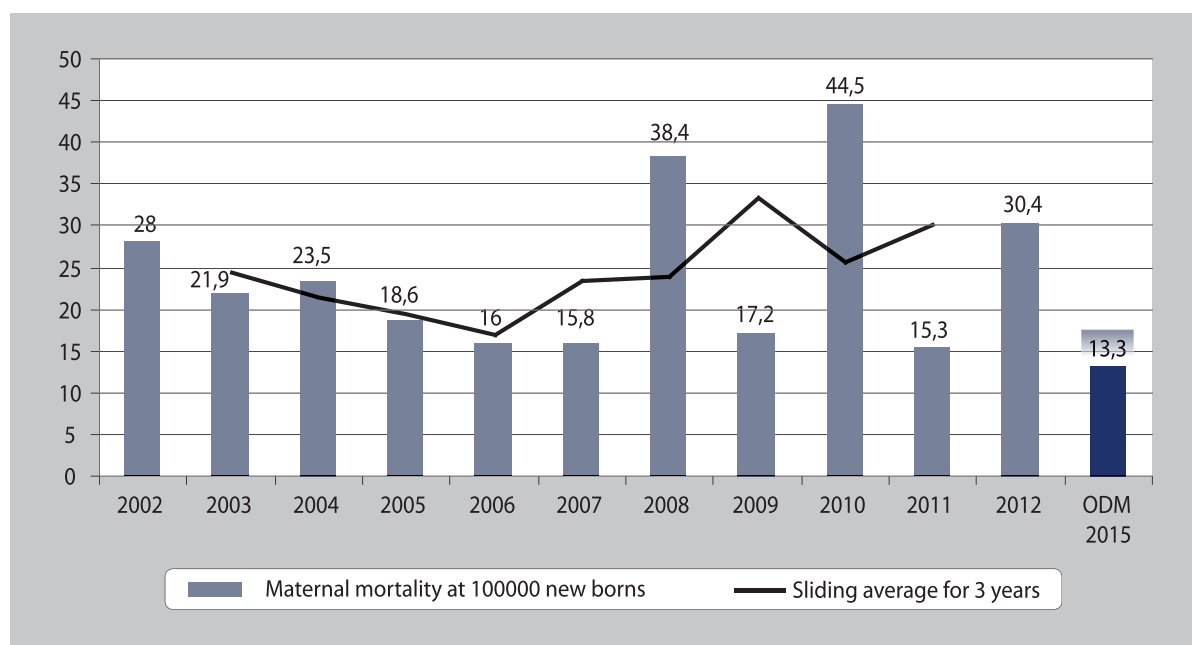
²⁸ See the description of the specific nature of indicator's interpretation further on.

²⁹ European Health for All Database (HFA-DB) [online database]. Copenhagen, WHO Regional Office for Europe, 2012 (<http://data.euro.who.int/hfadb>).

³⁰ According to the sliding average.

³¹ Approved via the MH Order No. 327 dated 04.10.2005.

Figure 4. Maternal mortality rate per 100 000 live births (MDG 5 target 1)



Source: MoH;

countries which have registered a rate higher than 100. For countries, including Moldova, it is good to use values in absolute figures and the sliding average for the last 3 years for a more relevant evaluation of the trend (Greenwell, 2011). Hence, during 2002-2012, the absolute number of cases has varied between 6 (2006, 2007, 2011) and 18 (2010) deaths per year. The sliding average for the 3 years allows an assessment of trends over time, and it actually has raised some concern starting in 2007.

An important step forward came in 2005 with the introduction of confidential audits of every maternal and perinatal death proximity case³² and the confidential enquiry for analysing the cases of maternal death at the national level³³. These tools give the authorities the ability to identifying the real causes of maternal mortality, which may be medical and non-medical causes (social, family, etc.), so as to assess maternal mortality from a scientific point of view, to identify factors leading to substandard care at a local level and at medical institutions, to form realistic recommendations, to increase the quality of care provided to pregnant women, parturient women, and women who have

recently given birth, to monitor the implementation of the recommendations, and to ensure inter-sector participation in the implementation of the recommendations of confidential enquiries. An important contribution to implementing confidential enquiries, on perinatal mortality at the national level, came from the “Save mothers and new-borns” Initiative and the International Federation of Obstetrics and Gynaecology (FIGO) which between 2006-2010 supported the “Behind the figures project – which sought to implement a new approach to analyse perinatal deaths”. The major success of the project was to decrease the share of on-time deliveries of new-borns in neonatal mortality by 11% from 2006-2011³⁴.

The individualised revision of cases allows explaining the maximum of the maternal mortality rate in 2010. The pandemic influenza H1N1 was the cause for the death of 7 out of 13 women who have passed away because of indirect causes not related to pregnancy. This adverse situation was also common in a number of other states from Eastern Europe (WHO, 2013, p.19). In general, the substantial increase of indirect deaths, from 12% of the total in 2003 up to 50% in 2011, is an

³² Approved via the MH Order No. 330 dated 04.10.2005 (the order is abrogated via the MH Order No. 343 dated October 12, 2009, which currently regulates the respective activity) and the MH Order No. 248 dated 16.06.2006

³³ Regarding the implementation of the confidential enquiry to analyse the cases of maternal deaths at the national level and the maternal death proximity cases at the institution level. Order of the Ministry of Health and Social Protection of RM No. 330, October 4, 2005.

³⁴ STRATULAT, P.; GARDOSI, J.; CURTEANU, A.; CARAUS, T.; PETROV, V. Improving quality of perinatal care through Confidential Enquiries in Moldova. *Entre Nous. The European Magazine for Sexual and Reproductive Health. Statistics and stories: Improving the Quality of Maternal and Neonatal Health in Europe.* No. 70-2010, ISSN 1014-18485; Andre Lalonde, Rachel Grelrier. FIGO Saving Mothers and New-borns Initiative 2006-2011. *International Journal of Gynaecology and Obstetrics* 119 (2012) S18-S21.

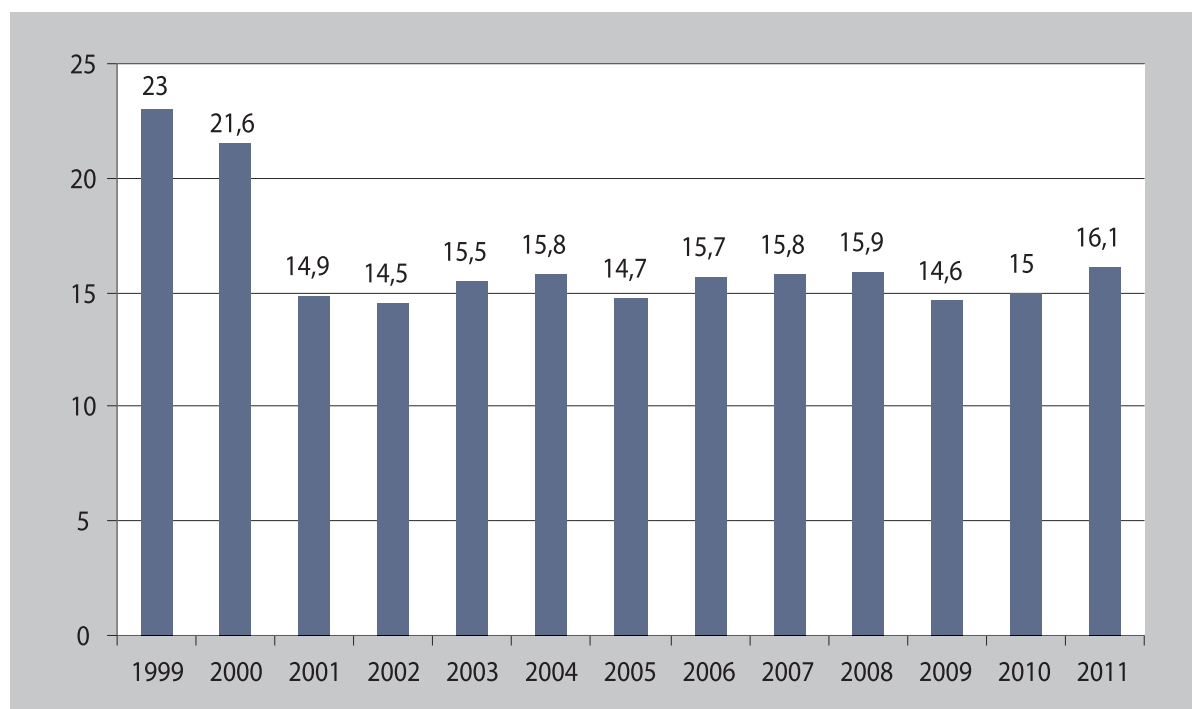
alarming trend. This dynamics speaks to a number of drawbacks at the different stages of medical services' provision, identifying a high rate of extra-genital diseases for women of fertile age and draws the attention to the need to improve multi-profile emergency health care in maternal death proximity cases.

The most frequent direct obstetrical cause inducing maternal mortality is bleeding (one in three women in 2009-2011). Preeclampsia and eclampsia³⁵ are the second leading causes of death. The Moldova-Swiss Project to modernize perinatal services started to implement modern approaches to increase the quality of emergency obstetric health care (simulation-based training, distance consultation of severe cases, distance learning). A positive development is reflected by the significant decrease of extra-hospital abortion cases (from 3.34 to 0.83), and in 2011 no deaths were registered as a result of complications from abortions. According to the National Strategy on Reproductive Health, the Government has undertaken specific steps, including at a normative level, to reduce the abortion rate as a contraception method. The rate of abortions over the last years has remained at the level of the target set in the Strategy (15 per 1000 women of reproductive

age, Figure 5). But currently efforts are needed to collect specific data and to develop measures to tackle the problem of qualitative information and informed consent for sterilization (NSPCPM and ORC Macro, 2005). This is also valid for the indicators included in 2007 in the monitoring system – rate of contraceptives' prevalence, rate of births among teenagers, coverage of antenatal care, and uncovered demand for family planning services (Government of the Republic of Moldova, 2010).

Poverty is one of the major factors inducing maternal death. According to data for 2006-2008, it may be inferred that poverty is the leading factor contributing to maternal deaths: in social-vulnerable groups - 2/3 of deaths among women (19 in total), included 16 who declared incomes under the minimum of existence, 12 were not married and were co-habiting with a partner, 8 women abused alcohol or used drugs, and 5 reported that they were abused. Out of the total number of deaths – 19 were from rural areas, 4 from rayon centres, and only 6 from urban areas (Friptu et al., 2010). The data from 2011 reveal that most frequently death is registered among young women aged 20–30 years old (4 cases or 67% of the total), of which 3 were from rural areas and 1 from an urban area (rayon centre).

Figure 5. Rate of abortions per 1000 women of reproductive age



Source: MoH;

³⁵ Known also as pregnancy toxemia, HYPERLINK "http://www.sfatulmedicului.ro/Afectiuni-asociate-sarcinii/preeclampsia-si-hipertensiunea-arteriala-in-timpul-sarcinii_1064" "Preeclampsia si hipertensiunea arteriala in timpul sarcinii" **preeclampsia is an affection that occurs in case of pregnant women.** It is characterised by an increased value of blood pressure, combined with an increase level of proteins in urine. Eclampsia represents the final and the most severe stage of preeclampsia and it appears when preeclampsia is not treated. Eclampsia may cause coma or even death of the mother and child, and it may appear before, during, and after the birth.

Migration, in combination with other socially unfavourable factors, is a high risk factor for maternal mortality. In 2011 a women passed away two days after she came back from work abroad, because of stroke. The unfavourable working conditions in which pregnant women work in Moldova and abroad may serve as risk factors for maternal mortality. A recent study shows that access to health care services for emigrants and their families in the Republic of Moldova is negatively influenced by the financial factors (lack of health insurance, 44.9% of the total) and different formalities, such as the referrals from the family doctor (24.2%). The set of obstacles restricting access to health care for emigrants abroad differs from problems in Moldova (Ministry of Health, 2010).

There are no reliable data related to equity and access to qualitative services for certain marginalised groups (such as Roma women or women with mental and intellectual disabilities from social institutions and communities). There are monitoring visit reports which reveal the insufficiency of modern contraception and information provided to these groups (Ioana Straisteanu, D. 2012). All these factors may be drawn out through a qualitative individual confidential enquiry.

Critical constraints

Insufficient information is an essential constraint for reducing the risks for maternal health. The high level of access to services (access to qualified medical personnel for assisted births) suggests that problems exist in relation to the level of information among the general population and women about the importance of monitoring when becoming pregnant, so as to assess and exclude risk factors related to pregnancy and serious extra-genital causes. It is very important to educate and inform women so as to ensure a higher level of their addressability to services. The use and efficiency of family planning services is low, especially for families from rural areas, and all this in spite of the existing network of 47 offices for family planning. There is almost no access to free contraceptives.

Drawbacks exist at the level of the medical system. Although the regionalised system of perinatal health care is well established, in some severe cases, even at the tertiary level – Institute of Mother and Child – does not often have the technical

and specialised capacity to cope with the severe multiple pathologies. It would be appropriate to establish collaborative relationships with other available medical centres of excellence, as it is suggested by the international practice. Out of the 14 severe maternal death proximity cases assisted in 2011 within the Republican Clinical Hospital, only one case ended with maternal death, caused by late transfer. The evaluation of cases from 2011 reveals that 85% of cases could have been avoided at a certain stage of intervention.

The main reserve for reducing the level of maternal mortality would be the assurance and promotion of prophylaxes measures for maternal deaths. To obtain stable results to prevent maternal mortality, the primary health care system should continue to play a leading role to ensure adequate monitoring of pregnant women with an efficient and well-organized system, which would guarantee referrals and access to medical services, including specialised medical services, regardless of the pregnant woman's social status and place of residence. The failure to register pregnant women more actively, earlier and according to current standards could also be a critical constraint. Thus, in 2011, women from rural localities remained the most vulnerable from the viewpoint of access to qualified medical services, as 5 out of the total number of 6 maternal death cases were registered among rural women, of whom 4 were women who had already children and knew about the need to be monitored, and 2 of them had satisfactory social status.

Continuous monitoring provided by specialists at the stage of in-patient or out-patient specialised health care in cases determined by extra-genital diseases needs to be considerable improved.

Possible opportunities and success factors

Although the social determinants of maternal health are crucial, there are some factors that can be changed so as to decrease maternal mortality rates. Authorities undertake considerable efforts to continuously improve maternal health and actively collaborate with development partners, specialists, and civil society. Due to the successful joint projects implemented in the past with the assistance of Moldovan authorities, Moldova was selected by the World Health Organisation as

the only pilot country in Europe to implement the International Strategy “Making pregnancy safer”, focused on increasing the quality of services provided to pregnant women and new-borns, so as to attain the goal “A healthy start in life” for every new-born. The WHO initiative “Making pregnancy safer” in Moldova has contributed to promoting perinatal care based on scientific evidence, to plan and implement opportune technologies in perinatal care, to enhance midwifery, to build national capacities for operational studies with direct impact on mothers’ and new-borns’ health.

The problem of maternal health is permanently tackled by the Ministry of Health Board. In July 2012, it was noted that there were a number of medical and social problems and determined measures in all the four areas of intervention: stewardship, financing, capacity building, and service provision. At the same time, in December 2012, a process was initiated to develop a report analysing cases of maternal deaths based on confidential enquiries by the National Committee for maternal death.

Box 5. About the importance of adequate monitoring of pregnant women

Nina, 34 years old, co-habituating with her partner, homeless and with no source of income, was migrating from village to village. The local public authorities from the villages where Nina would stop had no information about her, even when she became pregnant. The family had long lost contact with Nina. She did not access health care services and she was not monitored during pregnancy. She gave birth in a deserted house, where the neighbours accidentally found her lying near an improvised lamp. Although the operative services reacted promptly, due to massive bleeding and because of the time that was lost, Nina passed away in Orhei Hospital. Unfortunately the child died as well – he couldn’t be saved because he was born prematurely with severe pathologies.

Source: Report on case investigation from the specialised commission of the MoH;



“Combat hiv/aids, tuberculosis and other diseases”: a very difficult objective³⁶.

MDG 6

³⁶This chapter includes data about the situation on the both sides of the River Nistru.

Key trends

In spite of many efforts, it was not possible to prevent an increase in the incidence of HIV/AIDS and TB-associated mortality. None of the targets set was achieved by 2010, although they were significantly revised in 2007 and concentrated efforts were undertaken by all the stakeholders. Conditioned social diseases continue to be a major challenge for the authorities and for society as a whole, and the final targets set for 2015, will not be met. Both HIV and TB were combated over the last few years according to specific national programs with substantial financial support from the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). The gradual decrease in the volume of finance and the imposition of new conditions for external financing after 2015 will impose additional difficulties and make it imperative to make some firm decisions to increase the efficiency of interventions.

Although the incidence of HIV/AIDS among the general population and young persons (aged between 15 and 24 years old) remained relatively stable in 2009 and 2010, the indicators are far from what was hoped, and starting in 2011 they began to rise again (Table 6). Thus, after a substantial increase post 2000 until 2008 (from 4 cases per 100000 of the population to 19.4), the rate of HIV/AIDS among the general population reached 18.5 per 100000 population in 2012 (NCPH, 2012). Both targets set for 2010 with regard to HIV/AIDS were missed significantly (general incidence – 17.1 instead of 9.6 and incidence among young persons – 21.6 instead of 11.2).

by the centre coordinating treatment shows in half the cases there was late identification (DCDH – Dermatology and Communicable Diseases Hospital), while according to SPECTRUM³⁷, only 30% of people needing treatment actually benefit from it.

For all the indicators, the most affected regions remained to in Balti municipality, a number of cities from the left side of the River Nistru (including Tiraspol), and the Chisinau municipality – with a prevalence of 764.07, 474.87, and 114.87, respectively. Prevalence is substantially higher on the left side of the River Nistru. Thus, by the end of 2012, total prevalence of HIV infections accounted for 142.38 cases per 100 thousand people, including the right side – 115.43, and the Eastern territories – 320.31 (NCPH, 2012). This in spite of the fact that all the costs for treatment and prevention activities are borne by the National Program for HIV/AIDS/STI Prevention and Control from GFATM funds, without any barriers on either side of the River Nistru.

The HIV/AIDS epidemic has changed considerably over the last years. It still remains concentrated largely among risk groups, particularly drug users, commercial sex workers, men having sex with other men, and prison populations (located on the right side of the Nistru³⁸). But the structure of the new cases as related to the probable ways of transmission highlights an increase of vulnerability to infection among women (52.29% in 2011 as compared to 16% at the beginning of the epidemic in Moldova). The main route of transmission is via sexual intercourse (86.26% in 2011), while the

Table 7. Evolution of hiv/aids incidence, cases per 100,000 population during 2000-2012, final and intermediary targets

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	Target 2010	Target 2015
General population	4.0	5.5	4.7	6.2	8.4	12.5	14.7	17.4	19.4	17.1	17.1	17.6	18.5	9.6	8.0
Population aged 15-24 years old*	10.4	10.5	9.0	9.8	13.4	20.1	18.8	21.2	16.1	19.6	21.6	18.4	18.5	11.2	11.0

Notă: * - including the left side of the River Nistru;

Source: Ministry of Health of the Republic of Moldova, National Bureau of Statistics;

According to the estimates, the number of persons infected with HIV is, at least, two times higher (Report on progress registered in combating HIV/AIDS infection UNGASS 2010 - 2011). The data reported

transmission level through injectable drug use has decreased considerably, shifting the epidemic to the partners of key risk groups. The HIV infection is mainly evident among able-bodied youth

³⁷ EPP and Spectrum are epidemiological programs for estimating the prevalence and incidence trends over the time.

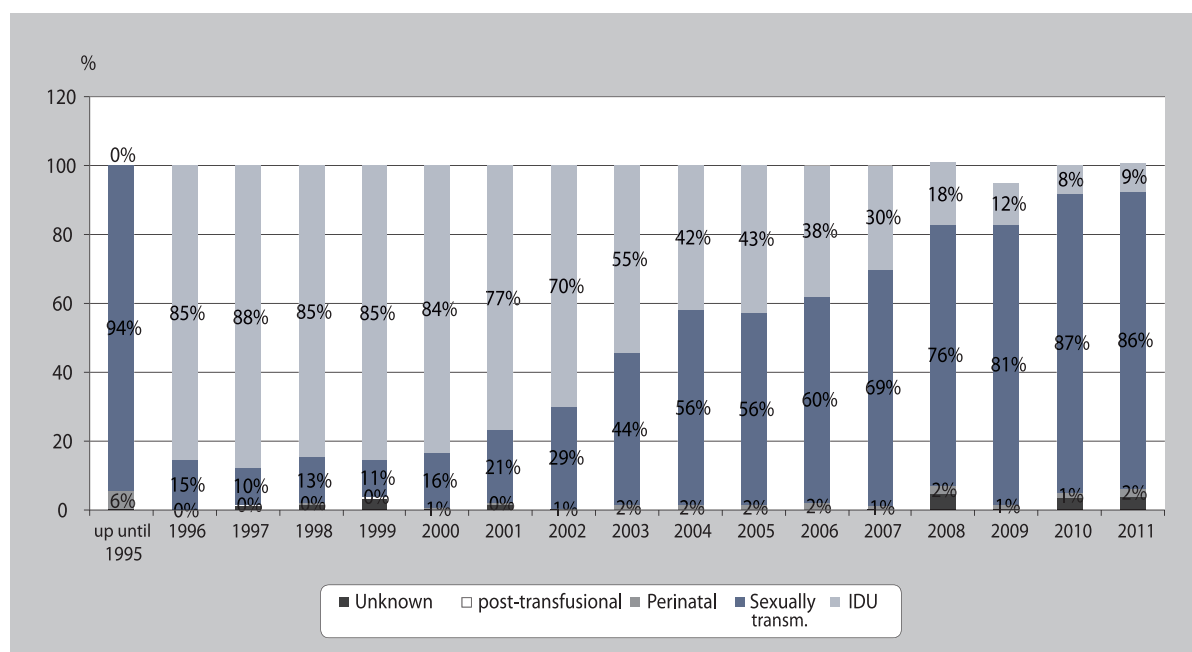
³⁸ According to the DPI data as of 01.01.2013, the prevalence is 1.6% of the total population in the detention places and 1.9%, according to BSS among the detainees in November 2012.

of reproductive age. There is an increasing trend affecting people from rural areas.

The National Coordination Council for National Programs on Control and Prevention of HIV/AIDS/STI and TB Control (NCC TB/AIDS), composed of central authorities, civil society organisation, communities affected by HIV and vulnerable groups, development partners, and other relevant stakeholders, has undertaken significant actions to collect relevant qualitative and

ly impressive figures for pregnant women. The service is being improved in accord with recent recommendations, so as to exclude inefficient mass testing among the general population (in total, about three hundred thousand tested persons, annually), and to bring services closer to beneficiaries, to make it more attractive for target groups, including by using the quick tests within the VTC services through NGOs.

Figure 6. Distribution of new cases of HIV infection by the probable routes of transmission in Moldova 1995-2011



Source: MoH;

quantitative data to develop efficient policies.

Regular studies were implemented, including bio-behavioural ones (IBBS), knowledge, attitude, and practice evaluation (KAP) among the key groups, the general population and youth, different sociological surveys, and other. The assessment performed by the international experts in 2011 for the National Program on Control and Prevention of HIV/AIDS/STI identified reserves and possibilities to improve program management. It recommended the increased use of data, focusing efforts on prevention more efficiently, and to target work with key groups, to reduce the negative impact of the epidemic by providing treatment, care, and support to persons living with HIV and members of key population segments, and to achieve synergy with other parts of the health sector.

Voluntary testing and counselling for HIV is provided across the whole country, with particular-

Preventing HIV transmission from mother to foetus.

There was a decrease in the number of HIV infection cases among pregnant women in 2011 in comparison with 2010 (80 versus 87). Nevertheless, the percentage of HIV-positive pregnant women who benefited from ARV treatment decreased significantly down to 74.5% (versus 87.2% in 2010) (Report on progress registered in combating HIV/AIDS infection UNGASS 2010-2011). Additional efforts are necessary to ensure the early use of ARV treatment in cases of HIV-positive pregnant women to diminish the risk of infection transmission from mother to foetus.

Studies of the social-economic status of the persons with HIV revealed that the majority of persons with HIV live on the poverty line: incomes are barely sufficient or are insufficient for essential items (Malcoci, 2012). These people try to solve

their financial problems alone or with the support of their families. Only some mentioned during the interviews that they benefited from support provided by the state or by NGOs for treatment of associated diseases, procurement of school stationery, food products or food supplements.

One in eight women is subject to sexual violence in the family, thus increasing their vulnerability to HIV as a result of their sexual partners' behaviour (MH, MLSPF and NCHM, 2010). Young women face more sexual violence than older women. Rural women cope with all forms of violence at a higher level than urban women. Although new legislation on gender-based violence was promulgated, women do not yet seek outside help in such situations. A similar situation is found for women on the both sides of the Nistru (Scutelnic, Cantarji et al., 2011).

The integrated indicator of youth knowledge about HIV transmission showed that 38.2% - of young people answered the 4 questions related to HIV transmission correctly. The vast majority of teens interviewed know the routes of HIV transmission. Nevertheless, during a qualitative sociological study, there was, at least, one person in each group discussion who had little or no knowledge of HIV/AIDS. These were mainly boys who stated that this topic was never tackled in the educational institutions where they studied/are studying³⁹.

TB remains to be a major public health problem.

TB-related mortality tends to decrease, and is approaching the targets and registered a recent decrease to 14.4 by the end of 2012. Nevertheless, analysing the evolution trends of the epidemic (Figure 7), it is difficult to say if the ultimate objective will be attained.

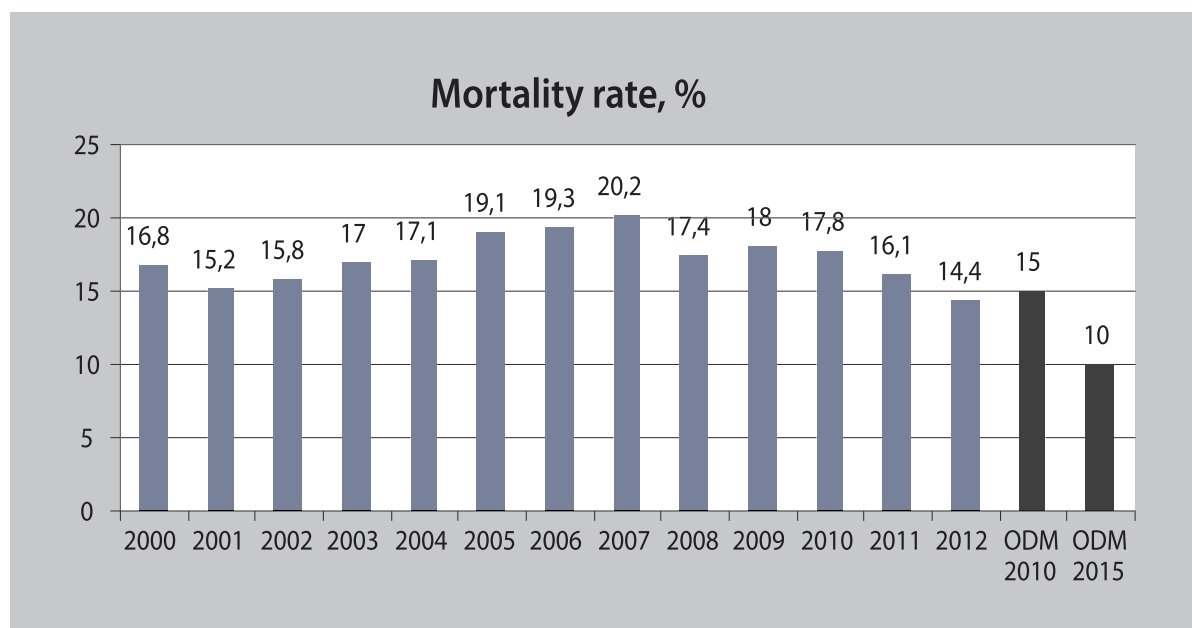
Global incidence of tuberculosis (TB) has decreased from a historic high of 133.9 in 2005 down to 114.9 in 2012.

The epidemiological forms of TB are the most widespread, most contagious diseases, the pulmonary form of TB being the most important, accounting for 89.6% of the newly registered cases. Concerns still remain due to the fact that one third of the pulmonary forms are the bacillary ones – 38% and the destructive ones – 37%. Although the risk of infection by TB still persists in the society, the incidence among children is decreasing, registering by the end of 2012 – 23.8 per 100 thousand population (198 children), which is 28% less than in 2007 (275 children).

A high level is still evident for multi-drug-resistant forms (MDR TB) among new cases, as by the end of 2012, it accounted for 23.7% (301 patients), the main cause being TB spreading in the society and treatment drop-outs.

Treatment results tend to get better By the end of 2012 – about 62.2% of patients with bacillary forms of pulmonary TB, who initiated anti-TB

Figure 7. Evolution of MDG 6 indicator for TB, period 2006-2011 and intermediary and final targets



Source: MoH;

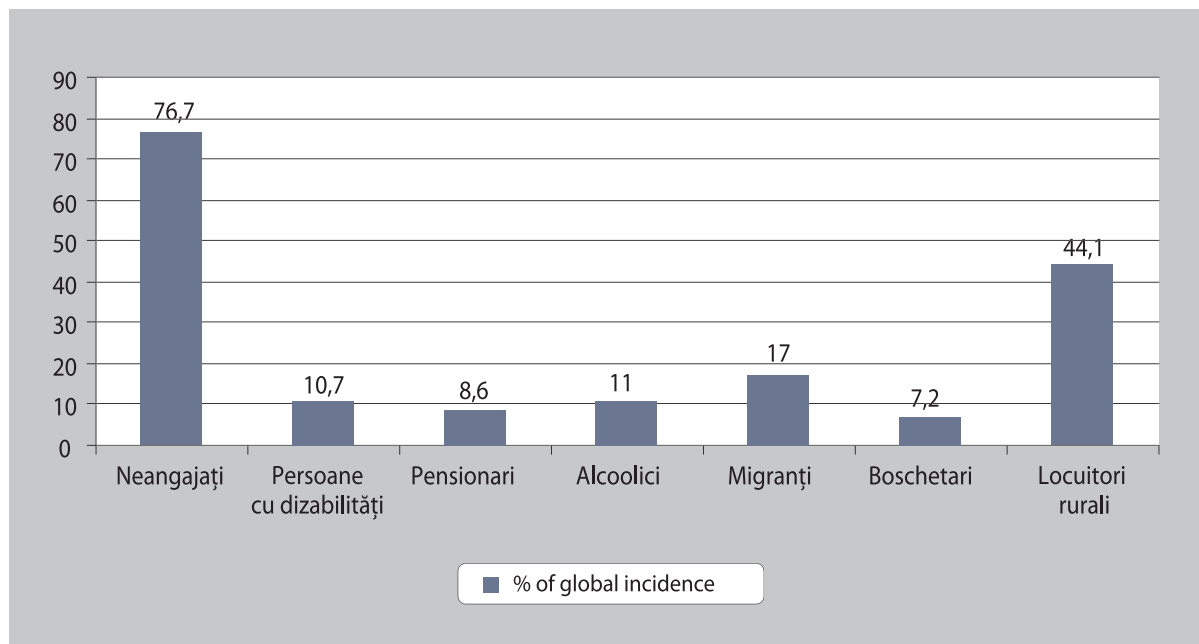
³⁹ Report of the qualitative sociologic study. OPINIONS, PERCEPTIONS, ATTITUDES, AND EXPERIENCES OF TEENAGERS ON HIV VOLUNTARY COUNSELLING AND TESTING, Chisinau 2012, EU, UNICEF, TDV.

treatment during the previous year completed it successfully, compared to 58% registered over the previous years with 8.5% dropping-out, compared to 11.12% registered in previous years. An assessment of the results of treatment among the patients suffering from MDR TB and those who initiated treatment in 2009 after the DOTS Plus (a more complex treatment of longer duration, up to 2 years) show a level of 52% as compared to 48% for the treatment in 2008.

Critical constraints

Both persons with TB and those with HIV/AIDS are highly stigmatised and discriminated against. The level of stigmatisation and discrimination of the persons living with HIV and/or TB has been revealed by a number of extensive studies. Hence, according to the perceptions among the Moldovan population, people living with HIV rank third among the most discriminated groups in the

Figure 8. Status of persons with TB, 2012, % of global incidence



Note: The sum is not equal to 100%, because a person can meet more characteristics;

Source: SIME TB (Information System for Monitoring and Evaluation of TB cases);

This is mainly due to activities carried out by community centres in support of TB patients, which started their activities in 2011 and which a focus on information, education, psychological counselling and material assistance provision to patients with TB for the purpose of improving treatment conformity.

The social drivers of the TB infection is very well pronounced. The lack of basic sanitary conditions and non-fulfilment of the minimum quality standards for food all create the conditions in which diseases can be contracted. The demographics of TB infection highlights vulnerable groups including the unemployed, rural area inhabitants, emigrants, persons suffering from alcoholism, persons with disabilities, and homeless persons (Figure 8).

country, following people with disabilities and the poor (Malcoci, 2010). Up to 75% of the persons living with HIV for more than 15 years and 34.9% of people living with HIV for up to 4 years have had experiences of involuntary disclosure of their status by the health workers⁴⁰. More than 2/3 of those who felt discriminated against during the last year mentioned that they were discriminated against by representatives of medical institutions⁴¹. The violation of human rights leads to a reluctance to go to the medical system and results in refusal of tests and treatment, perpetuating the epidemic. There are few community-based treatment alternatives for the persons with TB, taking into account the data about the nosocomial transmission (within hospitals) of the TB infection. Detainees in penitentiaries still do not receive health care at the

⁴⁰ Stigma index of persons living with HIV. 2012. League of People Living with HIV of Moldova.

⁴¹ Malcoci Ludmila, "Social-economic status of persons living with HIV: sociologic study", Soros Foundation – Moldova, 2012;

same level as care provided in the public system, for a variety of systemic reasons (including accreditation and adjustment of medical services), being a group of high risk for TB, as well as for HIV.

Another major constraint refers to the inability to create a complex approach for the needs of people living with HIV or/and TB. There are no inter-sector mechanisms, clear norms, to offer complex evaluations and offer assistance based on the specific needs and vulnerabilities of those who suffer or face the risk of contracting HIV or TB. National mechanisms for coordinating policies combating HIV and TB (NCC TB/AIDS) have not been able to use all the tools available. Most of the work is carried out by the Ministry of Health, development partners, and recipients and sub-recipients of the Global Fund, while local and other central authorities are less involved. The management and implementation of the National Program do not use all the data available for monitoring and evaluation M&E) to coordinate and model a national response to HIV, in line with the pattern of infection⁴². Many of the social aspects involved in the complex individual assistance refer to the responsibilities of the local public authorities, which have neither technical capacities, nor financial resources to cope with such responsibilities.

The withdrawal of major financing from the Global Fund by 2015 represents the crucial challenge for the system. This situation will impose a selective decrease in the activities included in the national program, and will force a need for a more efficient response and mobilisation of available national resources. The crisis and the decreasing level of funding from regional and international donors will have a negative effect on some complementary activities included in the national response to HIV and TB, although the state has committed itself to allocate more money to these programs, and this fact is stipulated in the mid-term expenditure framework for 2014-2016

Possible opportunities and success factors

The Law on HIV Control and Prevention was modified in 2012, introducing and enhancing provisions for **combating discrimination** based on HIV status, as well as promoting additional guarantees to ensure confidentiality of personal health information. A number of pieces of legislation have aligned Moldovan law with European and international standards with respect to the rights of the persons living with HIV, serving as best practices at regional levels. It seems that the measures and trainings that have already been provided to the health workers have shown positive results in this respect. National clinical protocols on TB treatment in case of adults and children, as well as those for treating HIV infection in adults and children are being updated.

A number of four **Regional Social Assistance Centres** were established for persons living with HIV and ten **Community Centres** for assisting the persons with TB. The plan for these centres is to be gradually taken over by the country, and to support them from national resources.

The authorities, civil society and organisations for people with HIV were trained, and now they have **enormous potential for development**. Their involvement, including provision of services focused on the real needs of the key groups and partners, may become an essential support in fighting against the epidemic.

Existence of extensive epidemiological information – probably HIV and TB infections are the most studied areas of the public health sector, and this fact really inspires optimism for the success of future efforts for an efficient policy to combat HIV and TB. Together with development partners, national authorities have identified the key challenges and have developed effective tools for a cost-efficient approach to such challenges.

Box 6. Poverty and tuberculosis

Petru, 27 years old, started his first TB treatment in 2006. But he never succeeded in completing it effectively – he had to care for 3 children. He did not have the ability to get a job in his locality and social assistance did not have the capacity to support them decently during the hospitalisation periods. Thus after 4 months after the start of treatment, Petru had to leave for Moscow to work as a carrier. The last time he was brought to the hospital in an extremely severe condition directly from the railway station. The disease was too advanced, and Petru could not be saved.

⁴² Joint Evaluation Report and Annexes National Program for Control and Prevention of HIV/AIDS/STI for 2011-2015. July 26, 2011.



**“Ensure sustainable environment”:
better balance between society
and nature is needed**

MDG 7

Key trends

The Republic of Moldova has made some success in reaching some of the MDG 7 indicators, but major efforts are still necessary to ensure both the quality and sustainability of these efforts (Table 7). Thus, the final target for natural areas under state protection was reached in 2006, but insufficient financial and human resources were allocated to develop management systems, maintaining these areas, and their protection. Total forested areas increased by only 0.2% compared to 2006, and the intermediary target was not met (Annex 1). Compared to other countries, the Republic of Moldova has a small volume of forestry resources. The share of the forested areas is one of the lowest in Europe (Annex 2). At the same time, about 40% of brush does not correspond to local growing conditions (Capcelea et al., 2012, p. 9); the species planted are unsuitable for local ecosystems. According to the Water and Sewerage Supply Strategy, there are about 2000 registered water supply systems in the country, of which 50% are considered to be in satisfactory technical condition (but most of them are in poor condition), 44% need complete rehabilitation, 1% should be abandoned, and there is no data on 5% of them. The share of population with permanent access to improved water sources increased in 2012 by 13% as compared to 2006 and, as a result, the intermediary target has been matched. Currently, only 25% of sewage systems are in a satisfactory condition (WSS Strategy, p. 38). Operational wa-

ter treatment plants occupy one of the most important places in the system for protecting water resources. Most of the plants work at very low capacity and need to be reconstructed and upgraded with modern technology for water treatment. In 2011, only 34 out of the 198 treatment stations had norms for admissible limited discharges and 17 were working with norms-based treatment. Only water discharged from the treatment plants of the ME "Regia Apa-Canal" Balti, Sugar Factory from Glodeni, and the "Utility Services" Enterprise from Floresti met the rules of the special water use (Yearbook of the State Ecologic Inspectorate, 2011, p. 55-56). This evolution suggests that the final target for 2015 will be achieved only by for indicators set for protected natural areas to preserve biological diversity and population permanent access to improved water sources. The volume of discharged pollutants from stationary sources decreased significantly compared to 2006 (by 24.5%), but it remained at levels for 2001, in relation with the production volume and use of old equipment and technology. The volume of pollutants emission from road transportation increased by 33.5% compared to 2002 – the steady increase in number of vehicles and the number of older vehicles on the road operation were two of the major causes. Thus, about 76% of the vehicles owned by economic entities with all the types of economic activity out of the total number of vehicles registered by the end of 2009 had an operation period longer than 10 years (MEn, 2011, p. 46).

Table 8. Evolution of MDG 7 indicators, period 2006-2011 intermediary and final Targets

	Source	2006	2007	2008	2009	2010	Target 2010	2011	2012	Target 2015
Afforestation level, %	NBS ⁴³ , Moldsilva Agency	10.7	10.7	10.9	10.9	10.9	12.1	10.9	10.9	13.2
Protected natural areas to preserve biological diversity, %	MEn ⁴⁴ , NBS	4.65	4.76	4.76	4.76	4.76	4.65	4.76	4.76	4.65
Share of population with permanent access to improved water sources, %	NCPH ⁴⁵	46	47	53	55.0	57*	59	59*	62*	65
Population with access to improved sewage, %	NBS	43.3	43.9	45.7	47.9*	50.7*	50.3	54.6*	56.6*	65
GDP per one kg of conventionally consumed fuel, lei, current prices	MEn, NBS	13.8	17.29	20.09	20.42	22.77	-	22.45		-
Emissions of carbon dioxide from stationary sources and road transport, tons per capita	MEn, NBS	0.03	0.04	0.05	0.03	0.03	-	0.04	0.04	-

⁴³ National Bureau of Statistics;

⁴⁴ Ministry of Environment;

⁴⁵ National Centre of Public Health;

There were a number of reasons driving these changes: international support provided by the country's development partners to support environment protection, the Government Program for 2009-2012, which included environmental protection measures, the implementation of environmental projects by governmental agencies, academic sector and nongovernmental organisations, etc. The achievements could have been more profound if all these factors were fully harnessed.

Access to qualitative water and sewage has a direct effect on human health, but only a part of the population has access to such services. According to information provided by entities and enterprises managing water supply systems,

which deliver domestic and industrial water, in 2012, about 68.9% of the urban population and 22.7% of the rural population benefited from water supply services. Geographic inequalities are registered in terms of access to essential services. Thus, the largest share of the population with access to public water supply systems in 2012 was in the Territorial Administrative Unit, Gagauzia – 66.6%, and Chisinau municipality – 66.4%, followed by the South region – 48.8%, North – 30.5% and Centre - 27.4%. Data provided by the Household Budget Survey (HBS) carried out by the NBS shows that in 2012 the population's access to improved water sources decreased: Chisinau municipality – 95.7%, South – 74%, Centre – 48.8% and North – 39.8%. (Figure 9).

Figure 9. Share of inhabitants with permanent access to improved water sources, %

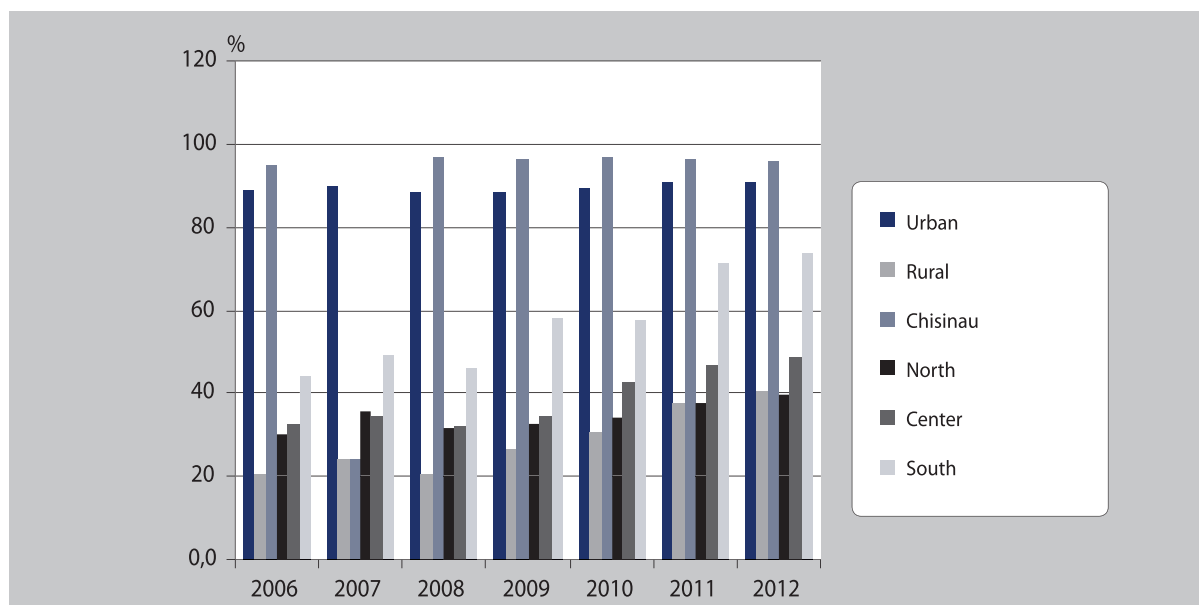
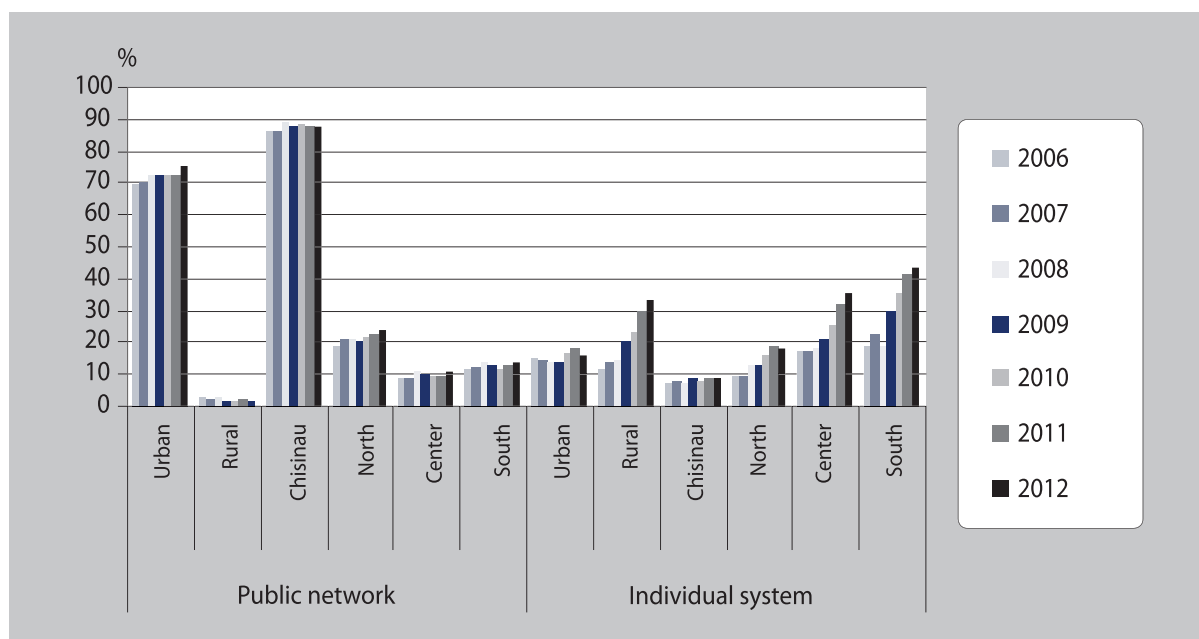


Figure 10. Share of inhabitants with access to sewerage, %



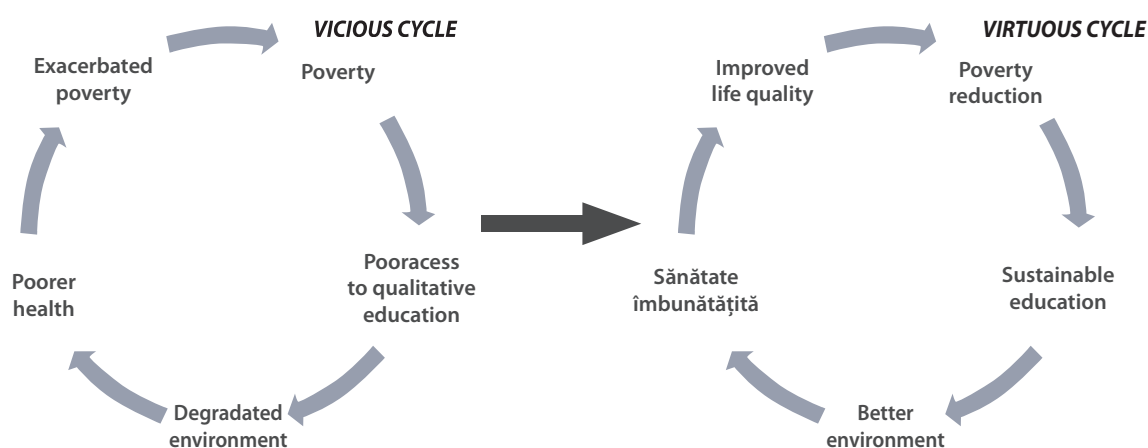
In many cases aqueducts are built without sewerage systems, thus causing environment pollution and creating high risks for population health. HBS points out some aspects that need special attention. (Figure 10)

Public service networks continue to be developed in urban areas, while rural areas prefer developing individual systems. Hence, in 2012, the population's access to public sewerage networks reached 75.4% in cities and 1.6% in villages. Those who can afford it (33.2%) have built individual sewerage systems, while vulnerable groups among the population do not have access to these services. On the other hand, individual sewage systems are usually built without taking environment and health requirements into account, thus not ensuring the system's safety. Above-ground and underground water pollution sources mainly derive from individual household sanitation systems, discharges of used water insufficiently treated or untreated, as well as infiltrations from inadequately managed dumps of solid waste and discharges from power stations and industrial enterprises. The percentage of water samples which failed to meet sanitary standards increased in 2012 in the centralised water supply by 15% as compared to 2006. The most unfavourable situation related to drinking water quality from underground sources is registered in the following rayons: Calarasi, Ceadir-Lunga, Glodeni, Straseni, and Stefan Voda (MEn, 2011, p. 79-80).

The environmental problems depend on the evolution of other MDGs. Unemployment and poverty (MDG 1), together with price increases for energy, resulted in an increase in illegal deforestation and poaching. An alarming situation is registered in actual consumption of firewood in the Republic of Moldova, which practically equals the average total increase of forests in Moldova (Capcelea et al., 2012, p. 36). Limited access to public services, including water and sewerage supply infrastruc-

ture, is a component of the high poverty rate in rural areas. An average household from Moldova currently spends about 5% of its monthly disposable income for the WSS services. The micro-accessibility analysis of households grouped in deciles, according to the NBS methodology, confirms that the poorest deciles spends 15% of their disposable income to access WSS services of a minimum standard. This is a too high a cost for many households. According to the study, only four deciles of households with the highest incomes may afford to pay for WSS services. As a result, currently, over 50% of the country's population consumes poor quality water. Drinking water of poor quality causes up to 15-20% of the acute diarrheal diseases and type A hepatitis, 22-25% of gastrointestinal diseases, and 100% of dental fluorosis (MDG 6) (MEn, 2011, p. 29). Anaemia and congenital malformations are largely conditioned by the high level of nitrates in drinking water (Salaru, 2012). In a country that is at an early stage of its social-economic development, investments made in the WSS sector may have a huge social-economic impact. About 10% of the global diseases could be prevented by improving water supply, sanitation, hygiene, and better management of water. Water-related disease burden affects, people disproportionately, especially hitting children under-5, as 30% of deaths registered in this category are attributed to inadequate access to water and sanitation (OECD, 2011, p. 3). The rural population is exposed to these factors to a greater extent than the urban population. Environmental education (MDG 2) contributes to changing attitudes to natural resources and environment. These aspects are related to human rights, as people's lives depend on a healthy and sustainable environment. Hence, a vicious cycle can be replaced by a virtuous one, only if efforts and support are offered by the Government (Figure 11):

Figure 11. Sustainable development: compensation of the vicious cycle by the virtuous circle



Critical constraints

Poor mainstreaming of environment problems in country policies and programs.

The main direction of Moldova's environment policy is shaped by a number of laws, international conventions, government decisions and orders, strategies, environmental concepts, programs, and plans. Nevertheless, the Republic of Moldova does not have comprehensive and integrated environmental policies, and sustainable development principles are not included in national policies and programs. All these are missing in the National Development Strategy "Moldova 2020". The strategy provides that environmental protection will be correlated depending on the budget accumulations after reaching the current targets. Line institutions addressing economic, ecological, and social problems work in an isolated way, without synergizing their activities. Government policy documents concerning water are not coherent, not coordinated, and the institutions from water sector do not exchange of information (OECD, 2011). In terms of priorities identified during the negotiation of Moldova – European Union Association Agreement, Moldova will have to reform its environmental policy in line with the EU regulations (Ministry of Justice, 2010). One of the core features of Water Supply & Sanitation (WWS) is the delegation of service provision: WWS can be provided directly by public authorities or they can be delegated by the authorities to other institutions (e.g. public or private institutions). In order to ensure uninterrupted, high-quality and reliable services, it is necessary to ensure sufficient financing for WWS operations. This relates both to investment needs and to coverage of all necessary costs for maintaining and operating the system (energy, labour, infrastructure maintenance etc.) (OECD, 2013, p. 6).

Lack of continuity in environmental strategies and policies affects the quality of the environment.

If the government changes, often priorities are revised and management and monitoring of policies and strategies changes, all of which can potentially affect the quality of public service. The unstable political situation and the lack of cooperation and coordination between the representatives of different parties within the same governmental institution affect the quality of strategic documents. Hence, some national and sector strategies have failed to adequately include the MDGs. According to the WSS Strategy, institutions currently active in the water and sewerage management sector are fragmented, are guided

by inadequate policies, and insufficient personnel, and are unable to manage the problems they currently face in the sector. Poor cooperation and coordination among the governmental agencies, as well as with the civil society, all make these problems more acute.

There are challenges related to natural resources' management. Thus, the demand for water is increasing, while the allocation of limited water resources among the national economy branches and environmental requirements requires full integration of water supply, demand, and quality, as well as ecological conditions. Even though some strategic documents and sector policies (WSS Strategy, Energy Strategy, Agriculture Sustainable Development Strategy) include good provisions, these are poorly enforced because of different reasons, including lack of financial coverage, lack of specialists in the areas related to water and sewerage, lack of incentives, corruption, etc.

The impact of climate change and desertification is increasing, and existing strategies in the area are not practical.

According to the estimate, the available ground water supply will decrease by 16-20% by 2020. This means that safe water supplies for all the users will be endangered in 2020, when water use intensity will be 100%. (UNDP, 2010, p. 74). Urban development in geographic areas with water deficits may impose a need for careful management of a limited water supply in future. The lack of real programs for short-, mid-, and long-term adaptation, mitigation and combating with promotion of investments and activities, and clear implementation mechanisms substantially reduce the efficiency of actions undertaken to diminish the impact of natural hazards. The high number of extreme weather events floods, droughts, storms, etc. highlights the need for practical strategies for mitigation and rehabilitation, but also the development of key infrastructure and increased response capacities.

Possible opportunities and success factors

Better cooperation between the entities active in environment protection would lead to better results. Although there is formal cooperation, and it is promoted by the Ministry of Environment through meetings with environmental NGOs, consultations with population regarding legislative aspects, and public hearings, unfortunately, for the time being, there are no clear mechanisms to support local initiatives. The strategies regulat-

ing water supply and sewerage define a number of common objectives, which may be reached through public-private partnerships (Expert-Grup, 2010, p. 73). A higher level of transparency in the allocation of resources from the National and Local Ecological Funds, as well as active involvement of civil society in developing and implementing the projects managed by the government could lead to visible and tangible results in achieving the environmental indicators.

Promotion and enforcement of green economy has proved its utility in other states. The principles of a green economy are simple and do not necessarily cost a lot. Additionally, the mechanisms for promoting green economy in the Republic of Moldova would allow for investment and involve the private sector in environmental protection.

Promoting and deepening active participation of the entire population in environmental protection is an essential route towards addressing environmental problems. Public participation in developing and implementing environmental protection activities would substantially reduce the need for public expenditures and intervention of local and central authorities. To make public participation more comprehensive, it is necessary to have the support of education and creative initiatives to mobilise local resources and encourage participation.

Supporting vulnerable segments of the population to ensure their access to public services of water supply, sewage and sanitation. The private sector is not obliged to provide social services and to absorb the losses from households which cannot afford services, the efficient implementation of WSS infrastructure across the whole country should be accompanied by a social scheme to subsidize the debt of poor households to the utility enterprises, allowing the latter to recover their costs.

The experience of the European Union to mainstream environmental requirements in all the economic development activities is a useful example for the Republic of Moldova. Currently, the harmonisation of national legislation with the EU standards is being implemented. Special attention should be paid to developing clear mechanisms for insuring compliance with the new legislation.

Ministry of Environment, State Ecological Inspectorate, NCPH, Regional Development Agencies, NGOs could become real leaders and change agents to ensure transparency and eliminate corruption in the area of environment. To do this, it is necessary to have solid political will to preserve wildlife, to promote the mainstreaming of environmental policy across all sectors of the national economy, to eliminate any isolation and “competition” in tackling environmental problems, to widely disseminate environmental related information among the population, to motivate all citizens and organisations to observe environmental legislation and fulfil all necessary activities.

Box 7. Elderly and tap water

“All my life I used to bring water from the well for cooking, washing and for the animals. I would go with two heavy buckets, sometimes I would fall on the ice and spill them all over, and I would have to go once again. As for washing myself – usually I would wash myself in a wash bowl in the kitchen, when no one was at home. Afterwards, we were told that the water from our well is not good for drinking, and we all would get stones in our livers if we do continue using it. But what else could I do? All the other wells were far away and their water was not better either”, says Vera Bivol, pensioner, 82 years old, from Costesti village, Ialoveni Rayon.

Two years ago, an aqueduct was built in the “Mogila” district. The water came from an artesian well with qualitative water. The Bivol family – 3 adults and 2 teenagers – have contributed with 2000 lei for the cost of the pipe in their household, the rest of the funds coming from a businessman in the locality. “I was telling my mother that soon we will build a bath and she will have the possibility to take a hot bath, and whenever she needs water, she just can open the tap. But she did not believe it. She was saying that she would die before all these come true” – says Timofei Bivol, the younger son, who is 46 years old. “I am so glad that we have water in the house. And it is so nice to take bath without rushing up. It gives your health. And I feel myself useful, as I can wash the dishes and cook, when the son and the daughter-in-law are working in the field”, added Vera Bivol.



ODM 8

“Create a global partnership for development”: towards a more advantageous integration into the global economy

Key trends

An essential peculiarity of MDG 8 is the inclusion of aspects related to Moldova's integration into the global economic, as well as issues related to internal social cohesion.

Progress in some areas is mixed, particularly in terms of the development of a transparent, predictable and non-discriminatory trade and financial system based on rules, through the promotion of exports and attracting investments (Target 1). From 2004-2009, the share of exports of goods and services of GDP decreased from 51% to 37%, with a slight recovery evident in 2010-2012 (the average of 43%). The sharp increase of commercial deficit (from 25% in average in 2000-2002 up to 50% in 2006-2008, with a slight recovery of 40% in 2010-2012) fundamentally reflects, a decreasing level of competitiveness nationally. The banking system slowly expanded. The share of bank loans granted has increased from 14.3% of GDP up to 40.9% of GDP in 2012. The share of GDP of net direct foreign investments increased from 3.7% in 2003 to a historic high of 11.4% in 2008, but afterwards it dropped drastically, as a result of the global financial crisis. In 2012 it remained still low, accounting for about 2% of GDP. In general, external risks and economic imbalances still persist, and are largely amplified by consumer-driven economy which has supported Moldova over the last decade. Moldova has undertaken efforts to become more attractive as a destination for foreign investments and to better harness the advantages of its geographic position and liberal commercial framework.

The problem of Moldova's landlocked status by upgrading transportation and customs infrastructure was not yet settled (Target 2). Public investments in transportation infrastructure have increased, essentially, from 2009-2012, mainly due to donor financing, but their impact will likely only materialise over the mid-term. The authorities hope that when the transportation infrastructure in Moldova is improved, the country may become a regional commercial transportation hub. Over the last 4 years, the Government has undertaken measures to improve the situation. For instance, in 2009 the Port of Giurgiulesti was opened, thus national producers obtained an exit to the Black Sea. Nevertheless, the limited capacity of the port means that this is cannot offer a comprehensive solution, and efforts still need to be made to develop land and air transportation infrastructure.

In spite of all external and internal financial and economic vicissitudes, external debt remained within manageable limits (Target 3). The share of external debt in the GDP has decreased on average from 119% in 2000-2002 to 74.3% in 2007-2009, increasing again to 81.5% in 2010-2012. The state external debt has followed a similar trajectory, decreasing on average from 53.5% in 2000-2002 to 17.7% in 2010-2012. The decrease in the debt was possible due to economic growth. At the same time, the Government, supported by its main development partners, undertook efforts to contract external loans under more advantageous conditions.

Unemployment among youth remains to be a serious problem with important economic, social, and political implications (Target 4). After a historic low of 11.2% in 2008, the unemployment rate among youth aged 15-24 years old started to rise again (17.8% in 2010). Emigration (even more than the generation of new jobs in the economy) has been the main lever in reducing the unemployment rate among youth, down to 13.1% in 2012. In 2012, young women, especially those from urban areas seemed to be more vulnerable to unemployment than young men.

Target 5, Ensuring access to basic medication, is difficult to monitor as no relevant statistical data has been collected. The indicator tracks the number of localities with primary health care institutions, but no pharmaceutical assistance. According to this indicator, there are 60 such localities (all of them are rural).

Moldova achieved remarkable progress for Target 6 "Build an information society". The degree of penetration of the fixed telephony has doubled, increasing from 16.6 per 100 inhabitants in 2000 to 33.9 in 2012. Mobile telephony witnessed a spectacular evolution; penetration has increased from 10% in 2003 up to 78% in 2009 and 114.6% in 2012. If in 2007, 20.8 out of 100 households had access to personal computers, in 2012 the level was 58.0 of 100 households. In parallel, Internet access expanded from 23.4 per 100 inhabitants in 2007 up to 57.0 per 100 inhabitants in 2012.

Critical constraints

Problems still persist in the business environment limiting exporters' access to sale markets. Some of these problems are regulatory issues, others refer to state institutions which have not yet

embraced themselves fully to facilitating trade. Insufficient efforts were undertaken to attract new strategic investments into the economic branches with the potential to generate new jobs and local supply chains. Some countries still exercise external pressures on the Republic of Moldova so that the country will give up its objective to liberalise commercial relations with EU, and this could have a disastrous impact on the country's export potential.

Although a number of donors provide the country with resources to finance large projects on road infrastructure rehabilitation, the deficit of public resources has led to a postponement of local and regional road rehabilitation projects.

This situation limits farmers' access to supplies and agricultural markets. Moreover, the poor quality of local and regional roads has an impact on the prices for goods sold at the local level, including food products, medicines, etc. This also affects the ability to efficiently harness and leverage donor resources.

The slow pace of reform of the justice system is another critical constraint. This fact has affected the banking system, which even though has extended its presence in the economy, finance has not become more accessible, especially for vulnerable groups. One of the systemic causes is the public's lack of confidence in the banking system. This situation is determined, in turn, by the lack of transparency in terms of ownership within the economy.

Unemployment among youth, in the main, represents the failure of the educational system to provide quality educational services, which complies with the demands of the labour market. Although youth unemployment is higher than unemployment among the general population in every country, there is a serious problem in Moldova in terms of the relevance and quality of studies which are offered to youth in vocational education, hence complicating a young person's integration into the labour market. This problem is even more relevant for the vocational education system, due to the deficient system of vocational education as there are difficulties forecasting medium and long-term needs of the labour market and there is no communication between vocational schools and the private sector. Moreover, the reduced rate of new small and medium enterprises, especially in rural areas, and the low level

of economic education and entrepreneurial skills among youth exacerbates their integration into the labour market.

Even though the country has achieved impressive quantitative progress in building an information society, the agenda for development remains full. Mobile telephony services, PCs and the Internet are still not accessible to the poorest categories of the population. Technologies are not used yet on a large scale in schools, and this impedes youth acquiring IT literacy.

Possible opportunities and success factors

A Deep and Comprehensive Free Trade Area between EU and the Republic of Moldova, which will potentially be created by the Association Agreement in 2014, is an extraordinary opportunity for developing trade relations. Moldova may continue its efforts to liberalise international trade with other major partners (USA, Canada, Middle East countries, China) and should keep open markets to CIS as well.

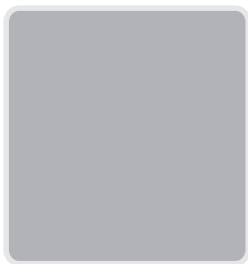
Inevitably, Moldova will have to depend in the future as well on the financing provided by its external partners to rehabilitate its road transportation infrastructure. The rehabilitation of road transportation infrastructure is very expensive, but will likely become even more costly over the time. In this context, it is extremely important to ensure well-balanced and transparent capitalisation of allocated resources (Expert-Grup, 2012).

The Republic of Moldova has initiated ambitious reforms in technical-vocational education, which will significantly improve the quality of training and will ensure students will be able to develop relevant and market-driven skills. In 2012, the technical-vocational education development strategy for 2013-2020 was developed. It envisages systemic and deep interventions in the short-, medium-, and long-term. The strategy was welcomed by employers, trade-unions, and external development partners, as it seeks to tackle the most urgent priorities in the labour market. At the same time, the Government intends to set up a system to accredit both non-formal and informal education, and this could increase the integration of migrants into the labour market of migrants as well as other persons who were trained outside the official Moldovan educational system.

Box 8. Migrants' expectations regarding moldova's development perspectives

Elena and Marin Hincu have worked in Spain for 6 years and they visit their relatives, including their son Sorin, twice a year, on average. Since they left to work abroad, the spouses succeed to return the debts, to equip and endow their households, as well as save for their son's education and potentially to launch a family woodworking business. Elena and Marin would like to return, but confidence in Moldova's future – the disastrous roads, entrenched bureaucracy, and poor medical services" impede their desire to do it. They said that they will not return until the situation improves in terms of public services and basic infrastructure necessary for a decent living, and they even plan to bring Sorin to Spain next year, for him to go to a university abroad. The Hincu family said that they know many Moldovans who wish to return in the future, but they are waiting for some changes in social and economic infrastructure, public services and an improvement in the quality of life in general. In spite of the difficult economic situation in Spain, Elena and Marin, just like many other Moldovans, prefer staying abroad than coming back home, and even accepting rather modest salaries, as they say that the situation in Moldova is even worse.

Source: *Interview;*



A finished agenda,
or not yet?

MDG

Radiography and feasibility of millennium development goals' achievement

☺ **MDG 1 Reduce extreme poverty and hunger.**

All three intermediary and final targets defined for MDG 1 have already been reached. The major challenge is to keep up the current pace of progress, especially taking into account economic risks and social pressures in rural areas. At the same time, the Republic of Moldova should maintain efforts to increase the population's income up to comparable levels in other countries of Central and Eastern Europe.

☺ **MDG 2 Achieve universal access to general compulsory education.**

Some progress has been achieved by Moldova towards reaching MDG 2, but the impact has been contradictory. The main concern relates to the efficient use of technical-materials and financial resources which have been allocated to the educational system and improving the quality of training. Quality and accessible education should be tackled as an indispensable element to combat poverty in a sustainable way.

☺ **MDG 3 Promote gender equality and empower women.**

The intermediary Target 1 regarding women's representation in decision-making positions in local councils, rayon councils, and mayors' position has been achieved, nevertheless it is not certain whether the final target can be reached. Also the intermediary target regarding women's representation in Parliament can be achieved, but it is not clear if the final target can be reached. New statistical data shows a decreasing but still evident gender gap in pay. Ensuring conditions for political and economic empowerment of women is relevant to the government priorities.

☺ **MDG 4 Reduce child mortality.**

The targets set for infant mortality and under-5 mortality rates were already achieved. The achievement of the target set for 2015 which relates to measles vaccination is still uncertain, as the number of vaccinated children has decreased, due to a variety of different reasons, over the last few years. Information campaigns are the most effective tools. The Ministry of Health together with development partners actively seeks to promote mother and child health. At the same time, mortality levels have not yet fallen to meet European Union levels.

☹ **MDG 5 Improve maternal health.** The peculiarities of calculating the maternal mortality rate and the small number of cases make reaching the target by 2015 uncertain. It depends a lot on the constraints and structural factors, which are very difficult to change. As for the number of births assisted by qualified medical staff – it is possible to achieve the final target if existing investments, access to reproductive health services, and in general access to health care are maintained.

☹ **MDG 6 Combat HIV/AIDS, tuberculosis and other diseases.**

All the three indicators – incidence of HIV/AIDS in total population, incidence of HIV/AIDS in the 15-24-year age group and TB-related mortality rate – are not following a favourable trajectory. It is practically impossible to achieve the targets set for 2015.

☹ **MDG 7 Ensure a sustainable environment.**

The final target can only be reached in relation to the state-protected natural areas. It is unlikely that the final targets can be achieved for the other indicators, except for the population's access to safe water sources, and major drawbacks are registered for the quality of all indicators set for MDG 7. At the same time, it is necessary to clearly determine the definitions of indicators' and to harmonise the national methodology for calculating the population's access to improved water and sewerage sources with the international standards, for the data to be internationally comparable. At the same time, data should be disaggregated by gender in urban and rural localities.

☹ **MDG 8 Create a global partnership for development.**

It is difficult to solidly assess progress registered for MDG 8, as final target-values were defined only for 2 out of those 6 targets. It is possible to achieve the original target for youth unemployment, but it will depend on the country's capacity to provide an attractive climate for set-up and development of enterprises. Target 6 for building an information society has already been reached, except for the expansion of fixed telephony indicator, which is already irrelevant, as fixed telephony is losing market share to mobile telephony, which has already reached 100% penetration.

A telegraphic assessment of the progress achieved at every target level for all MDGs is provided in Table 8. Annex 1 includes more details about the historical evolution of the main indicators for progress monitoring.

Table 9. Feasibility of the possibility to achieve MDG intermediary (2010) and final targets (2015)

Goal / Target	Targets' feasibility	
	2010	2015
MDG 1. Reduce extreme poverty and hunger	☺	☺
Target 1. Reduce the proportion of people whose consumption is under \$4.3 a day/person (in PPP terms) from 34.5 percent in 2006 to 29 percent in 2010 and 23 percent in 2015	☺	☺
Target 2. Reduce the proportion of people under the absolute poverty line from 30.2 percent in 2006 to 25 percent in 2010 and 20 percent in 2015	☺	☺
Target 3. Reduce the proportion of people under the extreme poverty line from 4.5 percent in 2006 down to 4 percent in 2010 and 3.5 percent in 2015	☺	☺
MDG 2. Achieve universal access to general compulsory education	☹	☹
Target 1. Ensure opportunities for all children to attend general secondary education. Increase the gross enrolment rate for general secondary education from 94.1 percent in 2002 up to 95 percent in 2010 and 98 percent in 2015	☹	☹
Target 2. Maintain the literacy rate for the 15-24 year-old population at 99.5 percent	☺	☹
Target 3. Increase the enrolment rate for pre-school programs for 3-6 year-old children from 41.3 percent in 2002 up to 75 percent in 2010 and 78 percent in 2015, and for 6-7 year-old children from 66.5 per cent in 2002 up to 95 percent in 2010 and 98 percent in 2015, as well as reduce by less than 5 percent the discrepancies between rural and urban areas and between disadvantaged and middle-income groups.	☹	☹
MDG 3. Promote gender equality and empower women	☺	☺
Target 1. Increase women's representation in decision-making positions. Increase representation of women at the decision making level (from 26.5 percent in local councils in 2007 to 40 percent in 2015, from 13.2 percent in rayon councils in 2007 to 25 percent in 2015, from 18 percent women mayors in 2007 to 25 per cent in 2015 and from 22 percent women MPs in 2005 to 30 percent in 2015)	☹	☹
Target 2. Reduce gender inequality in employment: reduce disparity between women's and men's salaries by at least 10 per cent by 2015 (the average monthly salary of women represented 68.1 per cent of the average salary of men in 2006).	☺	☺
MDG 4. Reduce child mortality	☺	☺
Target 1. Reduce infant mortality from 18.5 (per 1,000 live births) in 2006 down to 16.3 in 2010 and 13.3 in 2015	☺	☺
Target 2. Reduce the under-5 mortality rate from 20.7 (per 1,000 live births) in 2006 down to 18.6 in 2010 and 15.3 in 2015	☺	☺
Target 3. Maintain the share of measles vaccination of children under 2 years at no lower than 96 percent in 2010 and 2015	☺	☹
MDG 5. Improve maternal health	☹	☹
Target 1. Reduce the maternal mortality rate from 16 (per 1,000 live births) in 2006 to 15.5 in 2010 and 13.3 in 2015	☹	☹
Target 2. Maintain the number of births assisted by qualified medical staff during 2010 and 2015 at 99 percent.	☺	☺
MDG 6. Combat HIV/AIDS, tuberculosis and other diseases	☹	☹
Target 1. Stabilize the spread of HIV/AIDS infection by 2015. Reduce HIV/AIDS incidence from 10 cases per 100,000 population in 2006 to 9.6 cases by 2010 and 8 cases by 2015.	☹	☹
Target 2. Reduce HIV/AIDS incidence in the 15-24-year age group from 13.3 cases per 100,000 population in 2006 to 11.2 cases by 2010 and 11 cases by 2015.	☹	☹
Target 3. Halt and begin to reverse the spread of tuberculosis by 2015. Reduce the rate of mortality associated with tuberculosis from 15.9 (per 100,000 population) in 2002 down to 15.0 in 2010 and 10.0 in 2015	☹	☹
MDG 7. Ensure a sustainable environment	☹	☹
Target 1. Integrate principles of sustainable development into country policies and programs and reduce degradation of natural resources. Increase forested area from 10.3 percent in 2002 to 12.1 percent in 2010 and 13.2 percent in 2015.	☹	☹
Target 2. Increase the share of protected areas to preserve biological diversity from 1.96 percent in 2002 to 4.65 percent in 2010 and 4.65 percent in 2015.	☺	☺
Target 3. Increase the share of people with permanent access to safe water sources from 38.5 percent in 2002 up to 59 percent in 2010 and 65 percent in 2015.	☹	☺
Target 4. Increase the share of people with permanent access to improved sewerage from 31.3 percent in 2002 to 50.3 percent in 2010 and 65 percent in 2015.	☺	☹
MDG 8. Create a global partnership for development	☺	☹
Target 1. Further develop a transparent, predictable and non-discriminatory trade and financial system based on rules through promoting exports and attracting investments.	☺	☹
Target 2. Deal with issues associated with Moldova's landlocked status by upgrading transportation and customs infrastructure	☺	☹
Target 3. Monitor external debt issue	☺	☺
Target 4. Develop and implement youth strategies. Reduce unemployment among youth to 15 percent in 2010 and 10 percent in 2015	☺	☹
Target 5. Ensure access to basic medication	☺	☹
Target 6. Build an information society. Double the number of fixed and mobile telephone subscribers from 2006 to 2015 and increase the number of personal computers and Internet subscribers at a minimum annual rate of 15 percent.	☺	☺

Source: assessment of the report authors;

Analysis of the main causes for failure to achieve the MDGs

In general, as shown in Table 9, the Republic of Moldova's progress towards achieving the MDGs is mixed. It is likely that MDG 1 will be achieved. Nevertheless, the main risks which could reverse progress refer to the high vulnerability of the agricultural sector, weak diversification of employment opportunities in rural areas and the incomplete transition of social assistance policies to income-based principles.

The situation is rather promising for MDG 4. The Government should continue its efforts to ensure and enlarging general access to quality health care services, especially for vulnerable groups, which undergo the risk of child mortality. Provision of social assistance to families and training child caregivers about the danger signs according to IMCI is an important factor, further strengthening health workers at all levels for the timely identification of risks and education of caregivers, and further on development of the perinatal and early intervention centres – these are the key ingredients to maintain and enhance the achieved progress.

Things are less clear for MDG 2, MDG 3, and MDG 8 – some gaps were registered for them, while some important progress was attained toward their targets. MDG 2 is a central one, and in this context its achievement represents a precondition to change long-standing cultural and gender stereotypes (MDG 3), to increase social cohesion and to achieve a closer integration of the country into the global processes (MDG 8).

In case of MDG 5, 6, and 7 – the situation is much more difficult, and it is clear that, most likely, the targets will not be achieved. Although the above chapters have presented the problems existing at the sector level, the analyses reveal a number of systemic factors which hinder the country to progress more visibly towards achieving the MDGs.

- *One of the fundamental causes determining the failure to achieve several goals refers to the fact that many authorities did not at the outset "grasp" the development philosophy underpinning the MDGs. Hence, the national development goals for post-2015 period should ensure from the very start authorities' participation in defining assumed indicators and targets.*

- *Over the years, many institutions have lost "institutional memory" (either due to reorganisation or due to personnel turnover) and the interest for initial goals has weakened. Institutional fragmentation and volatility has especially marked, the water and sewerage supply sector, where institutions have insufficient personnel and poor capacities to develop policies and manage the current problems of the sector. This problem could be settled via closer Government monitoring of the continuity of some major policy documents.*
- *For some areas covered by the MDGs there is a problem with strategic coordination of policies. For instance, aqueduct construction projects were implemented without ensuring connections to sewerage and water treatment systems. Lack of cooperation between key national organisations and institutions was registered. At the next stage, it would be necessary to have a better distribution of responsibilities and duties and to ensure high-level strategic coordination of interconnected development goals, which could be nested at the Government or President levels.*
- *Numerous problems were registered in relation to statistical data: although development goals and certain monitoring indicators were formulated, no methodologies were developed for calculating key indicators. Doubts exist in relation to the quality of some of the data provided. The post-2015 development goals should be based on a deeper evaluation of the national framework of statistical data.*
- *To focus only on formal and quantitative aspects, without any analysis of policies' qualitative impact is a mistake. For instance, in case of MDG 7, it could be noted that the increase in forested areas was achieved by planting species which do not reflect local growing conditions and are less valuable. This fact implies a higher financial and human resource burden to measure the qualitative impact of policies and programs.*
- *Severe financial constraints have marked the MDGs. This fact creates challenges and major uncertainties related to the subsequent financing. This is a core concern for MDG 6 and MDG 7. This is a deep structural problem, which will be tackled in the long-term if the private sector is consolidated. At the same time, it should be a strategic priority to reduce the share of the informal economy, for the fiscal base to grow as much as possible, so as to ensure greater revenue generation for the budget, which could support the implementation of long-term development goals.*



POST-2015 DEVELOPMENT AGENDA

Citizens' voice

Since MDGs are set to expire in 2015, the global discussion of the post-2015 development agenda has started. One of the key approaches to these discussions is to ensure that the voices of various stakeholders, including the most vulnerable and marginalized persons, are heard. To achieve this many countries around the world, including Moldova, have undertaken inclusive national consultations as a forum for people to have their say about their concerns and aspirations for the future. As part of this effort, UN Moldova supported national consultation the national consultation campaign for the post-2015 development agenda "The Future Moldova Wants" in November 2012 – March 2013. The aim of this campaign was to solicit citizens' opinions, including the views of vulnerable groups and deprived communities (identified based on Small Areas Deprivation Index⁴⁶), on development priorities and the future they envisage for the country. The consultations per se were preceded by massive awareness campaign about the aims of the consultations in order to ensure that as many persons as possible take part in the consultations. As a result, around 7000 people participated in the process, via 15 focus-groups, 10 round tables, a national-scale opinion poll, and an on-line survey⁴⁷.

Hence, five major topics were identified during the national consultation – topics which raised more concerns and frustrations from those who participated in the post-2015 consultations. Three of them are "sector" topics:

- **"The Economy"**: education, jobs, and sustainable economic development. The most important aspirations were related to encouraging entrepreneurial activity, active affirmation of the right to decent work, eradication of poverty, more efficient management of social impact of labour migration, better quality of education, more accessible and durable infrastructure, and the strengthening of an innovation-based national economy.
- **"Society"**: inclusive, tolerant, and cohesive society. The most frequently-mentioned priorities for this topic were: the building of an efficient and fair pension system, social protection policies targeting

the most vulnerable people, greater social inclusion, a more tolerant and non-discriminatory society, and building a more educated society (based on "seven years from home" as the majority of interviewees have mentioned).

- **"Environment and health"**. Participants pointed out several priorities for this respect: adequate water and sanitation systems, waste management, and use of renewables.

In addition to all these "sector" topics, a horizontal priority emerged during consultations, which could be formulated as **"Good governance and human rights"**. It is a really encouraging fact that youth and children mentioned this frequently as a priority, this gives hope for a more active and involved Moldovan society. The most important focus was placed on justice, rule of law, fight against corruption, observance of human rights, and open governance.

At the same time, public consultation revealed a peculiarity of the nation development context – a **discrepancy between rural and urban areas**. Hence, the need to decrease the urban-rural divide – which is manifested through income inequality, different chances and opportunities, performance gaps, gaps in attitudes and values – has crystallised as the fifth major development priority.

The Government can use the outcomes of these consultations in two ways:

- To provide policy outlines to give voice to people's hopes and aspirations through the development strategies and programs it will adopt for the post-2015 development timeline and to adjust the existing strategies to the outcomes of these consultations, and
- To use the experience of the consultations to determine future development policies.
- To connect people's concerns, as articulated through these consultations, with the Government's policy agenda, demonstrating their convergence while adjusting where necessary.

Government's vision

The official long-term development vision is expressed in the National Development Strategy

⁴⁶ Database IDAM can be accessed on <http://www.mec.gov.md/deprivarea-localitatilor-rurale/>.

⁴⁷ Detailed information about the organisation of the consultation process available on <http://www.un.md/2015/>.

“Moldova 2020: SEVEN solutions for economic growth and poverty reduction”. The strategy was developed within a large participatory framework, involving civil society, development partners, public servants, and high-ranking officials. It was heard and debated in the Moldovan Parliament and approved via law⁴⁸. “Moldova 2020” maintains the inter-sector approach of the previous National Development Strategy for 2008-2011, but tackles the most critical constraints which impede sustainable development across the country. These constraints were identified as a result of applying the methodology to analyse the critical constraints, based on solid scientific evidence and which is widely used at the international level. The seven priorities of “Moldova 2020” were formulated as follows:

1. **Education: relevant for a career;** the vision for a better relationship between the demands on the labour force and the education offered will have a considerable impact on economic growth and poverty reduction. The partnership between the educational system and service beneficiaries (employees, employers) will generate education that will meet the needs of the labour force from a quantitative, qualitative, and structural viewpoint. This, in turn, will contribute to reducing the unemployment rate, including among youth (responding to priorities assumed in MDG 8) and the flow of citizens leaving the country, as well as the rate of the population exposed to poverty and social exclusion risks (MDG 1).
2. **Roads: in good condition, anywhere;** this derives from the finding that the economy of the Republic of Moldova is based, mainly, on agriculture and food industries; hence a solid road infrastructure, well-functioning road transportation system, and multimodal logistical centres will ensure farmer’s access to local and external markets. The rehabilitation of country roads will ensure the diversification of rural economy and will have a huge social impact, especially by ensuring people’s access to public services.
3. **Financing: cheap and affordable;** to increase access to finance, the Government relies on the development of financial mediation, optimization of financial resources’ costs and optimization of conditions for credits’ and loans’ guaranteeing. The goal of the authorities’ is to have a financial system which will efficiently transform the savings of employees, emigrants, companies and others into investments by 2020.
4. **Business: with clear rules of the game;** by evaluating objectively the resources, conditions, and economic perspectives of the country, the Government aims to improve the Moldovan business environment for the business risks and costs to considerably lower than in other countries in the region. This will have a major economic and social impact, expressed by increase of domestic and foreign investments, increase in number of reliable enterprises, creation of attractive new jobs, increase of work production and improve Moldovan export competitiveness. In this context, the “progress indicator” would be for Moldova to exceed the average level in the region in the main economic rankings “Doing Business”, “Economic Freedom”, and Global Competitiveness Index.
5. **Pension system: equitable and sustainable;** this priority responds to people’s wish to enjoy a fair and sustainable pension system, which would ensure decent living after retirement. The Government perceives it as an indispensable precondition for social cohesion. At the same time, pension system reform implies the development of new pillars which would ensure the sustainability of the system, taking into account gender. The financing of some eventual increases in pensions from out-of-pension-system, reduces the chances for success for other reforms, including the reforms of other development priorities.
6. **Energy: delivered safely, used efficiently;** the aspiration of the Republic of Moldova Government is to have by 2020 a competitive and reliable energy network, which would ensure all consumers reliable access to quality sources of energy. This will serve as basis for the sustainable development of the national economy – a model which will reduce energy poverty by increasing affordability of resources. The Government perceives decreasing dependency on imported energy as a high priority, as well a need to consolidate the country’s energy security. To achieve this goal, it will develop connections to transport energy resources and to integrate Moldova into the European energy system.
7. **Justice: responsible and incorruptible;** in line with the opinions expressed by the citizens

⁴⁸ Law No. 166 dated July 11, 2012.

who participated in the post-2015 national consultation, the Government of the Republic of Moldova shares the vision of a justice system which seeks to serve ordinary citizens. The Government envisages a future for the justice system which reflects the following attributes: litigants are satisfied with impartial, qualitative, accountable, and timely justice, with zero tolerance to corruption, for the purpose of sustainable development of the country, and for the justice to provide effective remedies for an inclusive economic growth, social justice and human security.

What would be the post-2015 Sustainable Development Goals?

How do public perceptions align with official views of Moldova's development priorities? In many cases they align in substance, but they differ with regard to perspectives. During the post-2015 national consultations "The Future Moldova Wants", people expressed a vision of development, which may be seen as **desirable goals** (and of a desirable level of development). The priorities identified in "Moldova 2020" could be qualified as **catalysing goals** (empowering society and people to achieve this desirable level of development). Correlating the two perspectives, the eventual post-2015 Sustainable Development Goals could be perceived as developing some **functional goals** to ensure all the people have the necessary capacities to harness the positive impact fostered by "Moldova 2020" and to follow their own aspirations. Hence, there are ten post-2015 Sustainable Development Goals that can be identified. They focus on the creation of new conditions, which could break the

vicious cycle of poverty and serve to practically empower citizens.

1. *Protection of mother and child health;*
2. *Assurance of universal coverage with compulsory health insurance;*
3. *Promotion of early development and integration of children / persons with disabilities in society*
4. *Reduction of mortality caused by HIV/AIDS, TB, and non-infectious diseases (cardiovascular, oncological);*
5. *Improvement of nutrition and assurance with micronutrients (I, Fe, folic acid)*
6. *Assurance of universal enrolment of children in preschool and compulsory education (grades 1-9);*
7. *Creation of decent jobs and full employment;*
8. *Building an innovative and creative society;*
9. *Sustainable development of rural communities;*
10. *Green city - green economy – country without waste;*
11. *A society with equal opportunities for women and men;*
12. *Qualitative governance, including at the local level.*

Thus, a part of the post-2015 goals will seek to ensure the continuity of efforts undertaken to achieve the Millennium Development Goals, which the Republic of Moldova failed to attain. Others are new, and were formulated in response to meet the new development priorities that emerged or were emphasized over the last decade. Taken together, they do not seek to create a "separate development agenda", but to "humanise" the development goals established by Moldova in the most important national and sector strategies to address the new challenges for sustainable development.



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Annex A: MDG MONITORING INDICATORS

Targets	Indicators	Source	2006	2007	2008	2009	2010	2011	2012
Goal 1. Reduce extreme poverty and hunger									
Target 1. Reduce the proportion of people whose consumption is under \$4.3 a day/person (in PPP terms) from 34.5 percent in 2006 to 29 percent in 2010 and 23 per cent in 2015	Share of population living below the threshold of \$4.3 a day/person, in PPP terms, (consumption expenditures per person), %	MEc	34.5	29.9	30.4	29.5	26.8	23.4	20.8
Target 2. Reduce the proportion of people under the absolute poverty line from 30.2 percent in 2006 to 25 percent in 2010 and 20 percent in 2015	Share of population living below national absolute poverty line (absolute poverty rate), %	NBS	30.2	25.8	26.4	26.3	21.9	17.5	16.6
	Poverty gap index, %	NBS	7.9	5.9	6.4	5.9	4.5	3.2	2.9
	Share of the poorest quintile in national consumption, %	NBS, MEc	8.2	8.1	8.3	7.9	8.1	8.7	8.9
Target 3. Reduce the proportion of people under the extreme poverty line from 4.5 percent in 2006 down to 4 percent in 2010 and 3.5 percent in 2015	Share of population living below the level of minimum calorific intake (2282 kcal/per day) (extreme poverty rate), %	NBS	4.5	2.8	3.2	2.1	1.4	0.9	0.6
Goal 2. Achieve universal access to general compulsory education									
Target 1. Ensure opportunities for all children to attend general secondary education. Increase the gross enrolment rate for general secondary education from 94.1 percent in 2002 up to 95 percent in 2010 and 98 percent in 2015	Gross enrolment rate in general compulsory education	NBS, MEd	92.0	91.6	90.9	90.7	90.3	90.1	89.7
	School dropout rate	MEd	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
	Share of children who graduate general compulsory education, being enrolled in the I grade	MEd	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Target 2. Maintain the literacy rate for the 15-24 year-old population at 99.5 percent.	Literacy rate	NBS	99.6	99.6	99.6	99.6	99.6	99.6	99.4
Target 3. Increase the enrolment rate for pre-school programs for 3-6 year-old children from 41.3 percent in 2002 up to 75 percent in 2010 and 78 percent in 2015, and for 6-7 year-old children from 66.5 per cent in 2002 up to 95 percent in 2010 and 98 percent in 2015, as well as reduce by less than 5 percent the discrepancies between rural and urban areas and between disadvantaged and middle-income groups.	Level of children enrolment in preschool institutions * aged 3/6 years old	NBS, MEd	70.1	72.6	74.4	75.5	77.1	79.6	82.1
	Level of children enrolment in preschool institutions * aged 6/7 years old	NBS, MEd	90.3	91.0	91.1	93.8	93.1	92.8	93.5
	Rate of children enrolled in the I grade who were involved in preschool education programs	NBS MEd	81.7	n.a.	n.a.	91.5	97.7	97.5	97.5

Targets	Indicators	Source	2006	2007	2008	2009	2010	2011	2012
Goal 3: Promote gender equality and empower women									
	Share of MP seats held by women in the Parliament	NBS	21.8	21.8	21.8	24.7	19.8	19.8	19.2
Target 1. Increase women's representation in decision-making positions. Increase representation of women at the decision making level (from 26.5 percent in local councils in 2007 to 40 percent in 2015, from 13.2 percent in rayon councils in 2007 to 25 percent in 2015, from 18 percent women mayors in 2007 to 25 percent in 2015 and from 22 percent women MPs in 2005 to 30 percent in 2015)	Number of women elected in local public administration authorities *in local councils	CEC		26.5	28.7	28.7		28.7	
	Number of women elected in local public administration authorities *in rayon councils	CEC		16.48	16.9	16.9		18.39	
	Number of women elected in local public administration authorities *mayors	CEC		18.15	17.4	17.4		18.51	
Target 2. Reduce gender inequality in employment: reduce disparity between women's and men's salaries by at least 10 per cent by 2015 (the average monthly salary of women represented 68.1 per cent of the average salary of men in 2006).	Share of women employed in economy, by types of economic activities ⁴⁹	NBS							
	Share of women's average salary compared to men's average salary	NBS	68.09	72.6	73.3	76.4	76.1	87.8	
Goal 4: Reduce child mortality									
Target 1. Reduce infant mortality from 18.5 (per 1,000 live births) in 2006 down to 16.3 in 2010 and 13.3 in 2015.	RI2. Infant mortality rate per 1000 live births	NBS, MH	11.8	11.3	12.2	12.1	11.7	10.9	9.8
Target 2. Reduce the under-5 mortality rate from 20.7 (per 1,000 live births) in 2006 down to 18.6 in 2010 and 15.3 in 2015.	RI1. Under-5 mortality rate per 1000 live births	MH, NBS	14.0	14.0	14.4	14.3	13.6	13.4	12.1
Target 3. Maintain the share of measles vaccination of children under 2 years at no lower than 96 percent in 2010 and 2015	RI3. Share of under-2 children vaccinated against measles ⁵⁰	NCPH	96.9	94.7	94.4	91.3	91.1	91.3	90.8
Goal 5: Improve maternal health									
Target 1. Reduce the maternal mortality rate from 28 (per 100 000 live births) in 2002 to 15.5 in 2010 and 13.3 in 2015	RI1. Maternal mortality rate per 100 000 live births	MH, NBS	16	15.8	38.4	17.2	44.5	15.3	30.4
Target 2. Maintain the number of births assisted by qualified medical staff during 2010 and 2015 at 99%	RI2. Rate of births assisted by qualified medical staff	MH	99.6	99.5	99.5	99.2	98.9	99.4	

⁴⁹ Annex B.

⁵⁰ Including the data from the left side of the Nistru.

Targets	Indicators	Source	2006	2007	2008	2009	2010	2011	2012
Goal 6: Combat HIV/AIDS, tuberculosis and other diseases									
Target 1. Stabilize the spread of HIV/AIDS infection by 2015. Reduce HIV/AIDS incidence from 10 cases per 100,000 population in 2006 to 9.6 cases by 2010 and 8 cases by 2015	RI1. Incidence of HIV/AIDS, cases per 100 000 population	MH, NBS	14.7	17.4	19.4	17.10	17.1	17.6	18.5
Target 2. Reduce HIV/AIDS incidence in the 15-24-year age group from 13.3 cases per 100,000 population in 2006 to 11.2 cases by 2010 and 11 cases by 2015	RI2. Incidence of HIV/AIDS among population aged 15-24 years old, cases per 100 000 population	MH, NBS	18.77	21.21	16.08	19.59	21.01	18.63	21.28
Target 3. Halt and begin to reverse the spread of tuberculosis by 2015. Reduce the rate of mortality associated with tuberculosis from 15.9 (per 100,000 population) in 2002 down to 15.0 in 2010 and 10.0 in 2015	TB-related mortality rate	MH	19.3	20.2	17.4	18.0	17.8	16.1	14.4
Goal 7. Ensure a sustainable environment									
Target 1. Integrate principles of sustainable development into country policies and programs and reduce degradation of natural resources. Increase forested area from 10.3 percent in 2002 to 12.1 percent in 2010 and 13.2 percent in 2015.	Level of afforestation, %	Moldsilva Agency, NBS,	10.7	10.7	10.9	10.9	10.9	10.9	10.9
Target 2. Increase the share of protected areas to preserve biological diversity from 1.96 percent in 2002 to 4.65 percent in 2010 and 4.65 percent in 2015.	Protected natural areas to preserve biological diversity, %	MEn	4.65	4.76	4.76	4.76	4.76	4.76	4.76
Target 3. Increase the share of people with permanent access to safe water sources from 38.5 percent in 2002 up to 59 percent in 2010 and 65 percent in 2015.	Share of population with permanent access to improved water sources, %	NCPM	46	47	53	55.0	57	59	62
Target 4. Increase the share of people with permanent access to improved sewerage from 31.3 percent in 2002 to 50.3 percent in 2010 and 65 percent in 2015.	Population with access to improved sewerage, %	NBS	43.3	43.9	45.7	47.9	50.7	54.6	56.6
	GDP per one kg conventionally consumed fuel, MDL, current prices	MEn, NBS	13.8	17.29	20.09	20.42	22.77	22.45	n.a.
	Emission of CO2 from stationary sources and road transport, t. per capita	MEn, NBS	0.03	0.04	0.05	0.03	0.03	0.04	0.04

Targets	Indicators	Source	2006	2007	2008	2009	2010	2011	2012
Goal 8. Create a global partnership for development									
Target 1. Further develop a transparent, predictable and non-discriminatory trade and financial system based on rules through promoting exports and attracting investments.	Export of goods, % of GDP	MEc, NBS	30.8	30.4	26.3	23.6	26.5	31.6	29.8
	Share of international trade transactions based on free trade agreements, % of total	MEc	53.6	37.6	36.8	36.4	35.4	36.0	34.9
	Goods' trade balance, % of GDP	MEc	-48.2	-53.4	-54.6	-36.7	-39.8	-42.4	-42.1
	Loans granted to economy by commercial banks, % of GDP	NBM	30.0	38.1	37.8	31.9	32.0	33.9	39.8
	Insurance premiums, % of GDP	NCFM	1.25	1.36	1.33	1.35	1.27	1.22	1.24
	Turnover of joint ventures with foreign capital and foreign-owned companies, % of total turnover in economy	NBS	28.2	27.9	27.7	26.6	28.1	28.8	29.5
	Foreign direct investments (net), % of GDP	NBM	7.6	12.3	11.7	2.7	3.4	4.0	2.2
Target 2. Deal with issues associated with Moldova's landlocked status by upgrading transportation and customs infrastructure	Traffic capacity of international roads, 10 thousand units per day		n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
	Share of investments in transport sector in total public investments, %	NBS	19.5	6.6	17.6	7.2	16.4	10.7	n.a.
	Share of investments in air and naval transportation development in the total investments in transportation, %	NBS	28.4	13.8	23.7	27.5	58.7	15.4	n.a.
	Traffic capacity of customs checkpoints, 1000 units per day		n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
Target 3. Monitor external debt issue	External public debt, % of GDP	MFin	20.7	16.2	12.9	15.7	18.9	16.3	17.1
	External debt, % of GDP	NBM	73.0	75.4	67.4	80.2	82.3	77.7	84.6
	Settlement of external public debt, % of total revenues in the state budget	MFin	n.a.	5.2	4.1	6.6	4.9	5.6	4.4
Target 4. Develop and implement youth strategies. Reduce unemployment among youths to 15 percent in 2010 and 10 percent in 2015.	Unemployment rate among youth aged 15-24 years old, %	NBS	17.1	14.4	11.2	15.4	17.8	14.9	13.1

Targets	Indicators	Source	2006	2007	2008	2009	2010	2011	2012
Target 5. Ensure access to basic medication	Number of localities with primary health care institutions, but no pharmaceutical assistance	MH, NBS	n.a.	n.a.	75	64	38	107	38
Target 6. Build an information society. Double the number of fixed and mobile telephone subscribers from 2006 to 2015 and increase the number of personal computers and Internet subscribers at a minimum annual rate of 15 percent.	Fixed telephony penetration level per 100 population	NBS	28.4	30.3	31.3	31.9	32.6	33.2	33.9
	Mobile telephony penetration level per 100 population	NARECIT	37.8	52.6	67.9	78.1	85.4	100.8	114.6
	PC penetration level per 100 population	NARECIT	12.4	15.6	n.a.	20.5	n.a.	n.a.	n.a.
	Level of Internet users' expansion per 100 population	NARECIT	21.2	23.4	n.a.	37	38	42.3	57

Note: n.a. – not available data.

Source: indicated in column 3

Official data for the indicators under MDG 3, target 1, especially referring to the number of women in decision-making positions at the local/raion level are available only for the year of local elections (2007, 2011), the other data are collected additionally.

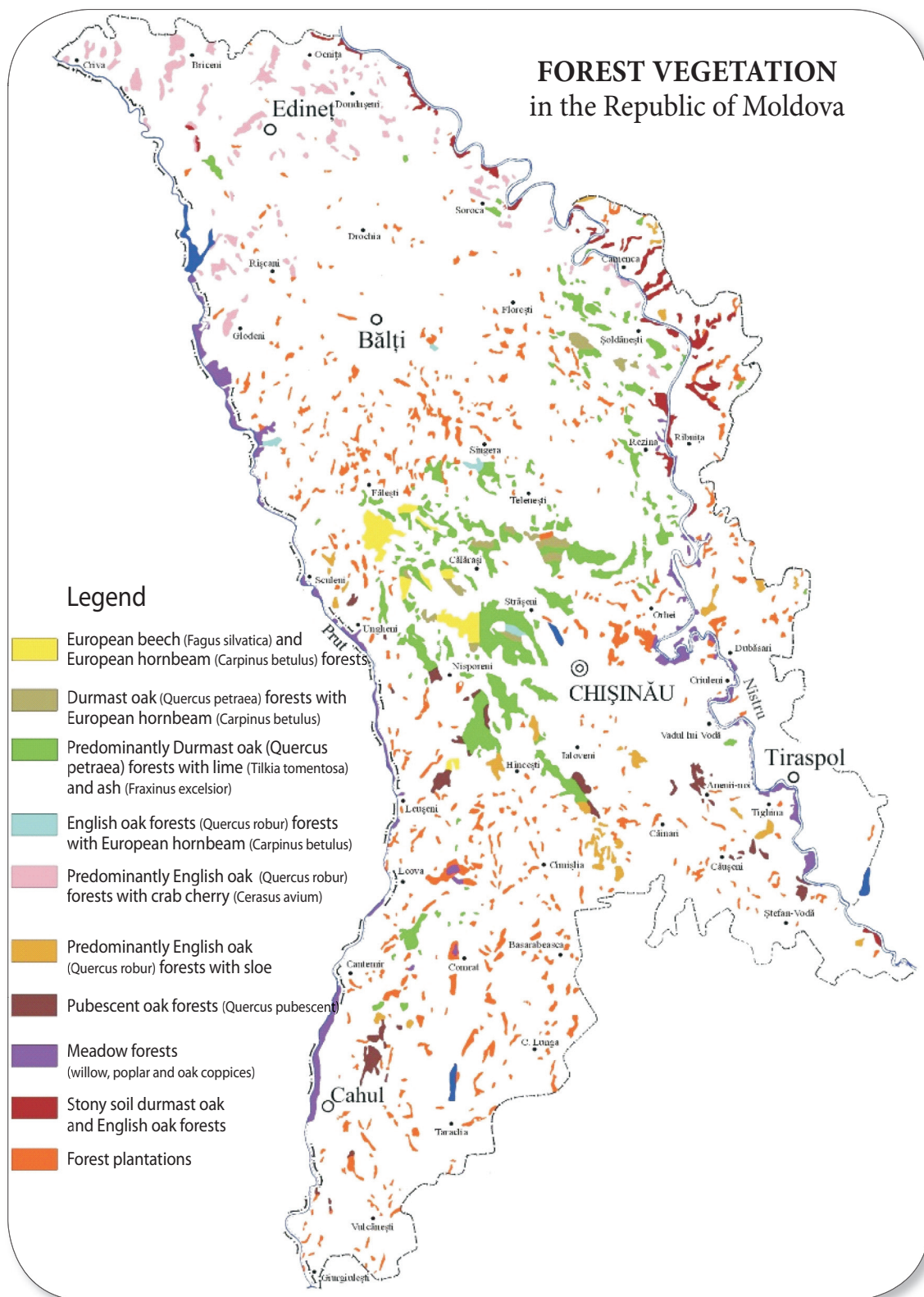


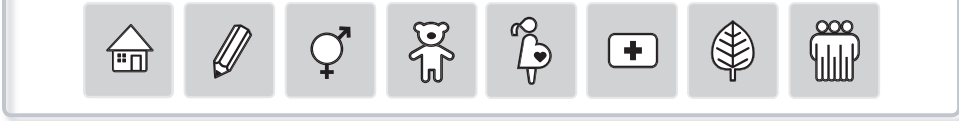
Annex B: SHARE OF WOMEN EMPLOYED IN ECONOMY BY TYPES OF ECONOMIC ACTIVITIES, %

RI 1. Share of women employed in economy by types of economic activities, %	2006	2007	2008	2009	2010	2011	2012
Agriculture, hunting industry, fish breeding	47.5	46.0	45.5	43.4	44.4	43.4	43.7
Industry	44.3	44.4	45.8	44.5	44.1	43.0	44.2
Constructions	9.5	9.4	11.5	11.9	8.9	8.4	8.8
Retail and wholesale trade; Hotels and restaurants	57.6	59.2	58.3	56.9	58.3	57.9	58.7
Transport and communications	27.9	28.7	25.0	25.7	22.8	23.4	25.8
Public administration, Education, Health, Social Assistance	67.7	70.3	69.7	69.2	68.7	69.5	69.6
Other activities	51.2	53.9	55.2	56.2	56.0	55.8	54.8



Annex C: FOREST VEGETATION IN THE REPUBLIC OF MOLDOVA





Annex D: SHARE OF AREA COVERED WITH FORESTS IN DIFFERENT COUNTRIES OF EUROPE

