

MDGs in Kazakhstan: Goals, Targets, Facts and Figures

Report Summary

Millennium Development Goals in Kazakhstan is a report on the progress of Kazakhstan towards the global development goals outlined in the Millennium Declaration. Kazakhstan is the first country to issue such report, prepared jointly by the Government of the Republic and UN Sister Agencies.

It is especially interesting and important because the target year for MDGs achievement is set for 2015, which lies halfway to the realization of Kazakhstan 2030 program.

Report contains remarkable information and brief overview of development issues, prospects of achieving the MDGs and tendencies formed during the past decade. The probability of achieving MDGs, given in the report, is based on current information and is subject to change. In most cases, with additional attention to the outlined problems and effective measures taken towards solving them, the situation might improve drastically.

Report is meant to serve as a reference providing an overall picture, so that a wide range of audiences can learn about MDGs and where Kazakhstan stands in terms of achieving them. Each of the seven goals is discussed in a separate chapter. Each chapter deals with the goal and concerned targets as well as current situation in Kazakhstan.

Introduction to the Report provides an overview of the country through various development indicators. Economic recession in the early and mid 90's led to a dramatic rise in poverty and unemployment rates, declines in health care and educational services, income disparities and uneven regional development. Emigration level has grown while life expectancy decreased and birth rate fell to 14 per 1,000 in 1999 (lowest since World War II).

Government spending on social safety, education and health care decreased during the period of 1992-1996. Despite of the later GDP growth, in 1999, Kazakhstan social sector expenditure per capita remained low both by international standards and compared to other transition countries. Moreover, given that basic health and education services, as well as targeted social benefits are mostly funded by local budgets, Kazakhstan's population, especially the poor, have uneven access to the social services provided by the government.

Environmental condition of the country remains grave. Aral Sea has shrunk by half, and a similar catastrophe can happen to the Balkhash Lake. About 66% of land in Kazakhstan are deserts. Other environmental problems include air pollution in the cities, shortage of forests, environment degradation related to oil exploration and mining, and pollution of water reservoirs by wastewaters.

The Report highlights that the economic growth of 2000 and 2001 had a positive impact on the social situation in the country. E.g. the share of poor people in Kazakhstan has diminished, and so did the unemployment rate. The situation can be further improved through Government's sufficient attention to the social development and more active participation on the part of civil society.

Goal 1: Eradicate extreme poverty and hunger

Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day.

While \$1 per day PPP is an international standard for measuring poverty level, most of countries define their own poverty lines. In Kazakhstan, the two indicators in use are: **minimum subsistence level** (equals the value of minimum consumption basket) and **poverty line** (in 2002, 40% of the subsistence minimum).

The data shows that the share of poor people in Kazakhstan has decreased significantly during the past several years. It dropped from 35% of total population in 1996 to 28% in 2001.

However, disparity between the cities and rural areas, and among different oblasts is alarming. The share of poor in urban areas is 20.4% while in rural areas it is as much as 38%. Paradoxically, Atyrau and Mangystau oblasts, the leaders in production per capita in the country, have the 2nd and 3rd largest proportions of poor people. In 2001, **almost every** rural resident in Mangystau oblast lived below subsistence minimum.

This picture may improve significantly by 2005 if the government is successful in implementing its strategies aimed at solving the problem of poverty. Special attention here should be given to rural development.

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

There is no direct evidence of hunger in Kazakhstan, however a high level of micronutrient deficiencies is observed. Therefore, target for the country is re-formulated: **Halve the number of people lacking balanced nutrition.**

Malnutrition (or imbalanced nutrition) reduces energy and mental concentration and can present serious risk to people's health and, in most severe cases, survival.

According to the data cited in the Report, in 1997-1999, about 1.7 million people, or about 11% of population, were undernourished. Again, there are notable differences among the oblasts. Over 20% of people in Atyrau and 25% in Mangystau regions seem to lack balanced nutrition..

Imbalanced nutrition often causes anemia, one of the leading health problems in Kazakhstan. Anemia damages immune system, can result in lower level of development among children and cause chronic diseases in adulthood.

In 1999, Kazakhstan Demographic Health Survey showed that 36% of women had anemia. According to the data of Kazakhstan Statistic Agency, in 2000, 60% of pregnant women served in antenatal clinics had anemia.

Kazakhstan is also a zone of moderate iodine deficiency. Lack of iodine causes some serious health problems. E.g. in pregnant women, iodine can cause the child's mental retardation, leading to a potential loss of 10-15 IQ points. About 20% to 30% of population, and in some regions up to 70%, suffer from endemic goiter.

Malnutrition is closely connected to the problems of poverty and health. As for the micronutrient deficiencies, the problem can be solved through wheat flour fortification, consumption of iron supplements and products enriched with iodine.

The Program on Agriculture Development 2000-2005 and agro-industrial policy contained in the Strategic Plan of Development Kazakhstan 2010 are aimed at development of agricultural production. State Program on Food and Agriculture is meant ensure food security of the country.

Goal 2: Achieve universal primary education

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

The target is already achieved in Kazakhstan, as universal secondary education was attained in the Soviet time. Now, the national goal in education, defined in the Strategic Plan Kazakhstan 2010, is **improve access of the population to quality education at all levels and stages.**

High number of registered school students does not necessarily mean that all of them indeed attend schools. A set of measures is being taken in the Republic to identify those who are not attending school and bring them back.

Close to 75% of the registered cases of non-attendance are linked to either family problems or directly to poverty. It is also alarming that the access to school is decreasing for children in rural areas, from poor families and children in need of specialized education.

According to UNICEF, public expenditure on education in 1999 in Kazakhstan was 3.9% of GDP, while in Western and Central Europe it exceeded 5%.

Insufficient financing has a negative impact on the quality of education. Shortage of textbooks and equipment, together with outdated teaching methods and lack of qualified teachers decrease the level of education in the country.

Now, "Education" State Program is being implemented in the country; in 1997-2002, computerization of secondary schools was carried out. "Daryn" State Program targets gifted children and is aimed to help develop their talents.

Goal 3: Promote gender equality and empower women

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

This target is also considered achieved in Kazakhstan, since gender equality in access to education was ensured back in the Soviet time. However, gender disparity is present in Kazakhstan in political and socio-economic spheres.

Although the Constitution of the Republic of Kazakhstan protects the citizens from any forms of discrimination, and the Law on Labor provides everyone with equal opportunity to exercise their right to work, women often encounter more difficulties in finding a job and often receive a smaller salary for the same type of work as men.

Moreover, women's average earnings compared to men keep decreasing, and in 2001, they were only 58.4% of men's average earnings. In 1999, unemployment rate among women was 1.5 times higher than among men.

In 1995, women comprised about 15% of MPs. By 1999, the share fell to 11%. However, political activity of Kazakhstani women has grown significantly in the recent years. Democratic Part of Women of Kazakhstan (now, EI-Dana) was founded in 2000. Women NGOs make 13.5% of total NGOs in Kazakhstan, which is a good evidence of the growing role of women in the social and political life of the country.

Goal 4: Reduce child mortality

Target 5: Reduce by 65% the under-five mortality rate – by 2015.

Kazakhstan is still using the Soviet definition of live birth, which is considerably looser than the one recommended by the World Health Organization and used globally. According to the WHO definition, live birth is complete expulsion or extraction from its mother of a product of conception, irrespective of the duration of the pregnancy, which after such separation breathes or shows any other evidence of life.

Since child mortality is calculated as a percentage of live births, it is possible that child mortality rate in Kazakhstan would be significantly higher if international definition were used.

According to UNICEF, in 2001, Kazakhstan ranked 83rd in under-five mortality rate in the world. In comparison, Norway, Sweden, Switzerland and Singapore shared 187th place, while Sierra-Leone, showing the worst result, was ranked 1st.

According to the data from the Ministry of Health, infant mortality has decreased from 28 per 1000 live births to 19.4 in 2001. It is remarkable, however, that there is a considerable difference between the official data and the Demographic Health Survey based on the interviews with women about the course of their pregnancies. The survey-based rate is almost twice higher than that of the Ministry and shows an increasing trend as opposed to the steady decrease portrayed officially.

The cause of infant mortality include premature births, asphyxia, traumas, intra-uterine infections, acute respiratory infections and congenital anomalies. Most of deaths occur during the early neonatal period, and about 50% of deaths are preventable subject to the availability of good perinatal services.

Under-five mortality rate decreased from 36.5 per 1000 live births in 1995 to 22.8% in 2001. However, the problems of acute respiratory infections and diarrhea still remain. In rural areas, about 80% of children are rachitic, suffer from anemia and/or psycho-physical retardation.

In 2001, public expenditure on health care in Kazakhstan were 1.9% of GDP, while in EU countries the share is about 6%. Adequate funding of public health care, effective resources management and state programs implementation are vital to the improvement of situation with child mortality.

Kazakhstan has already significantly improved immunization rate and enhanced the quality of health care. In June 2002, Kazakhstan was certified as a polio-free country (country without poliomyelitis).

Goal 5: Improve maternal health

Target 6: Reduce by 75% the maternal mortality ratio – by 2015.

Maternal mortality ratio is the annual number of maternal deaths per 100,000 live births. According to the Ministry of Health and UNICEF data, maternal mortality ratio remained dangerously high in the past 10 years, and in 2001 equaled 61.

Again, there is a significant disparity in rates among the oblasts. For example, in West Kazakhstan and Kyzylorda Oblasts the rate exceeds 80, while in Kostanay Oblast it is below 10. This can be an evidence that Ministry of Health programs are not fully implemented in the regions.

One of the important indicators is the proportion of births attended by skilled health personnel. In Kazakhstan, this share is close to 100%, which means that overwhelming majority of women give birth in maternity houses. But the fact that maternal mortality remains high allows to assume that there are serious problems with the quality of medical services provided in such houses. This can also point to a low health index of women of reproductive age and insufficient prenatal care for pregnant women.

While the major cause of maternal mortality are complications of pregnancies and deliveries, the second major reason are abortions. According to the data, every women, on the average, has at least one abortion in her life. The reasons for such rate include low awareness of family planning and safe delivery and lack of opportunity, and sometimes desire, to use contraceptives.

Reducing the rate of maternal mortality and prenatal diseases is one of the main objectives of the “Health of Nation” State program.

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

Target 7: The spread of HIV/AIDS – have stopped by 2015 and begun to reverse.

Compared to other countries, Kazakhstan has a relatively low rate of HIV. However, there is no reason for complacency, especially if one looks at the dynamic of HIV-infection spread. Between 1996 and October 2002, the number of registered HIV cases in Kazakhstan has grown **30 times** (from 100 to 3,093).

In most registered cases, HIV transmission occurred among injecting drug users through the sharing of infected injecting equipment. In addition, there is a growing trend of sexual transmission that coincides with a drastic increase in the spread of other STDs. According to the Ministry of Health, syphilis prevalence increased 100 times since 1990. The figures indicate a high level of unprotected sex among general population, which can facilitate the spread of HIV.

Priority groups in the population that are vulnerable to the spread of HIV/AIDS are:

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

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

UNAIDS and UNDP cooperate with the Government of Kazakhstan in developing and implementing programs to fight HIV and drug use. The Strategy of Fight against Drug Addiction and Drug Dealing for 2001-2005 was adopted, and the Program on Counteracting the AIDS Epidemic for 2001-2005 developed. Seven ministries with the support of UNAIDS, prepared their sectoral programs on HIV/AIDS prevention.

Target 8: The incidences of malaria and other major diseases – have stopped by 2015, and begun to reverse

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

Current data shows that health condition is increasingly becoming a serious problem for Kazakhstan. Mortality rate, for example, rose by 26% between 1991 and 1999. Notably, deaths from infectious and parasitogenic diseases grew by more than 100% between 1990 and 1997.

Malaria is not a problem for Kazakhstan, however, the re-emergence of tuberculosis presents a serious threat. Therefore, the target for Kazakhstan is, **By 2015 have halted and begun to reverse the incidence of tuberculosis.**

In industrialized countries, tuberculosis is often viewed as a “disease of the past.” In Kazakhstan, tuberculosis incidence increased from 60 per 100,000 in 1994 to 156 in 2001, or more than 2.5 times.

The rate of prevalence is especially high among the rural population in Kyzylorda and Mangystau olasts.

Tuberculosis incidence in prisons is about 30 times (and according to the “Health of Nation” Program, even 65 times) higher than among general population. Tuberculosis death rate among prisoners is 9 times higher.

The reasons for the re-emergence of tuberculosis are poverty, malnutrition, increased homelessness, overcrowded prisons, migration, polluted environment and problems in the health sector. Solution of this problem, therefore, depends on solving many other problems in the country.

“Health of Nation” State Program, National TB Program and the project of State Poverty Reduction Program provide for a set of measures on preventing and fighting tuberculosis. Since 2000, the National TB Program has been implemented on a pilot basis to treat patients with multi-drug resistant TB. This program is planned to be expanded throughout the country starting in 2003.



Goal 7: Ensure environmental sustainability

Target 9: The principles of sustainable development – integrate into country policies and program and reverse the loss of environmental resources.

Sustainable development refers to a better way of approaching the management of natural resources in order to preserve them in their riches and integrity. It also means a more comprehensive approach to human development, addressing such important areas as poverty reduction, improvement of health, balanced nutrition and increased employment opportunities.

Ten years after gaining independence, Kazakhstan is still suffering from the consequences of irrational natural resources management of the Soviet times. In some respect, the situation has become even worse.

About 66% of Kazakhstan's territory is exposed to desertification processes. This is due to both the specifics of the country's geographic position and climate, as well as anthropogenic influence.

Irrational irrigation practices and improper regulation of river water flows have caused a shortage of water of small and large rivers. Annually, more than 200 million cubic meters of polluted wastewater are discharged into surface reservoirs. The quality of underground water has been deteriorating as well.

In the early 1990s, nearly 6 million tons of pollutants were discharged into the air in Kazakhstan annually. Between 1990 and 1998, emissions decreased by 50%. However, Kazakhstan's per capita emissions are in general higher than those in European countries. Moreover, dangerous air pollution mostly takes place in densely populated areas.

More than 20 billion tons of solid waste have been accumulated in the territory of Kazakhstan. The annual generation of waste is about 1 billion tons. Moreover, there is also the problem of radioactive waste.

The Government of Kazakhstan has developed and adopted a wide range of documents that lay down a legal foundation to address the country's environmental challenges. The documents include Law on Air Protection, National Strategy and Action Plan to Combat Desertification, The National Environmental Action Plan for Sustainable Development of the Republic of Kazakhstan and others.

UN Agencies are implementing a number of projects in support of Kazakhstan's efforts to develop efficient natural resources management and protect the environment.

Target 10: The proportion of people without sustainable access to safe drinking water – halve by 2015

Safe water is generally defined as water that will not cause acute, immediate disease after intake; water which meets principal bacteriological and chemical requirements. Treated as well as untreated surface water can classify as safe water if they arise from uncontaminated sources such as springs, sanitary wells or protected boreholes. To be considered "improved" ("reliable"), the water supply must not only contain uncontaminated water but also be located within one kilometer of the user's dwellings, and provide at least 20 liters per person a day.

According to the draft State Program on Poverty Reduction for 2003-2005, currently 75% of the population is connected to a water-pipe network. However, one must bear in mind the city-rural area disparity. In rural areas, only about 9% of the population use facilities of centralized pipelines. In Kyzylorda Oblast, up to 80-85% of rural population are using water from highly polluted unprotected sources.

Moreover, a growing number of water-pipes in the country do not meet sanitary requirements. As a result, about 50% of population are forced to drink water that falls far below the standards on salinity and hardness. 5% of the population even has to use water that does not meet bacteriological standards.

The current system of state control over water quality is not effective and does not allow for quick measures to improve quality. Therefore, this problem needs special attention from the government and civil society.

Target 11: Slum dwellers – by 2020 achieve significant improvement in the lives of at least 100 million of them.

Majority of Kazakhstan's poor live in rural areas. Moreover, many of the rural settlements have practically become isolated communities, lacking access to adequate health, education or cultural services and public transportation to other settlements. Thus, for Kazakhstan, the target should be **to achieve, by 2020, significant improvement in the lives of the rural population.**

The data shows that rural population's living conditions have worsened between 1996 and 1999. This is especially so in the case of central heating and hot water supply.

In 1999, about 28% of rural residents had no access to public transportation. The lack of proper roads hinders the access to health care and educational services. It is encouraging though, that the proportion of such "secluded" settlements has decreased from almost 44% in 1996 to 28% in 1999.

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

Rural development was announced as a focus of national development efforts for the 2002-2005 period. Agro-industrial policy, outlined in Kazakhstan 2010, is designed to improve the welfare of rural population.