Country Profiles for Population and Reproductive Health: Policy Developments and Indicators 2005

he Eastern Europe and Central Asia region has enjoyed robust economic growth over the last few years. Eight countries (the Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Slovakia and Slovenia) joined the European Union in 2004. Two more (Bulgaria and Romania) are scheduled to enter the EU in 2007, while Croatia and Turkey are currently in negotiations for eventual entry. The upturn of the economy has not been accompanied by comparable social progress, however, and in many cases has increased disparities between and within countries.

The transition countries in Central Asia, the Caucasus, the Western Balkans and the Commonwealth of Independent States (CIS) that were part of the former Soviet Union are still struggling with social disruptions that accompanied the moving away from centrally planned economies. These countries have continued to be characterized by high poverty rates, income inequality, long-term unemployment and declining access to public services. In many Central Asian and Caucasian countries, illiteracy rates are still increasing while school enrolment rates are declining. The number of refugees in the region has also grown rapidly in the past decade, creating significant social challenges.

In spite of good overall economic growth in the last few years, progress toward the Millennium Development Goals (MDGs) has been mixed, and poverty has increased in many countries. The transition and CIS countries of Central and Eastern Europe tend to receive insufficient attention from international efforts to achieve the MDGs, largely due to the failure to appreciate internal diversity and gaps under decades of communism and the impact of the market transition on the state-sponsored services, according to the UN Millennium Project report, *Investing in Development* (2005). Progress toward the MDGs and the ICPD goals has been hampered in several countries by corruption, weak public institutions, deteriorating service delivery systems and inequitable internal distribution of resources. The report highlights the need to reinforce health service delivery systems as an urgent priority, as well as reversing HIV transmission trends, with a focus on effective prevention strategies.

Although the Russian Federation reported sharp declines in absolute poverty during 2000-2004, few other transitional countries have registered similar progress. Most countries experienced massive deterioration in living standards over the past decade. Poverty has spread from affecting only a small proportion of the population (about 3 per cent in 1987) to about half of the population in several countries.

Demographic trends continue to be causes of deep concern. Populations throughout most of the region are ageing and shrinking, and fertility rates are dropping. In some countries mortality rates are rising (particularly for men), and human trafficking is a major concern.

The current average regional total fertility rate is well below replacement level in the region except in Albania, Turkey and Central Asia. Five countries in the world are expected to lose a substantial proportion of their population by 2050 and all of them are in the EECA region. Migration has exacerbated depopulation. In some countries, the decline in fertility has led to discussion of pronatalist policies that could threaten reproductive rights.

Lower fertility has also resulted in ageing populations. In all of the transition economies, the overhauling of social services has left the elderly as one of the poorest and most vulnerable groups. In many countries, high mortality for men has left a large proportion of widows living alone with limited access to care and social services.

Eastern Europe and Central Asia

Maternal mortality and morbidity remain a great concern throughout the region. In many countries, this is associated with poor quality of institutional maternal health care, and in several countries, with declining levels of hospital deliveries. There also continues to be a high level of unmet need for contraception throughout the region, except in south-east Europe and the Caucasus. In several countries of Central and Eastern Europe, abortion rates declined rapidly over the last decade with the establishment of family planning information and service programmes, wider availability of contraceptive supplies and the advocacy by civil society. Ensuring access to modern contraceptive supplies at affordable prices remains a challenge in many countries.

Gender inequities have risen in the last decade. Women's participation in economic and political life has decreased, income disparities have increased and girls' school enrolment has slowly fallen. Gender-based violence in the region, including the rise in human trafficking, which primarily affects women and girls, constitutes a severe human rights and public health problem. It is estimated that more than a quarter of all women and girls who fall victim to trafficking are from Central and Eastern Europe.

One of the world's fastest-growing epidemics of HIV continues in the region. The number of people living with HIV reached an estimated 1.4 million at the end of 2004, according to the latest UNAIDS estimates. This is an increase of more than nine-fold in less than ten years. Women account for about a third of those with the infection, but they make up an increasing share of newly diagnosed cases. The Baltic States, the Russian Federation and Ukraine are the worst affected countries, but HIV continues to spread, particularly in Belarus, Kazakhstan and Moldova. The driving force behind the epidemic in the region is injecting drug use allied with unsafe sex.

The vast majority of people living with HIV are young adults, which highlights the need for a more vigorous and comprehensive response. If the present trend is not rapidly reversed, the region will become one of the world's AIDS epicentres. Denial, stigma, and the institutional challenges of providing services to marginalized and vulnerable sub-populations jeopardize progress to preventing the further spread of HIV in this region.

UNFPA, as a member of the Subcommittee on Peer Education of the UN Interagency Group on Young People's Health Development and Protection, is addressing HIV prevention in part through support to an innovative programme called the Y-PEER network. Y-PEER coordinates and strengthens the efforts of nearly 200 peer education projects in 27 countries of Eastern Europe and Central Asia using web-based communications to share information, strategies, resources and lessons learned.



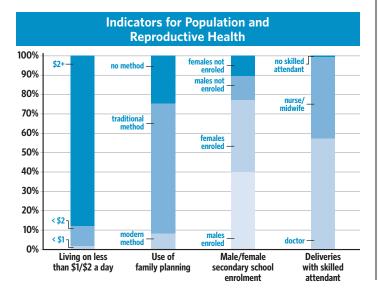
Since 1990, Albania has struggled to introduce democracy, institutional reform and a free market economy. The country experienced an economic crisis in 1997 followed by the Kosovo crisis in 1999, which caused a severe economic recession. Despite ranking 72nd in UNDP's 2005 Human Development Index, one fourth of the 3 million Albanians live below the poverty line. An estimated 20 to 22 per cent of the population has emigrated for economic reasons.

Though the rates of maternal and under-five mortality are falling, they are still considered too high. Between 1990 and 2000 the maternal mortality ratio declined from 65 deaths per 100,000 live births to 55 deaths, while the under-five mortality rate declined from 47 deaths per 1,000 live births in 1990 to 32 in 2005. HIV prevalence remains relatively high, while sexual and domestic violence against women and trafficking of women continue to be serious problems.

With nearly 30 per cent of the population under 15 years of age, the government recognizes the urgency of focusing on young people's reproductive and sexual health. In 2003 the National Youth Strategy was launched with the support of UNFPA.

Demand for health and social services continue to increase, while the level of funding remains inadequate, despite a \$20 million Poverty Reduction Support Credit in 2002 from the World Bank. In 2002 the Ministry of Health adopted the 10-Year Development Strategy of the Albanian Health System to improve access to health care facilities. In 2003 the Public Health and Health Promotion Strategy was launched. which includes promotion of reproductive health issues.

The contraceptive prevalence rate for modern methods remains low at 15.3 per cent of married women. The Ministry of Health adopted the Albania Contraceptive Security Plan 2003-2007, which aims to reach contraceptive independence for the public sector by 2010. The final report from the Reproductive Health Survey of Albanian Women and Men funded by UNFPA, USAID/CDC, and UNICEF will provide the first accurate estimate of contraceptive prevalence rates, while quantifying the unmet need for contraception.



Statistics

POPULATION		90	Most Recent
Population in Thousands, Male	1,68	7.0	1,551.7
Population in Thousands, Female	1,60	2.4	1,578.0
Population Growth Rate, %		na	0.5
Crude Birth Rate per 1,000 Population	24	4.2	19.9
Crude Death Rate per 1,000 Population		5.9	6.5
Urban Population, %	3	6.1	45.0
Sex Ratio at Birth, Male Births per Female Births	1.	.07	1.07
Women 15-49, %	5	1.8	52.3
Total Fertility Rate per Woman 15-49	2	.93	2.55
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %		na	15.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %		na	57.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	• 🛦	65	55
MMR, Lower Bound	• 🛦	na	23
MMR, Upper Bound	• 🛦	na	92
Neonatal Mortality Rate per 1,000 Live Births	• 🛦	na	12.0
Infant Mortality Rate per 1,000 Live Births	▲ 3.	5.2	23.7
Under Age 5 Mortality Rate, Total		47	32
Under Age 5 Mortality Rate, Female	• 🛦	na	31
Under Age 5 Mortality Rate, Male	• 🛦	na	37
Life Expectancy at Birth, Total, Years	● ▲ 7	1.9	74.1
Life Expectancy at Birth, Female, Years	♠ ▲ 74	4.9	77.0
Life Expectancy at Birth, Male, Years	• 🛦 6	9.1	71.3
Median Age of Total Population	♠ ▲ 2:	3.8	28.3
Population 60 Years and Over, %	• 🛦	7.8	12.0
Dependency Ratio	• 🛦	62	54

Public Expenditures on Health and Education			
He	alth Primary & Secondary Educat		ndary Education
% of GDP	Per capita (\$US)*	% of GDP Per student	
2.40	36.71	na	na

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor

otal Fertility Rate per Woman 15	
Urban/Rural	2.6/2.6
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na
Infant Mortality Rate per 1,000 I	ive Births:
Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na
Under Age 5 Mortality Rate:	
Poorest/Richest Quintile, %	na/na
Age-Specific Fertility Rate, 15-19	Years:
Urban/Rural	29.0/25.0
Poorest/Richest Quintile	na/na
Adolescent Women 15-19 Begun	Childbearing:
Urban/Rural, %	na/na
No Education, Primary, %	na

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SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	4,571
Gross Domestic Product Growth Rate, Annual %		2	6
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	A	na	<2
Population Living Below National Poverty Line, %	A	na	25.4
Share of Income or Consumption by Poorest Quintile		na	3.8
Access to Improved Water Supply, %	A	na	97
Antenatal Care, At Least One Visit, %		na	95
Deliveries Attended by Skilled Attendants, %	•	na	99
Family Planning Programme Effort Index, 1999 (Total Mea	n Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total M	Mean Scor	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		13	6
Illiteracy Rate, % of Population 15 and Over, Female		33	19
Illiteracy Rate, % of Population 15 to 24, Male		3	0
Illiteracy Rate, % of Population 15 to 24, Female		8	2
Ratio of Girls to Boys, Primary Education	A	0.93	0.94
Ratio of Girls to Boys, Secondary Education	A	na	0.95
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	105
Primary School Enrolment, Gross % of School Age Population, Female	•	na	102
Secondary School Enrolment, Gross % of School Age Population, Male		na	81
Secondary School Enrolment, Gross % of School Age Population, Female		na	81
Children Underweight Under 5, Male, %		na	15
Children Underweight Under 5, Female, %		na	13
Stunted Children under 5, Severe, %		na	17
Wasted Children under 5, Severe, %		na	4
Undernourished People, %		na	4.0
Refugees, Number		3,000	26
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	93
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.5	18.6
Age-Specific Fertility Rate per 1,000 Women, 15-20	17.0	16.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	na	42
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	40.0
HIV Prevalence, 15-24, Total	na	na
HIV Prevalence, 15-24, Female	na	na
HIV Prevalence, 15-24, Male	na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	82.9
Labor Force Participation Rate, 15-64, Female	na	55.8
Seats in Parliament Held by Women, %	na	5.7
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	62.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	7.3
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	42.8
Unmet Need for Family Planning, Thousands	na	363.2

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Atte	endants:	
Urban/Rural, %	100.0/98.6	
No Education, Primary, %	98.2	
Highest Level of Education, %	100.0	
Provincial Low/High, %	97.4/100.0	Central/North
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence I	Rate for Women 1	5-49:
Urban/Rural, %	20.9/11.6	
No Education, Primary, %	11.5	
Highest Level of Education, %	25.4	
Provincial Low/High, %	14.3/18.3	Central/North
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence I	Rate for Men 15-5	4:
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, L	imiting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, S	pacing:	
Poorest/Richest Quintile, %	na/na	

Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	HayHa	
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	4.9/4.0	
No Education, Primary, %	4.6	
Highest Level of Education, %	3.0	
Provincial Low/High, %	3.2/5.2	Central/South
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	na/na	



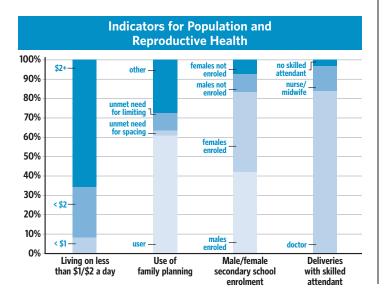
Armenia has maintained relative political and economic stability even through the convulsive political situation in early 2003. Despite a high GDP growth rate, reaching 10 per cent in 2003, just over half the population of 3 million lives below the national poverty line. In 2003, the government adopted a Poverty Reduction Strategy Paper (PRSP), closely linked to the MDGs, as its major programme for the next 12 vears. The PRSP emphasizes the need to expand budget allocations for education and health, within the framework of ongoing reforms.

Armenia continues to face challenges associated with depopulation and ageing. Negative population growth, resulting from declines in fertility rates and migration abroad, continues, but at a slower pace. The population growth rate increased from -1.3 per cent in 2000 to -0.3 per cent in 2005. However, the proportion of the population ages 60 and over increased from 10 per cent in 1990 to 15 per cent in 2005. In 2003 the Ministry of Social Security began developing a national policy on ageing.

After a sharp deterioration in the mid-1990s, reproductive health indicators are gradually improving. Although knowledge of modern contraceptive methods among women is almost universal, and their use has increased over the last five years, the prevalence of contraceptive use is still low (22.3 per cent of women used a modern method in 2000). Awareness of sexual and reproductive health among youth is limited and services are rudimentary, reaching only 20 per cent of them.

HIV/AIDS remains a major health challenge. It is being addressed through the National Strategic Programme on Fighting HIV/AIDS, which received \$7.3 million from the Global Fund.

The Law on Reproductive Health and Rights adopted in 2002 is an important framework for addressing reproductive health issues. It is based on ICPD principles, which ensure reproductive rights and access to reproductive health information and services for the population, including young people. Currently, the government plans to implement the ICPD Programme of Action more fully by adopting relevant laws and procedures.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,719.4	1,405.9
Population in Thousands, Female	1,825.3	1,610.4
Population Growth Rate, %	na	-0.3
Crude Birth Rate per 1,000 Population	20.9	11.2
Crude Death Rate per 1,000 Population	7.5	9.2
Urban Population, %	66.9	64.1
Sex Ratio at Birth, Male Births per Female Births	1.07	1.15
Women 15-49, %	49.3	55.0
Total Fertility Rate per Woman 15-49	2.48	1.92
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	22.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	60.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 50	55
MMR, Lower Bound	● ▲ na	23
MMR, Upper Bound	● ▲ na	91
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	17.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 44.5	29.5
Under Age 5 Mortality Rate, Total	● ▲ 49	34
Under Age 5 Mortality Rate, Female	● 🛕 na	17
Under Age 5 Mortality Rate, Male	■ ▲ na	22
Life Expectancy at Birth, Total, Years	● ▲ 68.5	71.7
Life Expectancy at Birth, Female, Years	● ▲ 71.4	74.9
Life Expectancy at Birth, Male, Years	● ▲ 65.6	68.2
Median Age of Total Population	● ▲ 27.0	31.7
Population 60 Years and Over, %	● ▲ 10.0	14.5
Dependency Ratio	● ▲ 56	49

Public Expenditures on Health and Education			
He	alth	Primary & Secon	ndary Education
% of GDP	Per capita (\$US)*	% of GDP Per student (
1.30	9.93	1.80	78.20

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor

Jrban/Rural	1.5/2.1	
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No Education, Primary	2.2	
Highest Level of Education	1.4	
Provincial Low/High	1.3/2.5	Kotayk/Gegharkunik
Poorest/Richest Quintile	na/na	
Infant Mortality Rate per 1,000 I	ive Births:	
Urban/Rural	35.9/52.7	
No Education, Primary	82.6	
Highest Level of Education	21.3	
Provincial Low/High	na/na	
Poorest/Richest Quintile, %	52.3/27.3	
Under Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	60.9/29.6	
Age-Specific Fertility Rate, 15-19	Years:	
Urban/Rural	33.0/75.0	
Poorest/Richest Quintile	na/na	
Adolescent Women 15-19 Begun	Childbearing:	
Urban/Rural, %	4.0/8.9	
No Education, Primary, %	7.9	

maicators			
SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	3,607
Gross Domestic Product Growth Rate, Annual %		na	10
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	A	na	7.8
Population Living Below National Poverty Line, %	A	na	53.7
Share of Income or Consumption by Poorest Quintile		na	2.6
Access to Improved Water Supply, %	A	na	92
Antenatal Care, At Least One Visit, %		na	89
Deliveries Attended by Skilled Attendants, %		na	97
Family Planning Programme Effort Index, 1999 (Total Mea	n Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total	Mean Scor	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		1	1
Illiteracy Rate, % of Population 15 and Over, Female		4	2
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		1	0
Ratio of Girls to Boys, Primary Education	A	na	0.95
Ratio of Girls to Boys, Secondary Education	A	na	1.02
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	100
Primary School Enrolment, Gross % of School Age Population, Female	• 🛦	na	97
Secondary School Enrolment, Gross % of School Age Population, Male		na	86
Secondary School Enrolment, Gross % of School Age Population, Female		na	88
Children Underweight Under 5, Male, %		na	2
Children Underweight Under 5, Female, %		na	3
Stunted Children under 5, Severe, %		na	3
Wasted Children under 5, Severe, %		na	0
Undernourished People, %		na	51.0
Refugees, Number	300	0,000	239,289
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	36
Estimated HIV Prevalence, 15-49, Total		na	0.1
Estimated HIV Prevalence, 15-49, Male		na	0.2
Estimated HIV Prevalence, 15-49, Female		na	0.1

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	15.8	19.9
Age-Specific Fertility Rate per 1,000 Women, 15-20	79.0	30.0
Median Age at First Sexual Intercourse, Female, 25-49	na	20.5
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	15.5
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na ó	42
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	56
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	53.0
HIV Prevalence, 15-24, Total	▲ na	0.1
HIV Prevalence, 15-24, Female	▲ na	0.1
HIV Prevalence, 15-24, Male	na na	0.2

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	3.5
Labor Force Participation Rate, 15-64, Male	na	79.0
Labor Force Participation Rate, 15-64, Female	na	69.8
Seats in Parliament Held by Women, %	na	4.6
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-62.9
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-7.9
Unmet Need for Family Planning, Spacing, %	na	2.6
Unmet Need for Family Planning, Limiting, %	na	9.3
Unmet Need for Family Planning, Total, %	na	11.8
Unmet Need for Family Planning, Thousands	na	106.8

Highest Level of Education	2.0	
Provincial Low/High, %	2.3/15.8	Kotayk/Gegharkunik
Deliveries Attended by Skilled Atter	ndants:	
Urban/Rural, %	99.1/94.5	
No Education, Primary, %	89.9	
Highest Level of Education, %	98.8	
Provincial Low/High, %	84.8/99.5	Gegharkunik/Ararat
Poorest/Richest Quintile, %	93.3/100.0	
Modern Contraceptive Prevalence R	ate for Women 1	5-49:
Urban/Rural, %	24.5/19.2	
No Education, Primary, %	13.2	
Highest Level of Education, %	35.3	
Provincial Low/High, %	12.7/28.1	Syunik/Yerevan
Poorest/Richest Quintile, %	15.5/29.2	
Modern Contraceptive Prevalence R	ate for Men 15-5	4:
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Li	miting:	
Poorest/Richest Quintile, %	9.4/8.8	
Unmet Need for Family Planning, Sp	acing:	
Poorest/Richest Quintile, %	2.5/2.8	

Poorest/Richest Quintile, %	32.6/51.8	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	0.2/0.3	
No Education, Primary, %	0.0	
Highest Level of Education, %	0.0	
Provincial Low/High, %	0.0/1.2	Yerevan, Ararat, Gegharkunik, Lori Shirak, Syunik, Tavush/Kotayk
Poorest/Richest Quintile, %	0.5/0.4	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	82.7/87.0	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	82.6/81.8	
Malnourished Women:		
Poorest/Richest Quintile, %	2.5/3.9	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	84.6/96.8	



Since Azerbaijan gained independence, significant political and socioeconomic changes have happened, aggravated by the burden of over 800,000 refugees as a result of the armed conflict in Daglik-Karabakh. Beginning in 1994, economic growth has been stimulated by macroeconomic stabilization programmes. The GDP per capita increased to US\$3,606 in 2003. Despite this growth, roughly half the population of 8.4 million still lives in poverty.

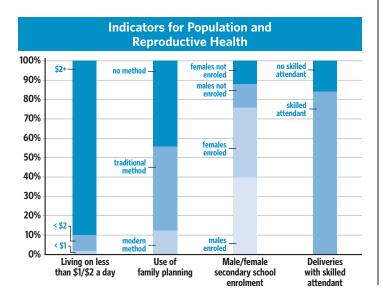
Azerbaijan has a low population growth rate (0.7 per cent per year in 2005), down from 1.5 per cent in 1990. The fertility rate also declined from 2.9 lifetime births per woman in 1990 to 2.4 in 2005. As a result, the percentage of the population ages 60 and over increased to 9 per cent in 2005.

There is a declining trend in rates of infant mortality (73.8 deaths per 1,000 live births in 2005) and under-five mortality (88 deaths per 1,000 live births), but they still remain high. Skilled personnel attend 84 per cent of all deliveries. The overall contraceptive prevalence rate is 55 per cent, however use of modern methods only accounts for about 12 per cent.

Rising rates of HIV/AIDS and STIs are caused by a lack of public awareness about basic preventive measures. HIV prevention measures are addressed through the National Programme of Combating HIV.

The State Programme on Poverty Reduction and Economic Development (SPPRED), adopted in 2003, calls for increased opportunities for income generation, the development of infrastructure and improvements in social programmes, including access to high-quality health care and education.

A number of laws protecting the rights of women are in effect, but gender disparities exist. In recent years, violence against women was recognized as a significant problem. Nearly 30 per cent of women in Azerbaijan are forced to have sexual intercourse at least once in their lives and 37 per cent experience some type of violence at least once.



Statistics

POPULATION		1990	Most Recent
Population in Thousands, Male	3,	528.5	4,082.6
Population in Thousands, Female	3,	683.2	4,328.2
Population Growth Rate, %		1.5	0.7
Crude Birth Rate per 1,000 Population		26.3	19.7
Crude Death Rate per 1,000 Population		7.0	7.2
Urban Population, %		53.7	49.9
Sex Ratio at Birth, Male Births per Female Births		1.07	1.10
Women 15-49, %		50.1	58.2
Total Fertility Rate per Woman 15-49		2.93	2.39
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %		na	11.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %		na	55.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	• 🛦	22	94
MMR, Lower Bound	•	na	40
MMR, Upper Bound	•	na	150
Neonatal Mortality Rate per 1,000 Live Births	•	na	36.0
Infant Mortality Rate per 1,000 Live Births	•	82.9	73.9
Under Age 5 Mortality Rate, Total	•	98	88
Under Age 5 Mortality Rate, Female	•	na	38
Under Age 5 Mortality Rate, Male	•	na	41
Life Expectancy at Birth, Total, Years	•	65.9	67.2
Life Expectancy at Birth, Female, Years	•	69.6	70.8
Life Expectancy at Birth, Male, Years	•	62.2	63.5
Median Age of Total Population		23.2	27.5
Population 60 Years and Over, %		7.4	9.2
Dependency Ratio		63	49

Public Expenditures on Health and Education					
He	alth	Primary & Secondary Education			
% of GDP	Per capita (\$US)*	* % of GDP Per student			
0.80	5.84	2.26	73.46		

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Total Fertility Rate per Woman	15-49:
Jrban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na
Infant Mortality Rate per 1,000	Live Births:
Urban/Rural	63.0/92.0
No Education, Primary	92.0
Highest Level of Education	42.0
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na
Under Age 5 Mortality Rate:	
Poorest/Richest Quintile, %	na/na
Age-Specific Fertility Rate, 15-1	9 Years:
Urban/Rural	na/na
Poorest/Richest Quintile	na/na
Adolescent Women 15-19 Begui	n Childbearing:
Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	3,606
Gross Domestic Product Growth Rate, Annual %		na	10
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	A	na	<2
Population Living Below National Poverty Line, %	A	na	49.6
Share of Income or Consumption by Poorest Quintile		na	3.1
Access to Improved Water Supply, %	A	na	77
Antenatal Care, At Least One Visit, %		na	69
Deliveries Attended by Skilled Attendants, %	•	na	84
Family Planning Programme Effort Index, 1999 (Total Mea	an Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total	Mean Scor	_{re)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	1
Illiteracy Rate, % of Population 15 and Over, Female		na	2
Illiteracy Rate, % of Population 15 to 24, Male		na	0
Illiteracy Rate, % of Population 15 to 24, Female		na	0
Ratio of Girls to Boys, Primary Education	A	0.94	0.96
Ratio of Girls to Boys, Secondary Education	A	na	0.96
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	94
Primary School Enrolment, Gross % of School Age Population, Female	•	na	91
Secondary School Enrolment, Gross % of School Age Population, Male	•	na	84
Secondary School Enrolment, Gross % of School Age Population, Female		na	81
Children Underweight Under 5, Male, %		na	15
Children Underweight Under 5, Female, %		na	18
Stunted Children under 5, Severe, %		na	7
Wasted Children under 5, Severe, %		na	2
Undernourished People, %		na	21.0
Refugees, Number	246	6,000	326
Internally Displaced Persons, Number		na	575,609
Asylum Seekers, Number		na	8,805
Estimated HIV Prevalence, 15-49, Total		na	<0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.2	20.4
Age-Specific Fertility Rate per 1,000 Women, 15-20	54.5	31.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, 9	▲ na %	11
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	35.0
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	0.0
HIV Prevalence, 15-24, Male	na	0.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	48.9
Labor Force Participation Rate, 15-64, Female	na	43.2
Seats in Parliament Held by Women, %	na	10.5
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	256.0
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	10.0
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	287.9

Highest Level of Education	na	
Provincial Low/High, %	na/na	
_	,	
Deliveries Attended by Skilled Atte		
Urban/Rural, %	94.8/81.9	
No Education, Primary, %	83.3	
Highest Level of Education, %	100.0	
Provincial Low/High, %	80.6/93.8	Nakhcivan/Baku area
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence F	Rate for Women 1	5-49:
Urban/Rural, %	19.3/11.6	
No Education, Primary, %	10.3	
Highest Level of Education, %	24.4	
Provincial Low/High, %	13.5/19.7	Center, North/Baku area
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence F	Rate for Men 15-5	4:
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Li	imiting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, S	pacing:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, S	pacing:	

Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	Tray Tra	
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	3.9/4.6	
No Education, Primary, %	6.4	
Highest Level of Education, %	2.3	
Provincial Low/High, %	2.3/8.0	South/West, Southwest
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	na/na	

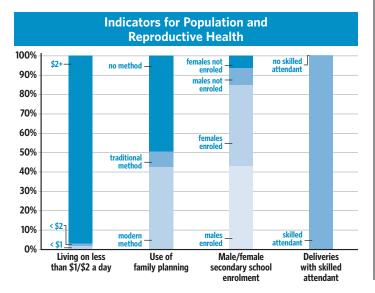


The Republic of Belarus is a lower-middle-income country ranked 67th in UNDP's 2005 Human Development Index, with a GDP per capita of \$6,012. Yet it continues to face a difficult socio-economic transition. Forty-two per cent of the population of 9.8 million lives below the national poverty line and life expectancy at birth is 68 years. Belarus remains relatively stable and the government continues to provide basic services to the population.

Depopulation is a major issue in Belarus. The population growth rate declined from 0.53 to -0.6 per cent between 1990 and 2005. Reduction in population size is due largely to two factors: 1) a low total fertility rate, averaging just 1.5 lifetime births per woman in 2005; and 2) high mortality rates, especially among men. Population ageing is also a serious concern. Older adults make up a large proportion of the total population (19 per cent in 2005), exceeding the proportion of those under 15.

There have been some recent improvements in reproductive health indicators. About half of all married women use contraceptives (42 per cent use a modern method). The number of abortions has declined substantially, but remains rather high (90 per 1,000 live births). However, the level of STIs remains high and there has been an increase in HIV infections. Young people ages 15-24 are disproportionately affected.

In November 2003, the Cabinet of Ministers adopted a National Programme on Demographic Security for 2006-2010 to address reproductive health and rights, among other issues. It is still in the pilot stage. There are many gender-related problems in Belarus, including higher unemployment rates and lower salaries for women, domestic violence and trafficking of women. The National Action Plan to Ensure Gender Equality for the period 2001-2005 remains a useful framework for coordinating activities among governmental and non-governmental organizations working to empower women.



Statistics

POPULATION		1990	Most Recent
Population in Thousands, Male	4,8	810.2	4,558.6
Population in Thousands, Female	5,4	155.8	5,196.5
Population Growth Rate, %		na	-0.6
Crude Birth Rate per 1,000 Population		13.8	9.0
Crude Death Rate per 1,000 Population		11.3	14.8
Urban Population, %		66.1	71.6
Sex Ratio at Birth, Male Births per Female Births		1.07	1.07
Women 15-49, %		45.0	51.2
Total Fertility Rate per Woman 15-49		1.85	1.54
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %		na	42.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %		na	50.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	• 🛦	37	35
MMR, Lower Bound		na	23
MMR, Upper Bound	•	na	46
Neonatal Mortality Rate per 1,000 Live Births		na	5.0
Infant Mortality Rate per 1,000 Live Births	•	14.8	14.6
Under Age 5 Mortality Rate, Total		17	17
Under Age 5 Mortality Rate, Female		na	12
Under Age 5 Mortality Rate, Male	•	na	17
Life Expectancy at Birth, Total, Years		70.4	68.4
Life Expectancy at Birth, Female, Years		75.2	74.3
Life Expectancy at Birth, Male, Years		65.4	62.8
Median Age of Total Population	•	33.2	37.8
Population 60 Years and Over, %	•	16.9	18.6
Dependency Ratio	•	51	43

Public Expenditures on Health and Education			
He	Health Primary & Secondary Education		ndary Education
% of GDP	Per capita (\$US)*	% of GDP Per student	
4.70	68.30	na	na

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

otal Fertility Rate per Woman 15-	-49:
Jrban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na
Infant Mortality Rate per 1,000 Li	ve Births:
Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na
Under Age 5 Mortality Rate:	
Poorest/Richest Quintile, %	na/na
Age-Specific Fertility Rate, 15-19 Y	ears:
Urban/Rural	na/na
Poorest/Richest Quintile	na/na
Adolescent Women 15-19 Begun C	hildbearing:
Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	6,012
Gross Domestic Product Growth Rate, Annual %		na	7
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %		na	<2
Population Living Below National Poverty Line, %		na	41.9
Share of Income or Consumption by Poorest Quintile		na	3.5
Access to Improved Water Supply, %	A	na	100
Antenatal Care, At Least One Visit, %		na	100
Deliveries Attended by Skilled Attendants, %	•	na	100
Family Planning Programme Effort Index, 1999 (Total Mea	n Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total I	Mean Score)	na na	na
Illiteracy Rate, % of Population 15 and Over, Male		0	0
Illiteracy Rate, % of Population 15 and Over, Female		1	0
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education		na	0.94
Ratio of Girls to Boys, Secondary Education	A	na	1.00
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	103
Primary School Enrolment, Gross % of School Age Population, Female	• 🛦	na	101
Secondary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	90
Secondary School Enrolment, Gross % of School Age Population, Female		na	92
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	3.0
Refugees, Number		na	638
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	327
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		13.2	16.8
Age-Specific Fertility Rate per 1,000 Women, 15-20		49.0	26.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		24.5	24.5
Mean Age at Marriage, Female		21.9	21.9
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, ⁶	^ %	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	A	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total		na	0.4
HIV Prevalence, 15-24, Female		na	0.2
HIV Prevalence, 15-24, Male		na	0.6

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	45.2
Labor Force Participation Rate, 15-64, Female	na	45.7
Seats in Parliament Held by Women, %	na	18.4
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-358.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-15.5
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	na

Highest Level of Education	na			
Provincial Low/High, %	na/na			
Deliveries Attended by Skilled Atten	dants:			
Urban/Rural, %	na/na			
No Education, Primary, %	na			
Highest Level of Education, %	na			
Provincial Low/High, %	na/na			
Poorest/Richest Quintile, %	na/na			
Modern Contraceptive Prevalence Rate for Women 15-49:				
Urban/Rural, %	na/na			
No Education, Primary, %	na			
Highest Level of Education, %	na			
Provincial Low/High, %	na/na			
Poorest/Richest Quintile, %	na/na			
Modern Contraceptive Prevalence Ra	te for Men 15-54:			
Poorest/Richest Quintile, %	na/na			
Unmet Need for Family Planning, Lin	niting:			
Poorest/Richest Quintile, %	na/na			
Unmet Need for Family Planning, Spa	acing:			
Poorest/Richest Quintile, %	na/na			

of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Bosnia and Herzegovina

Overview

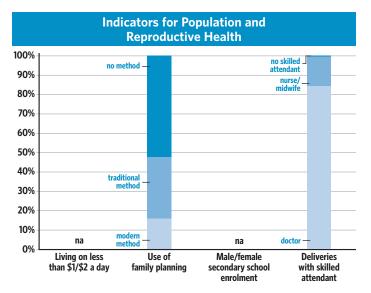
The Dayton Peace Agreement, signed in 1996, called for the development of national policy frameworks on poverty reduction, development, gender equality, HIV/AIDS, child and youth protection and the environment. Despite nearly 10 years of efforts, the governance structures that have been created have resulted in political and administrative fragmentation, weak rule of law, decreasing quality of and access to education and healthcare and lack of social protection for vulnerable groups. While municipalities are better able to assess local needs and deliver social services, the financing, monitoring and coordination of such programmes is not uniform.

The country's population was estimated at 3.9 million in 2005. The declining population growth rate (0.2 per cent in 2005) has created concern about the country's demographic profile. This is further complicated by massive emigration of working age people.

The reproductive health situation is also cause for concern. Over 30 per cent of all pregnancies end in abortion, which has become a favored method of fertility regulation rather than a means to correct contraceptive failures. Low contraceptive prevalence rates are due to: pro-natalism based on nationalist and ethnic ideology; misinformation and rumors on the side effects of modern contraceptives; lack of access to family planning services and contraceptives and lack of training for health professionals and service providers on reproductive health.

The adoption of the Millennium Development Goals (MDGs) in 2000 and the adoption of the Poverty Reduction Strategy Paper (PRSP) in 2003 have provided a new platform for moving ahead. UNFPA is providing assistance for sexual and reproductive health, gender issues and the provision of services for families and youth.

At the same time there has been a rapid increase in sexually transmitted infections, including HIV/AIDS. Drug abuse and addiction, the prevalence of poverty and domestic violence, proliferation of commercial sex and human trafficking have all increased the infection rates of STIs and HIV/AIDS. These factors pose a serious threat to the reproductive and sexual health of the population, especially among young people.



Statistics

DODLII ATIONI		
POPULATION	1990	Most Recent
Population in Thousands, Male	2,128.9	1,897.6
Population in Thousands, Female	2,179.3	2,009.4
Population Growth Rate, %	na	0.2
Crude Birth Rate per 1,000 Population	15.0	10.5
Crude Death Rate per 1,000 Population	7.1	9.3
Urban Population, %	39.2	45.3
Sex Ratio at Birth, Male Births per Female Births	1.07	1.07
Women 15-49, %	53.5	50.1
Total Fertility Rate per Woman 15-49	1.72	1.51
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	15.7
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	47.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	31
MMR, Lower Bound	na	21
MMR, Upper Bound	na na	42
Neonatal Mortality Rate per 1,000 Live Births	na	11.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 18.3	12.8
Under Age 5 Mortality Rate, Total	● ▲ 20	15
Under Age 5 Mortality Rate, Female	na 🕳	14
Under Age 5 Mortality Rate, Male	■ ▲ na	17
Life Expectancy at Birth, Total, Years	● ▲ 71.7	74.5
Life Expectancy at Birth, Female, Years	● ▲ 74.8	77.1
Life Expectancy at Birth, Male, Years	● ▲ 69.4	71.7
Median Age of Total Population	● ▲ 30.0	38.0
Population 60 Years and Over, %	● ▲ 10.4	19.2
Dependency Ratio	4 3	44

Public Expenditures on Health and Education					
He	Health		Primary & Secondary Education		
% of GDP	Per capita (\$US)*	% of GDP Per student (\$U			
4.60	65.00	na	na		

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Total Fertility Rate per Woman 15-4	19:	
Urban/Rural	na/na	
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	na/na	
Poorest/Richest Quintile	na/na	
Infant Mortality Rate per 1,000 Liv	e Births:	
Urban/Rural	na/na	
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	na/na	
Poorest/Richest Quintile, %	na/na	
Under Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	na/na	
Age-Specific Fertility Rate, 15-19 Ye	ears:	
Urban/Rural	na/na	
Poorest/Richest Quintile	na/na	
Adolescent Women 15-19 Begun Ch	nildbearing:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	



marcators			
SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	6,029
Gross Domestic Product Growth Rate, Annual %		na	5
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	A	na	na
Population Living Below National Poverty Line, %	A	na	19.5
Share of Income or Consumption by Poorest Quintile		na	3.9
Access to Improved Water Supply, %	A	na	98
Antenatal Care, At Least One Visit, %		na	99
Deliveries Attended by Skilled Attendants, %	•	na	100
Family Planning Programme Effort Index, 1999 (Total Mean	Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total Me	ean Score	na na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	2
Illiteracy Rate, % of Population 15 and Over, Female		na	9
Illiteracy Rate, % of Population 15 to 24, Male		na	0
Illiteracy Rate, % of Population 15 to 24, Female		na	0
Ratio of Girls to Boys, Primary Education		na	na
Ratio of Girls to Boys, Secondary Education		na	na
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	na
Primary School Enrolment, Gross % of School Age Population, Female	• 🛦	na	na
Secondary School Enrolment, Gross % of School Age Population, Male	•	na	na
Secondary School Enrolment, Gross % of School Age Population, Female		na	na
Children Underweight Under 5, Male, %		na	5
Children Underweight Under 5, Female, %		na	4
Stunted Children under 5, Severe, %		na	3
Wasted Children under 5, Severe, %		na	2
Undernourished People, %		na	8.0
Refugees, Number	810	,000	22,517
Internally Displaced Persons, Number		na	327,188
Asylum Seekers, Number		na	701
Estimated HIV Prevalence, 15-49, Total		na	<0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	16.7	14.1
Age-Specific Fertility Rate per 1,000 Women, 15-20	36.0	23.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, 9		53
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	74.0
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	78.9
Labor Force Participation Rate, 15-64, Female	na	48.6
Seats in Parliament Held by Women, %	na	12.3
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	-81.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	-8.7
Unmet Need for Family Planning, Spacing, %	•	na	na
Unmet Need for Family Planning, Limiting, %		na	na
Unmet Need for Family Planning, Total, %		na	na
Unmet Need for Family Planning, Thousands	•	na	na

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Atte	endants:	
Urban/Rural, %	99.4/99.7	
No Education, Primary, %	98.8	
Highest Level of Education, %	100.0	
Provincial Low/High, %	98.6/100.0	Republika Srpska/Federation of B&H
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence	Rate for Women 1	5-49:
Urban/Rural, %	18.9/13.9	
No Education, Primary, %	12.0	
Highest Level of Education, %	18.6	
Provincial Low/High, %	15.7/15.7	Federation of B&H and Republika Srpska/ Federation of B&H and Republika Srpska
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence	Rate for Men 15-5	4:
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, L	imiting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, S	Spacing:	
Poorest/Richest Quintile, %	na/na	

Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	0.7/0.5	
No Education, Primary, %	0.8	
Highest Level of Education, %	0.5	
Provincial Low/High, %	0.3/0.7	Republika Srpska/Federation of B&F
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		



Bulgaria, a country in transition to a free market economy, has achieved economic stability following the severe socio-economic crisis of 1996-97. Bulgaria is ranked 55th in UNDP's 2005 Human Development Index. It still faces chronic unemployment, a high level of poverty, and a series of public health challenges.

Bulgaria, with a population of 7.7 million, has one of the lowest total fertility rates in the world (1.47 lifetime births per woman in 2005) and has experienced negative population growth since 1990 (-0.7 per cent per year in 2005). Consequently, Bulgaria is among the most "aged" countries in the world with 22 per cent of its population over 60 years of age.

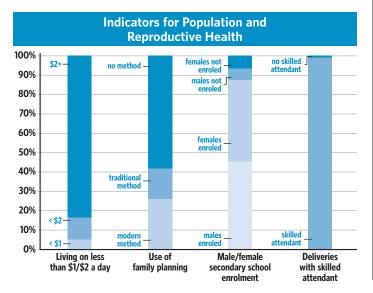
The country has high rates of adolescent pregnancy. UNFPA, in partnership with the Ministries of Health and Education, is strengthening the sexual and reproductive health education of youth through peer education.

UNFPA's Y-PEER initiative (Youth Peer Education Electronic Resource) is being implemented throughout the country. More than 5,000 young people are members of the Y-PEER national network. The Bulgarian portal of the Y-PEER website is a useful tool for sharing information and networking.

Significant discrepancies with regard to education, health and poverty levels exist between Bulgarians and ethnic minorities (Roma, Turks), leading to the social marginalizing of minorities. UNFPA is assisting with the development of a National Demographic Strategy and funding the "Generations and Gender Programme."

While HIV prevalence is still low, prevalence rates are increasing and the government adopted a National HIV/AIDS Strategy. With support from UNFPA, a National Sexual and Reproductive Health Programme was developed, including a continuing medical education programme on family planning and the provision of modern contraceptives to vulnerable groups. Efforts are underway to provide youth-friendly health services.

Bulgaria has adopted a National MDG Report. With support from UNFPA, a National Youth MDG Report was also prepared.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	4,296.9	3,741.6
Population in Thousands, Female	4,421.4	3,984.4
Population Growth Rate, %	na	-0.7
Crude Birth Rate per 1,000 Population	11.6	8.0
Crude Death Rate per 1,000 Population	12.4	14.4
Urban Population, %	66.4	70.5
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	47.2	47.4
Total Fertility Rate per Woman 15-49	1.70	1.47
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	25.4
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	41.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 27	32
MMR, Lower Bound	na	21
MMR, Upper Bound	● ▲ na	42
Neonatal Mortality Rate per 1,000 Live Births	• 🛦 na	8.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 15.2	12.6
Under Age 5 Mortality Rate, Total	2 0	16
Under Age 5 Mortality Rate, Female	na	17
Under Age 5 Mortality Rate, Male	na	21
Life Expectancy at Birth, Total, Years	● ▲ 71.2	72.6
Life Expectancy at Birth, Female, Years	● ▲ 74.7	75.9
Life Expectancy at Birth, Male, Years	● ▲ 67.9	69.3
Median Age of Total Population	● ▲ 36.3	40.6
Population 60 Years and Over, %	● ▲ 19.1	22.4
Dependency Ratio	● ▲ 50	44

Public Expenditures on Health and Education					
He	Health		Primary & Secondary Education		
% of GDP	Per capita (\$US)*	% of GDP Per student (\$1			
4.40	86.19	2.38	304.61		

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Jrban/Rural	na/na	
,	·	
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	na/na	
Poorest/Richest Quintile	na/na	
Infant Mortality Rate per 1,000 Liv	e Births:	
Urban/Rural	na/na	
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	na/na	
Poorest/Richest Quintile, %	na/na	
Under Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	na/na	
Age-Specific Fertility Rate, 15-19 Ye	ears:	
Urban/Rural	na/na	
Poorest/Richest Quintile	na/na	
Adolescent Women 15-19 Begun Ch	nildbearing:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	

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SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	7,807
Gross Domestic Product Growth Rate, Annual %		3	5
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	A	na	4.7
Population Living Below National Poverty Line, %	A	na	12.8
Share of Income or Consumption by Poorest Quintile		na	2.4
Access to Improved Water Supply, %	A	na	100
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %	•	na	99
Family Planning Programme Effort Index, 1999 (Total Mea	n Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total I	Mean Scor	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		2	1
Illiteracy Rate, % of Population 15 and Over, Female		4	2
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		1	0
Ratio of Girls to Boys, Primary Education	A	0.93	0.93
Ratio of Girls to Boys, Secondary Education	A	na	0.93
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	101
Primary School Enrolment, Gross % of School Age Population, Female	• 🛦	na	99
Secondary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	100
Secondary School Enrolment, Gross % of School Age Population, Female	• 🛦	na	97
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	16.0
Refugees, Number		200	4,068
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	756
Estimated HIV Prevalence, 15-49, Total		na	<0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	14.1	13.7
Age-Specific Fertility Rate per 1,000 Women, 15-20	70.5	43.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	24.9	24.9
Mean Age at Marriage, Female	21.1	21.1
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na 6	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	🔺 na	na
HIV Prevalence, 15-24, Female	🔺 na	na
HIV Prevalence, 15-24, Male	🔺 na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	65.4
Labor Force Participation Rate, 15-64, Female	na	56.5
Seats in Parliament Held by Women, %	na	26.3
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-288.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-17.3
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	na

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Atten	•	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	,	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	te for Men 15-54:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Lim	niting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Spa	acing:	
Poorest/Richest Quintile, %	na/na	

Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatme of Genital Discharge, Ulcer, or Sore:	nt	
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend School	l:	
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend School	l:	
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	na/na	



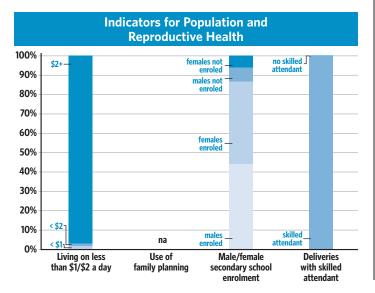
During the past two decades Cr

During the past two decades Croatia, with a population estimated at 4.6 million, has experienced stagnant population growth. The total fertility rate has remained low (1.5 lifetime births per woman in 2005) and population growth was 0.1 per cent in 2005. The population is consequently ageing rapidly, and older adults ages 60 and over comprise 22 per cent of the population. In its response to a 2003 United Nations inquiry, the government indicated that it viewed the levels of fertility and population growth as too low. It also reported ageing of the population and the size of the working population as areas of major concern.

Croatia is ranked 45th in UNDP's 2005 Human Development Index and belongs to the High Human Development category. However, it continues to suffer from the effects of regional wars, which led to a dramatic decline in industry and employment and to a sharp increase in poverty. The government assists a large number of refugees and internally displaced persons who have been repatriated from the Federal Republic of Yugoslavia and Bosnia-Herzegovina with health care provisions, basic household relief and legal assistance.

The government provides reproductive health services through state health care facilities and purchases contraceptive supplies. Both the maternal mortality ratio and the infant mortality rate are low: 8 maternal deaths per 100,000 live births (in 2000) and 6.7 infant deaths per 1,000 live births (in 2005). However, contraceptive prevalence is still low and recourse to abortion remains a principal means of fertility regulation.

Croatia has a low HIV prevalence rate. But the country is experiencing rapid social changes, economic crisis, and increased injecting drug use, which can facilitate the rapid spread of HIV. To address this concern, the Ministry of Health and Social Welfare is implementing a US \$3.3 million programme: Scaling Up National HIV/AIDS Response. The main objectives of the programme include: increasing responsible sexual behaviour among young people, decreasing HIV/AIDS infection among high risk groups and improving the HIV/AIDS surveillance system.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,185.4	2,190.8
Population in Thousands, Female	2,331.8	2,360.6
Population Growth Rate, %	na	0.1
Crude Birth Rate per 1,000 Population	11.9	10.9
Crude Death Rate per 1,000 Population	11.1	11.8
Urban Population, %	54.0	59.9
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	46.9	46.4
Total Fertility Rate per Woman 15-49	1.68	1.51
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	25.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	39.7
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ na	8
MMR, Lower Bound	● ▲ na	5
MMR, Upper Bound	na	11
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	5.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 12.1	6.7
Under Age 5 Mortality Rate, Total	● ▲ 12	8
Under Age 5 Mortality Rate, Female	na	8
Under Age 5 Mortality Rate, Male	na	10
Life Expectancy at Birth, Total, Years	● ▲ 72.0	75.3
Life Expectancy at Birth, Female, Years	■ ▲ 76.0	78.8
Life Expectancy at Birth, Male, Years	■ ▲ 67.6	71.8
Median Age of Total Population	● ▲ 35.8	40.6
Population 60 Years and Over, %	● ▲ 17.1	22.1
Dependency Ratio	● ▲ 47	49

Public Expenditures on Health and Education				
He	alth	Primary & Secondary Education		
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)	
5.90	298.23	3.13	1076.75	

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Total Fertility Rate per Woman 15-	49:	
Urban/Rural	na/na	
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	na/na	
Poorest/Richest Quintile	na/na	
Infant Mortality Rate per 1,000 Liv	e Births:	
Urban/Rural	na/na	
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	na/na	
Poorest/Richest Quintile, %	na/na	
Under Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	na/na	
Age-Specific Fertility Rate, 15-19 Yo	ears:	
Urban/Rural	na/na	
Poorest/Richest Quintile	na/na	
Adolescent Women 15-19 Begun Cl	nildbearing:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	11,139
Gross Domestic Product Growth Rate, Annual %		na	4
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %		na	<2
Population Living Below National Poverty Line, %		na	na
Share of Income or Consumption by Poorest Quintile		na	3.4
Access to Improved Water Supply, %		na	na
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %		na	100
Family Planning Programme Effort Index, 1999 (Total Mea	ın Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total I	Mean Scor	_{re)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		1	1
Illiteracy Rate, % of Population 15 and Over, Female		5	2
Illiteracy Rate, % of Population 15 to 24, Male		0	C
Illiteracy Rate, % of Population 15 to 24, Female		0	C
Ratio of Girls to Boys, Primary Education	A	0.94	0.94
Ratio of Girls to Boys, Secondary Education	A	na	na
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	97
Primary School Enrolment, Gross % of School Age Population, Female	•	na	96
Secondary School Enrolment, Gross % of School Age Population, Male	•	na	89
Secondary School Enrolment, Gross % of School Age Population, Female		na	91
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	12.0
Refugees, Number	648	8,000	4,387
Internally Displaced Persons, Number		na	12,566
Asylum Seekers, Number		na	57
Estimated HIV Prevalence, 15-49, Total		na	<0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

1990	Most Recent
13.5	13.1
20.0	14.5
na	na
na	24.6
23.8	23.8
na	na
na	0.0
na	0.0
na	na
	13.5 20.0 na na 23.8 na na na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.6
Gender Empowerment Measure, Rank	na	36.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	71.9
Labor Force Participation Rate, 15-64, Female	na	56.6
Seats in Parliament Held by Women, %	na	17.8
Female Legislators, Senior Officials and Managers, %	na	26.0
Female Professional and Technical Workers, %	na	51.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-102.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-10.2
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	na

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Attended	dants:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	te for Women 15-49:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	te for Men 15-54:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Lim	iting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Spa	cing:	
Poorest/Richest Quintile, %	na/na	

Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatme of Genital Discharge, Ulcer, or Sore:	nt	
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend School	l:	
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend School	l:	
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	na/na	

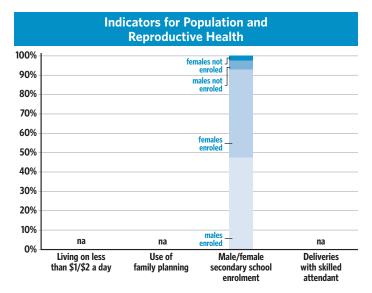


The Mediterranean island of Cyprus has experienced decades of communal strife. Hostilities in 1974 divided the island into two de facto autonomous areas — a Greek Cypriot area controlled by the internationally recognized Cypriot government and a Turkish-Cypriot area recognized only by Turkey. The large number of internally displaced persons has presented a burden to the country's economic development and hindered its ability to implement a population policy. Cyprus also serves as a territory for asylum seekers from Iraq, Lebanon and Syria, hosting over 5,000 of them. The latest two-year round of UN-brokered reunification talks failed in 2004 and only the Greek Cypriot-controlled Republic of Cyprus joined the European Union in May, 2004. Large economic disparities remain between the Greek and Turkish areas.

Cyprus' total fertility rate is below replacement level (2.0 lifetime births per woman in 2005) and its population growth rate is low at 1.1 per cent. The low fertility rate has led to an ageing of the population, with 17 per cent 60 years and over. In its response to a 2003 United Nations inquiry, the government reported that it viewed the fertility level and growth rate as too low, and population ageing as a major concern.

Cyprus has achieved a low infant mortality rate (6 deaths per 1,000 live births) and maternal mortality ratio (8 deaths per 100,000 live births), partly due to the high percentage of births attended by skilled personnel. The Family Planning Association of Cyprus offers comprehensive reproductive health services and over half of married women use modern contraceptive methods. Most contraceptive methods are available in pharmacies or from the private and nongovernmental sectors. Adolescent fertility remains a major concern and the Family Planning Association offers workshops on sexual education to high school and college students.

The government recognizes the importance of women's empowerment and gender equality, and has taken measures to increase the number of women employed. Currently, women comprise more than half of the country's workforce.



Statistics

POPULATION		1990	Most Recent
Population in Thousands, Male		339.2	406.4
Population in Thousands, Female		341.4	428.9
Population Growth Rate, %		na	1.1
Crude Birth Rate per 1,000 Population		18.5	13.8
Crude Death Rate per 1,000 Population		8.3	7.3
Urban Population, %		65.0	69.5
Sex Ratio at Birth, Male Births per Female Births		1.07	1.07
Women 15-49, %		49.7	51.6
Total Fertility Rate per Woman 15-49		2.39	2.00
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %		53.2	53.2
Contraceptive Prevalence Rate for Women 15-49, Any Method, %		55.0	55.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	• 🛦	5	47
MMR, Lower Bound	•	na	31
MMR, Upper Bound		na	63
Neonatal Mortality Rate per 1,000 Live Births	•	na	4.0
Infant Mortality Rate per 1,000 Live Births	•	9.4	6.0
Under Age 5 Mortality Rate, Total		8	7
Under Age 5 Mortality Rate, Female	•	na	8
Under Age 5 Mortality Rate, Male	•	na	8
Life Expectancy at Birth, Total, Years		76.5	78.8
Life Expectancy at Birth, Female, Years		78.8	81.3
Life Expectancy at Birth, Male, Years		74.4	76.3
Median Age of Total Population	•	30.9	35.3
Population 60 Years and Over, %	•	14.8	16.8
Dependency Ratio		58	47

Public Expenditures on Health and Education				
He	ealth	Primary & Secondary Education		
% of GDP	Per capita (\$US)*	% of GDP Per student (
2.89	364.27	5.01	3416.67	

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

tal Fertility Rate per Woman 15-4	22/22
Jrban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na
nfant Mortality Rate per 1,000 Liv	e Births:
Jrban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na
Under Age 5 Mortality Rate:	
Poorest/Richest Quintile, %	na/na
Age-Specific Fertility Rate, 15-19 Ye	ears:
Jrban/Rural	na/na
Poorest/Richest Quintile	na/na
Adolescent Women 15-19 Begun Ch	nildbearing:
Jrban/Rural, %	na/na
No Education, Primary, %	na

maidatoro			
SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	18,151
Gross Domestic Product Growth Rate, Annual %		na	4
Income Group per World Bank Classification		na	High income: non OECD
Population Below \$1/Day, %	A	na	na
Population Living Below National Poverty Line, %	A	na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	A	100	100
Antenatal Care, At Least One Visit, %		100	100
Deliveries Attended by Skilled Attendants, %		100	100
Family Planning Programme Effort Index, 1999 (Total Mea	n Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total	Mean Scor	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		2	1
Illiteracy Rate, % of Population 15 and Over, Female		9	3
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	A	0.93	0.94
Ratio of Girls to Boys, Secondary Education	A	na	0.97
Primary School Enrolment, Gross % of School Age Population, Male	•	na	97
Primary School Enrolment, Gross % of School Age Population, Female	•	na	98
Secondary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	98
Secondary School Enrolment, Gross % of School Age Population, Female		na	99
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		na	349
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	5,082
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		990	Most Recent
Proportion of Population 15-24	•	15.0	15.5
Age-Specific Fertility Rate per 1,000 Women, 15-20	2	0.0	8.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male	2	27.0	27.0
Mean Age at Marriage, Female		23.1	23.1
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, ⁶	%	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %		na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total	A	na	0.1
HIV Prevalence, 15-24, Female		na	na
HIV Prevalence, 15-24, Male		na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	49.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	82.2
Labor Force Participation Rate, 15-64, Female	na	63.1
Seats in Parliament Held by Women, %	5.0	10.7
Female Legislators, Senior Officials and Managers, %	na	14.0
Female Professional and Technical Workers, %	na	46.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	31.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	13.5
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	na

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Atter	idants:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	ate for Women 15-49:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	ate for Men 15-54:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Lir	niting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Sp	acing:	
Poorest/Richest Quintile, %	na/na	

Women 15-49 Seen Medically for Treatm of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	na/na	

Czech Republic

Overview

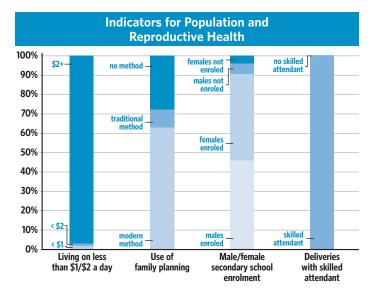
Since the early 1990s, the Czech economy has undergone rapid transformations that earned it memberships in the OECD, NATO, and most recently the European Union (in 2004). With a population of 10.2 million, the Czech Republic has one of the highest human development indicators in Central and Eastern Europe.

The Republic has a negative population growth rate at -0.11 per cent, which is attributable to a steady decrease in fertility. The total fertility rate is one of the lowest in the world at 1.5 lifetime births per woman (in 2005). Due to the fertility decline, the population is ageing at a rapid rate with one in every five people ages 60 and over. The government has developed the National Programme of Preparation for Ageing to address issues arising from the growing proportion of older adults in the population.

Reproductive health indicators continue to improve. Levels of maternal and infant mortality are low with nine maternal deaths per 100,000 live births and 5 infant deaths per 1,000 live births. The contraceptive prevalence rate among reproductive-age women is 63 per cent for modern methods. The Czech Society for Family Planning and Sex Education offers a range of contraceptive and counseling services. It also offers information and education activities through the media on such population-related issues as sexually transmitted infections (including HIV/AIDS), child abuse and violence against women.

Although HIV/AIDS morbidity is low, the government's response to a 2003 UN Survey indicates that it considers HIV/AIDS transmission to be a major concern. To address the threat the government has developed a network of counseling and testing centres where services are free and anonymous.

The government's current goals include: increased availability of contraceptives and family planning services; inclusion of sexual and reproductive health and family planning education in the primary school curricula; free access to voluntary sterilization services to all citizens; and prevention of violence against women, especially domestic violence, sexual harassment and trafficking.



Statistics

POPULATION		1990	Most Recent
Population in Thousands, Male	5,0	008.9	4,974.7
Population in Thousands, Female	5	,297.1	5,244.9
Population Growth Rate, %		na	-0.1
Crude Birth Rate per 1,000 Population		12.2	8.8
Crude Death Rate per 1,000 Population		12.3	11.0
Urban Population, %		75.2	74.5
Sex Ratio at Birth, Male Births per Female Births		1.05	1.05
Women 15-49, %		48.7	47.9
Total Fertility Rate per Woman 15-49		1.78	1.50
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %		na	62.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %		78.0	72.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	• 🛦	15	9
MMR, Lower Bound		na	6
MMR, Upper Bound	•	na	11
Neonatal Mortality Rate per 1,000 Live Births		na	2.0
Infant Mortality Rate per 1,000 Live Births	•	10.3	5.4
Under Age 5 Mortality Rate, Total		10	6
Under Age 5 Mortality Rate, Female		na	6
Under Age 5 Mortality Rate, Male	•	na	6
Life Expectancy at Birth, Total, Years		71.9	75.9
Life Expectancy at Birth, Female, Years		75.6	79.0
Life Expectancy at Birth, Male, Years		68.3	72.6
Median Age of Total Population		35.2	39.0
Population 60 Years and Over, %		17.7	20.0
Dependency Ratio	•	51	41

Public Expenditures on Health and Education			
He	ealth Primary & Secondary Education		
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
6.40	460.80	2.95	938.01

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Total Fertility Rate per Woman 15-4	9:	
Urban/Rural	1.7/2.0	
No Education, Primary	2.1	
Highest Level of Education	1.5	
Provincial Low/High	1.8/1.9	Moravia/Bohemia
Poorest/Richest Quintile	na/na	
Infant Mortality Rate per 1,000 Live	Births:	
Urban/Rural	na/na	
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	na/na	
Poorest/Richest Quintile, %	na/na	
Under Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	na/na	
Age-Specific Fertility Rate, 15-19 Ye	ars:	
Urban/Rural	na/na	
Poorest/Richest Quintile	na/na	
Adolescent Women 15-19 Begun Ch	ildbearing:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	16,448
Gross Domestic Product Growth Rate, Annual %		na	3
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %		na	<2
Population Living Below National Poverty Line, %	A	na	na
Share of Income or Consumption by Poorest Quintile		na	4.3
Access to Improved Water Supply, %	A	na	na
Antenatal Care, At Least One Visit, %		na	99
Deliveries Attended by Skilled Attendants, %		na	100
Family Planning Programme Effort Index, 1999 (Total Mea	n Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total N	Mean Scor	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	na
Illiteracy Rate, % of Population 15 and Over, Female		na	na
Illiteracy Rate, % of Population 15 to 24, Male		na	na
Illiteracy Rate, % of Population 15 to 24, Female		na	na
Ratio of Girls to Boys, Primary Education		0.96	0.94
Ratio of Girls to Boys, Secondary Education		na	0.98
Primary School Enrolment, Gross % of School Age Population, Male		na	103
Primary School Enrolment, Gross % of School Age Population, Female	• 🛦	na	101
Secondary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	96
Secondary School Enrolment, Gross % of School Age Population, Female		na	98
Children Underweight Under 5, Male, %		1	1
Children Underweight Under 5, Female, %		1	1
Stunted Children under 5, Severe, %		0	0
Wasted Children under 5, Severe, %		0	0
Undernourished People, %		na	na
Refugees, Number		na	1,516
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	3,746
Estimated HIV Prevalence, 15-49, Total		na	0.1
Estimated HIV Prevalence, 15-49, Male		na	0.1
Estimated HIV Prevalence, 15-49, Female		na	0.0

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		14.8	13.1
Age-Specific Fertility Rate per 1,000 Women, 15-20		26.0	11.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		25.3	25.3
Mean Age at Marriage, Female		22.0	22.0
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, ⁶	%	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	A	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total		na	0.0
HIV Prevalence, 15-24, Female		na	0.0
HIV Prevalence, 15-24, Male	A	na	na

Gender Empowerment Measure, Value Gender Empowerment Measure, Rank	na na	0.6 30.0
Gender Empowerment Measure, Rank	na	30.0
		30.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	78.8
Labor Force Participation Rate, 15-64, Female	na	62.7
Seats in Parliament Held by Women, %	na	15.7
Female Legislators, Senior Officials and Managers, %	na	26.0
Female Professional and Technical Workers, %	na	52.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-238.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-10.1
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	202.2

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Atte	ndants:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence F	Rate for Women 1	5-49:
Urban/Rural, %	na/na	
No Education, Primary, %	34.9	
Highest Level of Education, %	44.5	
Provincial Low/High, %	41.8/44.5	Bohemia/Moravia
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence F	Rate for Men 15-5	4:
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Li	miting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Sp	pacing:	
Poorest/Richest Quintile, %	na/na	

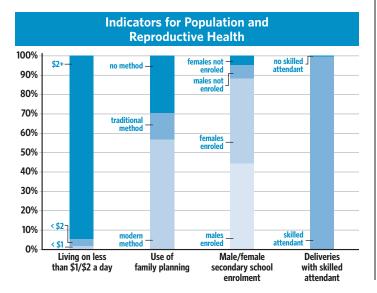
of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na



Estonia's transition period has been characterized by political stability and successful economic reform. The country joined both NATO and the European Union in the spring of 2004. It is also a member of the World Trade Organization and is steadily moving toward a modern market economy with increasing ties to the West. Estonia is ranked 38th in UNDP's Human Development Index for 2005. However, the country still faces a number of problems, including a high current account deficit and large income disparities among its population of 1.3 million.

The population growth rate in Estonia is negative at -0.43 per cent in 2005. This is largely due to a low fertility rate of 1.7 lifetime births per woman. The gender gap in life expectancies at birth exceeds 10 years (66.2 years for men and 77.4 years for women). The population is also ageing rapidly: adults ages 60 and over account for 22 per cent of the total population. The government wants to increase the fertility rate. The National Family Policy Framework emphasizes the individual's right to decide the number and spacing of children. The policy also seeks to improve the quality of life and to help parents combine work and family life.

The incidence of syphilis cases, which increased dramatically in the early 1980s, has declined over the last several years. However, HIV/AIDS cases have increased rapidly in recent years and Estonia currently has one of the highest HIV prevalence rates in Europe. The pandemic started among injecting drug users, the large majority of whom were young adults under the age of 25, but a shift towards sexual transmission is taking place. In response to a 2003 UN inquiry, the government regards HIV/AIDS as a major concern. A national HIV/AIDS programme was implemented in 2002 to reduce the rate of infection and provide treatment and care for HIV positive persons. HIV surveillance is currently done through a national HIV case reporting system.



Statistics

	1990	Most Recent
	741.3	611.4
	842.8	718.3
	na	-0.4
	13.4	8.7
	12.8	13.7
	71.1	69.6
	1.06	1.06
	45.5	47.2
	1.91	1.67
	na	56.4
	na	70.3
• 🛦	41	63
•	na	42
•	na	84
•	na	6.0
•	16.8	9.3
	20	11
•	na	9
•	na	13
	69.6	71.9
	74.7	77.4
	64.5	66.2
•	34.1	38.9
•	17.0	21.6
•	51	46
		741.3 842.8 na 13.4 12.8 71.1 1.06 45.5 1.91 na na • • • 41 • • • na • • • na • • • 16.8 • • 20 • • na • • • 69.6 • • 74.7 • • 64.5 • • 34.1 • • 17.0

Public Expenditures on Health and Education			
He	ealth Primary & Secondary Education		
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
3.90	201.12	3.93	1060.41

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

ban/Rural na/na
Education, Primary na
ghest Level of Education na
ovincial Low/High na/na
orest/Richest Quintile na/na
fant Mortality Rate per 1,000 Live Births:
ban/Rural na/na
Education, Primary na
ghest Level of Education na
ovincial Low/High na/na
orest/Richest Quintile, % na/na
nder Age 5 Mortality Rate:
orest/Richest Quintile, % na/na
ge-Specific Fertility Rate, 15-19 Years:
ban/Rural na/na
orest/Richest Quintile na/na
dolescent Women 15-19 Begun Childbearing:
ban/Rural, % na/na
Education, Primary, % na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	13,348
Gross Domestic Product Growth Rate, Annual %		2	6
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	A	na	<2
Population Living Below National Poverty Line, %	A	na	8.9
Share of Income or Consumption by Poorest Quintile		na	1.9
Access to Improved Water Supply, %	A	na	na
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %		na	100
Family Planning Programme Effort Index, 1999 (Total Mea	n Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total I	Mean Scor	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		0	0
Illiteracy Rate, % of Population 15 and Over, Female		0	0
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	A	0.94	0.91
Ratio of Girls to Boys, Secondary Education	A	na	0.98
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	103
Primary School Enrolment, Gross % of School Age Population, Female	•	na	99
Secondary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	95
Secondary School Enrolment, Gross % of School Age Population, Female		na	98
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	4.0
Refugees, Number		na	12
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	3
Estimated HIV Prevalence, 15-49, Total		na	1.1
Estimated HIV Prevalence, 15-49, Male		na	1.5
Estimated HIV Prevalence, 15-49, Female		na	0.8

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	13.6	15.7
Age-Specific Fertility Rate per 1,000 Women, 15-20	53.0	23.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	na 6	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	1.6
HIV Prevalence, 15-24, Female	▲ na	0.6
HIV Prevalence, 15-24, Male	▲ na	2.5

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.6
Gender Empowerment Measure, Rank	na	28.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	56.8	74.4
Labor Force Participation Rate, 15-64, Female	53.9	65.5
Seats in Parliament Held by Women, %	na	18.8
Female Legislators, Senior Officials and Managers, %	na	37.0
Female Professional and Technical Workers, %	na	68.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-37.6
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-12.3
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	na

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Attended	dants:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	te for Women 15-49:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	te for Men 15-54:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Lim	iting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Spa	ncing:	
Poorest/Richest Quintile, %	na/na	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Georgia, Republic of

Overview

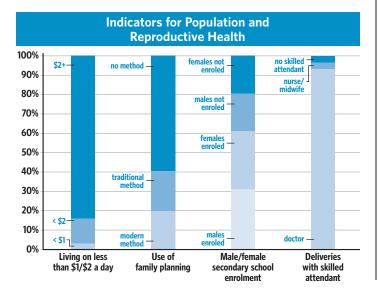
Following its independence in 1991, Georgia suffered a dramatic socio-economic downturn, further compounded by civil war and armed conflicts resulting in the displacement of around 260,200 people, growing poverty and widening social disparities. In 1997, the proportion of people living below the poverty line was 11 per cent.

The population growth rate of Georgia is negative at -0.92 per cent in 2005, partly because of increasing emigration due to high poverty and unemployment. Fertility also fell below the replacement level over the last decade and continued to decline further (the total fertility rate was 1.75 lifetime births per woman in 2005). A large decline in fertility has resulted in a rapidly ageing population. The proportion of adults ages 65 and over grew substantially and reached 18 per cent in 2005. The government continues to implement the Economic, Health Care and Social Systems Reforms launched in 1994, but the process has been slow due to financial constraints.

After the Rose Revolution in November 2003 the new government reaffirmed Georgia's commitment to ICPD Programme of Action and the MDGs and accelerated the process of reforms aimed at reducing poverty and improving the population's social and health status. To further address challenges, including depopulation and ageing, the government needs to develop population policies, strengthen statistical systems and ensure the availability of data disaggregated by gender, age and geography.

The number of HIV cases in Georgia is growing rapidly. With increasing rates of STIs and drug use, there is a real threat that HIV will spread. In 2002 the Ministry of Health finalized the National Strategic Plan and a Global Fund-supported project has been initiated.

But Georgia is still in need of substantial external assistance as the government is not able to cover all priorities stipulated in the National Health Policy, especially the areas of sexual health and family planning.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,595.0	2,114.2
Population in Thousands, Female	2,865.0	2,360.2
Population Growth Rate, %	na	-0.9
Crude Birth Rate per 1,000 Population	16.2	11.7
Crude Death Rate per 1,000 Population	9.2	11.4
Urban Population, %	55.1	51.5
Sex Ratio at Birth, Male Births per Female Births	1.08	1.11
Women 15-49, %	47.1	51.0
Total Fertility Rate per Woman 15-49	2.11	1.75
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	19.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	40.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 33	32
MMR, Lower Bound	● ▲ na	12
MMR, Upper Bound	● ▲ na	53
Neonatal Mortality Rate per 1,000 Live Births	na 🕳	25.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 42.2	39.6
Under Age 5 Mortality Rate, Total	4 3	42
Under Age 5 Mortality Rate, Female	na	18
Under Age 5 Mortality Rate, Male	na	25
Life Expectancy at Birth, Total, Years	1 1 1 1 1 1 1 1 1 1	70.7
Life Expectancy at Birth, Female, Years	● ▲ 74.2	74.5
Life Expectancy at Birth, Male, Years	● ▲ 66.5	66.8
Median Age of Total Population	● ▲ 31.2	35.5
Population 60 Years and Over, %	● ▲ 15.0	17.9
Dependency Ratio	● ▲ 51	50

Public Expenditures on Health and Education				
He	alth	Primary & Secondary Education		
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)	
1.00	6.58	na	na	

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

III /D I	5-49:	
Urban/Rural	1.5/2.0	
No Education, Primary	1.6	
Highest Level of Education	1.7	
Provincial Low/High	1.5/1.9	Tbilisi/North-East & Sout
Poorest/Richest Quintile	na/na	
Infant Mortality Rate per 1,000 I	Live Births:	
Urban/Rural	40.7/40.8	
No Education, Primary	48.5	
Highest Level of Education	31.2	
Provincial Low/High	na/na	
Poorest/Richest Quintile, %	na/na	
Under Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	na/na	
Age-Specific Fertility Rate, 15-19	Years:	
Urban/Rural	49.0/84.0	
Poorest/Richest Quintile	na/na	
Adolescent Women 15-19 Begun	Childbearing:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	2,569
Gross Domestic Product Growth Rate, Annual %		0	9
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %		na	2.7
Population Living Below National Poverty Line, %		na	11.1
Share of Income or Consumption by Poorest Quintile		na	2.3
Access to Improved Water Supply, %		na	76
Antenatal Care, At Least One Visit, %		na	95
Deliveries Attended by Skilled Attendants, %		na	96
Family Planning Programme Effort Index, 1999 (Total Mea	an Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total	Mean Scor	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	na
Illiteracy Rate, % of Population 15 and Over, Female		na	na
Illiteracy Rate, % of Population 15 to 24, Male		na	na
Illiteracy Rate, % of Population 15 to 24, Female		na	na
Ratio of Girls to Boys, Primary Education	A	0.96	0.95
Ratio of Girls to Boys, Secondary Education	A	na	0.99
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	91
Primary School Enrolment, Gross % of School Age Population, Female	•	na	90
Secondary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	80
Secondary School Enrolment, Gross % of School Age Population, Female		na	80
Children Underweight Under 5, Male, %		na	4
Children Underweight Under 5, Female, %		na	2
Stunted Children under 5, Severe, %		na	4
Wasted Children under 5, Severe, %		na	1
Undernourished People, %		na	26.0
Refugees, Number		na	3,864
Internally Displaced Persons, Number		na	260,215
Asylum Seekers, Number		na	na
Estimated HIV Prevalence, 15-49, Total		na	0.1
Estimated HIV Prevalence, 15-49, Male		na	0.2
Estimated HIV Prevalence, 15-49, Female		na	0.1

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	15.0	16.5
Age-Specific Fertility Rate per 1,000 Women, 15-20	71.0	32.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.4
Gender Empowerment Measure, Rank	na	67.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	79.6
Labor Force Participation Rate, 15-64, Female	na	61.6
Seats in Parliament Held by Women, %	na	7.2
Female Legislators, Senior Officials and Managers, %	na	28.0
Female Professional and Technical Workers, %	na	64.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-193.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-18.6
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	320.2

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Att	endants:	
Urban/Rural, %	98.5/94.2	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence	Rate for Women 1	5-49:
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	91.0/99.1	Ajara/Tbilisi
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence	Rate for Men 15-5	4:
Poorest/Richest Quintile, %	25.2/15.7	
Unmet Need for Family Planning, I	Limiting:	
Poorest/Richest Quintile, %	8.4/28.4	
Unmet Need for Family Planning,	Spacing:	
Poorest/Richest Quintile, %	na/na	
Poorest/Richest Quintile, %	na/na	

of Genital Discharge, Ulcer, or Sore: Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	·	
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	0.2/0.3	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	0.0/0.5	Mtskheta-Mtianeti, Shida Kartli and Kven Kartli, Sametskhe-Javakheti/Kakheti
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	na/na	



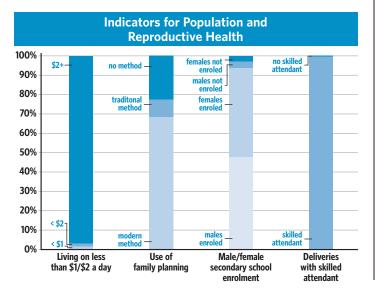
As a result of reforms introduced in the 1990s and earlier, Hungary transformed itself into a stable liberal democracy. It has continued to demonstrate strong economic growth and gained membership in the European Union in May 2004. Issues of unemployment, regional disparities, and minority rights, especially those concerning the Roma population, are among the challenges facing the country.

Negative population growth (-0.3 per cent in 2005) has lasted for over a decade and is a major concern for the country of 10 million inhabitants. For over a decade, the total fertility rate has remained below replacement level reaching 1.5 lifetime births per woman in 2005. The steady decline in fertility has also resulted in the rapid ageing of the population. Adults ages 60 and over comprise 21 per cent of the population. The government views current levels of growth and fertility as too low.

Although Hungary does not have an explicit population policy, incentives and compensations are given to married couples to promote childbearing. Also, the government has implemented programmes to protect women of childbearing age, to assist them during pregnancy, and to provide support after childbearing.

Hungary has achieved relatively high contraceptive prevalence rates. About 68 per cent of reproductive-age women use modern methods. Although the government does not subsidize contraceptives, a full range is widely available in pharmacies and clinics. Family planning services in Hungary are integrated into national health services and focus on providing antenatal and postnatal care and counseling, and on reducing the number of abortions. However, the knowledge and skills of midwives and nurses in the provision of reproductive health care remain low. Many individuals do not have easy access to high-quality sexual and reproductive health services. Furthermore, information on sexuality and reproductive health has not been introduced into school curricula.

Although legal provisions in Hungary protect human rights, support for women's protection and empowerment and their exercise of reproductive rights need to be strengthened and enforced. Problems persist in the areas of domestic violence and the trafficking of women.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	4,978.5	4,807.8
Population in Thousands, Female	5,386.3	5,290.0
Population Growth Rate, %	na	-0.3
Crude Birth Rate per 1,000 Population	11.8	9.9
Crude Death Rate per 1,000 Population	14.0	12.9
Urban Population, %	62.0	65.9
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	47.1	46.4
Total Fertility Rate per Woman 15-49	1.78	1.53
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	68.4
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	77.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 30	16
MMR, Lower Bound	● ▲ na	11
MMR, Upper Bound	● ▲ na	22
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	6.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 15.2	8.0
Under Age 5 Mortality Rate, Total	● ▲ 16	10
Under Age 5 Mortality Rate, Female	● ▲ na	10
Under Age 5 Mortality Rate, Male	● ▲ na	12
Life Expectancy at Birth, Total, Years	● ▲ 69.5	73.2
Life Expectancy at Birth, Female, Years	● ▲ 73.8	77.2
Life Expectancy at Birth, Male, Years	● ▲ 65.2	69.1
Median Age of Total Population	● ▲ 36.4	38.8
Population 60 Years and Over, %	● ▲ 19.0	20.8
Dependency Ratio	● ▲ 51	45

Public Expenditures on Health and Education			
He	Health Primary & Secondary Education		ndary Education
% of GDP	Per capita (\$US)*	% of GDP Per student	
5.50	349.74	3.11	1025.30

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Total Fertility Rate per Woman 15-4	19:	
Urban/Rural	na/na	
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	na/na	
Poorest/Richest Quintile	na/na	
Infant Mortality Rate per 1,000 Liv	e Births:	
Urban/Rural	na/na	
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	na/na	
Poorest/Richest Quintile, %	na/na	
Under Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	na/na	
Age-Specific Fertility Rate, 15-19 Ye	ears:	
Urban/Rural	na/na	
Poorest/Richest Quintile	na/na	
Adolescent Women 15-19 Begun Ch	nildbearing:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	

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SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	14,572
Gross Domestic Product Growth Rate, Annual %		1	3
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	A	na	<2
Population Living Below National Poverty Line, %	A	na	17.3
Share of Income or Consumption by Poorest Quintile		na	2.6
Access to Improved Water Supply, %	A	na	99
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %	•	na	100
Family Planning Programme Effort Index, 1999 (Total Mea	n Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total I	Mean Scor	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		1	0
Illiteracy Rate, % of Population 15 and Over, Female		1	1
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	A	0.95	0.94
Ratio of Girls to Boys, Secondary Education	A	na	0.96
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	101
Primary School Enrolment, Gross % of School Age Population, Female	• 🛦	na	100
Secondary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	106
Secondary School Enrolment, Gross % of School Age Population, Female		na	106
Children Underweight Under 5, Male, %		2	2
Children Underweight Under 5, Female, %		2	2
Stunted Children under 5, Severe, %		0	0
Wasted Children under 5, Severe, %		0	0
Undernourished People, %		na	na
Refugees, Number	32	2,400	7,023
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	775
Estimated HIV Prevalence, 15-49, Total		na	0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		14.3	12.8
Age-Specific Fertility Rate per 1,000 Women, 15-20		33.5	21.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		25.7	25.7
Mean Age at Marriage, Female		22.2	22.2
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, 9	^	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %		na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total		na	0.1
HIV Prevalence, 15-24, Female		na	0.0
HIV Prevalence, 15-24, Male		na	0.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	39.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	74.5	67.6
Labor Force Participation Rate, 15-64, Female	57.3	53.9
Seats in Parliament Held by Women, %	na	9.8
Female Legislators, Senior Officials and Managers, %	na	35.0
Female Professional and Technical Workers, %	na	62.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-243.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-10.5
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	101.5

Highest Level of Education	na		
Provincial Low/High, %	na/na		
Deliveries Attended by Skilled Atten	dants:		
Urban/Rural, %	na/na		
No Education, Primary, %	na		
Highest Level of Education, %	na		
Provincial Low/High, %	na/na		
Poorest/Richest Quintile, %	na/na		
Modern Contraceptive Prevalence Rate for Women 15-49:			
Urban/Rural, %	na/na		
No Education, Primary, %	na		
Highest Level of Education, %	na		
Provincial Low/High, %	na/na		
Poorest/Richest Quintile, %	na/na		
Modern Contraceptive Prevalence Ra	te for Men 15-54:		
Poorest/Richest Quintile, %	na/na		
Unmet Need for Family Planning, Lin	niting:		
Poorest/Richest Quintile, %	na/na		
Unmet Need for Family Planning, Spa	acing:		
Poorest/Richest Quintile, %	na/na		

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
•	no /no
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na



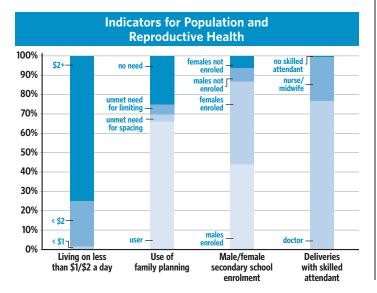
Kazakhstan, with a population estimated at 14.8 million, is experiencing accelerated economic growth. Yet there are pockets of poverty concentrated in certain geographical areas. In March 2003, the government adopted the State Poverty Reduction Programme for 2003-2005 aimed at addressing these issues.

Kazakhstan's population has declined for the past 10 years due to emigration, declining fertility, and increasing mortality, particularly among men. The total fertility rate reached 2.3 lifetime births per woman in 2005. The crude death rate was estimated at 10.9 per 1.000 in 2005.

The maternal mortality ratio has declined, yet remains high compared to European countries despite access to antenatal care and nearly all deliveries taking place at health facilities. The contraceptive prevalence rate for modern methods is estimated to be 53 per cent. In the last few years the number of abortions declined by almost half, a result of better access to family planning services. Abortions, however, remain one of the main causes of maternal death. In 2003 a draft Reproductive Rights Law, developed with technical expertise from UNFPA, guarantees all citizens the right to reproductive health information and services.

Women's social status may be worsening, evidenced by emerging gender differences in income, employment, wage rates and health status. The National Commission on Family and Women's Affairs under the President has developed a draft Gender Policy Concept to address these growing disparities.

Sexually transmitted infections (STIs) are on the increase. While the number of reported HIV infections is still relatively low, the potential for the spread of the pandemic is high due to increases in drug consumption, sex work and high-risk sexual behavior and low access to STI treatment. The government adopted the National Strategic Plan for 2001-2005 and allocated \$2.7 million to its implementation. In 2002 Kazakhstan obtained a \$22 million grant from the Global Fund, which provided substantial support to HIV prevention activities among high-risk groups and youth, as well as provision of anti-retroviral treatment to people living with HIV/AIDS.



Statistics

DOD!!! ATION		
POPULATION	1990	Most Recent
Population in Thousands, Male	8,024.1	7,102.0
Population in Thousands, Female	8,475.9	7,723.1
Population Growth Rate, %	na	-0.2
Crude Birth Rate per 1,000 Population	22.2	16.9
Crude Death Rate per 1,000 Population	8.5	10.9
Urban Population, %	57.0	55.9
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	48.7	54.9
Total Fertility Rate per Woman 15-49	2.75	2.30
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	52.7
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	66.1
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 80	210
MMR, Lower Bound	na	120
MMR, Upper Bound	na na	299
Neonatal Mortality Rate per 1,000 Live Births	■ ▲ na	32.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 53.5	59.9
Under Age 5 Mortality Rate, Total	68	75
Under Age 5 Mortality Rate, Female	■ ▲ na	48
Under Age 5 Mortality Rate, Male	na na	68
Life Expectancy at Birth, Total, Years	● ▲ 66.3	63.7
Life Expectancy at Birth, Female, Years	● ▲ 71.2	69.4
Life Expectancy at Birth, Male, Years	● ▲ 61.4	58.2
Median Age of Total Population	● ▲ 26.0	29.4
Population 60 Years and Over, %	● ▲ 9.2	11.3
Dependency Ratio	● ▲ 59	46

Public	Expenditures or	Health and Ed	ucation
He	alth	Primary & Secon	ndary Education
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
1.90	30.40	2.28	148.40

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Total Fertility Rate per Woman 1	5-49:	
Urban/Rural	1.5/2.7	
No Education, Primary	2.4	
Highest Level of Education	1.5	
Provincial Low/High	1.0/2.9	Almaty City/South
Poorest/Richest Quintile	3.2/1.3	
Infant Mortality Rate per 1,000 I	Live Births:	
Urban/Rural	43.7/63.8	
No Education, Primary	57.0	
Highest Level of Education	47.1	
Provincial Low/High	na/na	
Poorest/Richest Quintile, %	67.6/42.3	
Under Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	81.9/44.8	
Age-Specific Fertility Rate, 15-19	Years:	
Urban/Rural	36.0/44.0	
Poorest/Richest Quintile	101.0/26.0	
Adolescent Women 15-19 Begun	Childbearing:	
Urban/Rural, %	7.0/6.4	
No Education, Primary, %	6.2	

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SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	6,556
Gross Domestic Product Growth Rate, Annual %		na	9
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	A	na	<2
Population Living Below National Poverty Line, %	A	na	34.6
Share of Income or Consumption by Poorest Quintile		na	3.4
Access to Improved Water Supply, %	A	na	86
Antenatal Care, At Least One Visit, %		na	82
Deliveries Attended by Skilled Attendants, %	•	na	99
Family Planning Programme Effort Index, 1999 (Total Mean	Score)	na	42.0
Maternal and Neonatal Health Programme Index, 2001 (Total M	lean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male		1	0
Illiteracy Rate, % of Population 15 and Over, Female		2	1
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	A	na	0.95
Ratio of Girls to Boys, Secondary Education		na	0.95
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	102
Primary School Enrolment, Gross % of School Age Population, Female	• 🛦	na	101
Secondary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	92
Secondary School Enrolment, Gross % of School Age Population, Female		na	92
Children Underweight Under 5, Male, %		na	4
Children Underweight Under 5, Female, %		na	5
Stunted Children under 5, Severe, %		na	3
Wasted Children under 5, Severe, %		na	0
Undernourished People, %		na	22.0
Refugees, Number		na	15,831
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	3
Estimated HIV Prevalence, 15-49, Total		na	0.2
Estimated HIV Prevalence, 15-49, Male		na	0.3
Estimated HIV Prevalence, 15-49, Female		na	0.1

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		16.4	19.7
Age-Specific Fertility Rate per 1,000 Women, 15-20		57.0	29.0
Median Age at First Sexual Intercourse, Female, 25-49		na	20.8
Mean Age at Marriage, Male		24.6	24.6
Mean Age at Marriage, Female		22.4	22.4
Married by 18, Percent, Female, 25-49		na	7.6
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, ⁶	^	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	A	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	63.0
HIV Prevalence, 15-24, Total		na	0.1
HIV Prevalence, 15-24, Female		na	0.0
HIV Prevalence, 15-24, Male		na	0.1

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	7.4
Labor Force Participation Rate, 15-64, Male	na	80.9
Labor Force Participation Rate, 15-64, Female	na	73.0
Seats in Parliament Held by Women, %	na	8.6
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-119.6
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-3.0
Unmet Need for Family Planning, Spacing, %	na	3.6
Unmet Need for Family Planning, Limiting, %	na	5.1
Unmet Need for Family Planning, Total, %	na	8.7
Unmet Need for Family Planning, Thousands	na	378.8

Highest Level of Education	3.4	
Provincial Low/High, %	4.3/8.8	West/East
Deliveries Attended by Skilled Atter	idants:	
Urban/Rural, %	98.4/99.5	
No Education, Primary, %	99.7	
Highest Level of Education, %	98.3	
Provincial Low/High, %	98.6/100.0	South/Almaty City
Poorest/Richest Quintile, %	99.2/98.5	
Modern Contraceptive Prevalence Ra	ate for Women 1	5-49:
Urban/Rural, %	54.1/51.1	
No Education, Primary, %	50.8	
Highest Level of Education, %	57.6	
Provincial Low/High, %	48.0/61.8	West/East
Poorest/Richest Quintile, %	48.9/55.1	
Modern Contraceptive Prevalence Ra	ate for Men 15-5	4:
Poorest/Richest Quintile, %	46.2/56.5	
Unmet Need for Family Planning, Lir	niting:	
Poorest/Richest Quintile, %	6.6/4.1	
Unmet Need for Family Planning, Sp	acing:	
Poorest/Richest Quintile, %	5.4/2.0	

Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatme of Genital Discharge, Ulcer, or Sore:	nt	
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	0.8/0.1	
No Education, Primary, %	0.8	
Highest Level of Education, %	0.0	
Provincial Low/High, %	0.0/1.9	Almaty City, South, West, East/ North
Poorest/Richest Quintile, %	0.0/0.0	
Girls 6-10 Who Currently Attend School	ol:	
Poorest/Richest Quintile, %	70.1/75.8	
Boys 6-10 Who Currently Attend School	ol:	
Poorest/Richest Quintile, %	70.8/78.5	
Malnourished Women:		
Poorest/Richest Quintile, %	7.1/9.1	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	97.2/90.8	

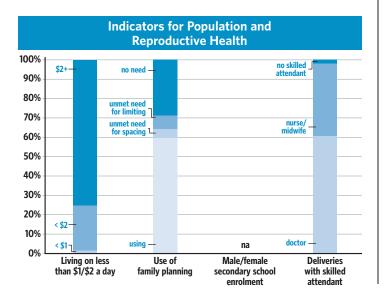


Kyrgyzstan has faced economic decline and hyperinflation since its independence in 1991. Over 64 per cent of the population currently lives below the national poverty line. Funding in the social sector, including health, has been steadily decreasing. The government adopted a comprehensive development framework for 2001-2010 which aims to halve poverty by 2010 by improving social services, ensuring good governance and preventing the spread of HIV.

There have been some improvements in reproductive health-related measures. Nearly half of women of reproductive age use modern contraceptive methods. The introduction of modern contraceptives has also resulted in a decline in the abortion rate. The infant mortality rate declined from 65 deaths per 1,000 live births to 53 deaths between 1990 and 2005. However, a recent survey by the United Nations Children's Fund (UNICEF) and UNFPA suggests that maternal and infant mortality would be three times higher if international reporting standards were used. With the deterioration of the health infrastructure, the frequency of unattended births is increasing, and the maternal mortality ratio remains high at 110 deaths per 100,000 live births. Iodine- and iron-deficiency diseases among women and children also rose over the last decade, contributing to higher morbidity and mortality levels.

HIV prevalence continues to grow in Kyrgyzstan. Although the majority of HIV cases are young drug users, the share of sexually transmitted cases and mother-to-child transmission are on a rise. High internal migration is contributing to the rapid spread of HIV. The country's location on main drug routes further aggravates the situation. The pandemic is being addressed by the National AIDS Centre, assisted by the Global Fund and UNAIDS.

Growing levels of violence against women and public tolerance of violence are of major concern. In 2003 the government adopted the laws on Social and Legal Protection from Domestic Violence and on State Guarantees of Gender Equality, but they are not implemented adequately, particularly at the local level.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,149.2	2,592.3
Population in Thousands, Female	2,245.3	2,671.5
Population Growth Rate, %	na	1.2
Crude Birth Rate per 1,000 Population	31.0	23.2
Crude Death Rate per 1,000 Population	7.9	7.4
Urban Population, %	37.7	33.7
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	45.9	53.6
Total Fertility Rate per Woman 15-49	3.82	3.14
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	48.9
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	59.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 110	110
MMR, Lower Bound	na	48
MMR, Upper Bound	na	180
Neonatal Mortality Rate per 1,000 Live Births	■ ▲ na	31.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 64.9	53.4
Under Age 5 Mortality Rate, Total	● ▲ 72	64
Under Age 5 Mortality Rate, Female	na	42
Under Age 5 Mortality Rate, Male	na	50
Life Expectancy at Birth, Total, Years	● ▲ 65.9	67.3
Life Expectancy at Birth, Female, Years	● ▲ 69.9	71.5
Life Expectancy at Birth, Male, Years	● ▲ 61.7	63.1
Median Age of Total Population	● ▲ 21.6	23.8
Population 60 Years and Over, %	● ▲ 8.3	7.6
Dependency Ratio	● ▲ 74	60

Public Expenditures on Health and Education				
Health		Primary & Secondary Education		
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)	
2.20	7.16	2.02	22.06	

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Irban/Rural	2.3/3.9	
· · · · · · · · · · · · · · · · · · ·		
No Education, Primary	3.7	
Highest Level of Education	2.4	
Provincial Low/High	1.7/4.3	Bishkek City/East
Poorest/Richest Quintile	4.6/2.0	
Infant Mortality Rate per 1,000	Live Births:	
Urban/Rural	54.3/70.4	
No Education, Primary	81.7	
Highest Level of Education	47.5	
Provincial Low/High	na/na	
Poorest/Richest Quintile, %	83.3/45.8	
Under Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	96.4/49.3	
Age-Specific Fertility Rate, 15-19	Years:	
Urban/Rural	55.0/84.0	
Poorest/Richest Quintile	120.0/29.0	
Adolescent Women 15-19 Begun	Childbearing:	
Urban/Rural, %	5.3/11.2	
No Education, Primary, %	9.6	

SOCIO-ECONOMIC & HEALTH Gross Domestic Product Per Capita, Purchasing		1990	Most Recent
Power Parity, International Dollars		na	1,714
Gross Domestic Product Growth Rate, Annual %		na	5
ncome Group per World Bank Classification		na	Low income
Population Below \$1/Day, %		na	<2
Population Living Below National Poverty Line, %		na	64.1
Share of Income or Consumption by Poorest Quintile		na	3.9
Access to Improved Water Supply, %		na	76
Antenatal Care, At Least One Visit, %		na	88
Deliveries Attended by Skilled Attendants, %		na	98
Family Planning Programme Effort Index, 1999 (Total Mean S	core)	na	49.0
Maternal and Neonatal Health Programme Index, 2001 (Total Mea	an Scoi	_{re)} na	na
lliteracy Rate, % of Population 15 and Over, Male		na	1
lliteracy Rate, % of Population 15 and Over, Female		na	2
lliteracy Rate, % of Population 15 to 24, Male		na	C
lliteracy Rate, % of Population 15 to 24, Female		na	O
Ratio of Girls to Boys, Primary Education		0.99	0.95
Ratio of Girls to Boys, Secondary Education		na	0.98
Primary School Enrolment, Gross % of School Age Population, Male		na	102
Primary School Enrolment, Gross % of School Age Population, Female		na	100
Secondary School Enrolment, Gross % of School Age Population, Male		na	92
Secondary School Enrolment, Gross % of School Age Population, Female		na	92
Children Underweight Under 5, Male, %		na	13
Children Underweight Under 5, Female, %		na	9
Stunted Children under 5, Severe, %		na	6
Wasted Children under 5, Severe, %		na	1
Undernourished People, %		na	7.0
Refugees, Number		na	5,591
nternally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	635
Estimated HIV Prevalence, 15-49, Total		na	0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		18.1	20.9
Age-Specific Fertility Rate per 1,000 Women, 15-20		48.5	32.5
Median Age at First Sexual Intercourse, Female, 25-49		na	20.4
Mean Age at Marriage, Male		24.0	24.0
Mean Age at Marriage, Female		21.6	21.6
Married by 18, Percent, Female, 25-49		na	12.5
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, ⁶	^	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %		na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total		na	0.0
HIV Prevalence, 15-24, Female		na	0.0
HIV Prevalence, 15-24, Male		na	na

Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	6.9
Labor Force Participation Rate, 15-64, Male	na	78.2
Labor Force Participation Rate, 15-64, Female	na	66.7
Seats in Parliament Held by Women, %	na	6.7
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	287.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	18.1
Unmet Need for Family Planning, Spacing, %	na	4.5
Unmet Need for Family Planning, Limiting, %	na	7.2
Unmet Need for Family Planning, Total, %	na	11.6
Unmet Need for Family Planning, Thousands	na	163.8

Highest Level of Education	8.1	
Provincial Low/High, %	6.9/12.2	North/East
Deliveries Attended by Skilled Attended	dants:	
Urban/Rural, %	99.2/97.8	
No Education, Primary, %	97.7	
Highest Level of Education, %	99.0	
Provincial Low/High, %	97.2/99.6	South/East
Poorest/Richest Quintile, %	96.0/100.0	
Modern Contraceptive Prevalence Ra	te for Women 1	5-49:
Urban/Rural, %	55.0/46.0	
No Education, Primary, %	47.0	
Highest Level of Education, %	51.2	
Provincial Low/High, %	44.9/59.6	South/Bishkek City
Poorest/Richest Quintile, %	44.4/54.4	
Modern Contraceptive Prevalence Ra	te for Men 15-5	4:
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Lim	iting:	
Poorest/Richest Quintile, %	7.1/8.8	
Unmet Need for Family Planning, Spa	cing:	
Poorest/Richest Quintile, %	6.7/3.1	

of Genital Discharge, Ulcer, or Sore: Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatmen of Genital Discharge, Ulcer, or Sore:	t	
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	1.0/1.9	
No Education, Primary, %	2.3	
Highest Level of Education, %	1.3	
Provincial Low/High, %	0.0/3.7	Bishkek City/East
Poorest/Richest Quintile, %	3.0/1.0	
Girls 6-10 Who Currently Attend School	:	
Poorest/Richest Quintile, %	75.7/80.6	
Boys 6-10 Who Currently Attend School	:	
Poorest/Richest Quintile, %	74.9/76.1	
Malnourished Women:		
Poorest/Richest Quintile, %	7.3/7.0	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	96.4/98.5	

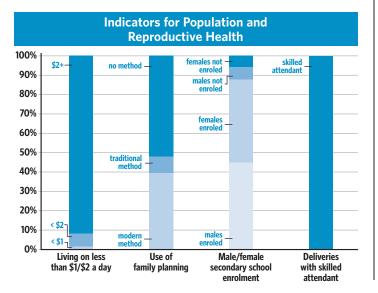


Over the last few years, the government of Latvia has implemented reforms in the political, social and economic sectors. Latvia has moved from being a net recipient of foreign aid to a net donor. In 2004, the country also gained membership in both the European Union and NATO. Nevertheless, the country still faces many challenges, one of which is in the delivery of social services. The health budget, if measured as a share of GDP, is the lowest in Central and Eastern Europe. The lack of resources makes effective implementation of ambitious social policies difficult.

Population growth in Latvia is negative at -0.5 per cent per year. Latvia has had below replacement fertility for over a decade (total fertility rate is just 1.6 lifetime births per woman), which has resulted in rapid ageing of the population. Older adults ages 60 and over currently make up 23 per cent of the population. A 2003 UN inquiry found that the government viewed population growth and fertility levels as too low.

Although both the President and Head of the Parliament are women, men dominate leadership positions and gender disparities exist in all areas. The Gender Equality Council, led by the Minister of Welfare, was established in 2003 and several Latvian NGOs are working to increase awareness of gender disparities.

Latvia's HIV/AIDS pandemic reached critical levels in 2000 when doctors recorded twice the number of cases compared to the previous year. The pandemic expanded rapidly in the most vulnerable and high-risk groups of the population — youth, injecting drug users, men who have sex with men, and sex workers. Although the number of new HIV infections has been declining since 2002, the proportion of heterosexual transmissions has grown in the last few years, indicating that the pandemic may be spilling over into the general population. A national policy to limit the spread of HIV/AIDS has been implemented in cooperation with UN agencies and NGOs, under the auspices of the Inter-ministerial Coordination Committee on AIDS and STIs.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	1,263.2	1,055.2
Population in Thousands, Female	1,450.2	1,251.8
Population Growth Rate, %	na	-0.5
Crude Birth Rate per 1,000 Population	13.4	8.0
Crude Death Rate per 1,000 Population	13.4	13.5
Urban Population, %	70.3	65.9
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	45.3	47.1
Total Fertility Rate per Woman 15-49	1.86	1.57
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	39.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	48.0
Maternal Mortality Ratio per 100,000 Live Births (MMR)	4 0	42
MMR, Lower Bound	na	28
MMR, Upper Bound	● ▲ na	56
Neonatal Mortality Rate per 1,000 Live Births	na	7.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 17.3	9.8
Under Age 5 Mortality Rate, Total	● ▲ 27	13
Under Age 5 Mortality Rate, Female	na	16
Under Age 5 Mortality Rate, Male	na na	19
Life Expectancy at Birth, Total, Years	● ▲ 68.9	72.1
Life Expectancy at Birth, Female, Years	● ▲ 74.3	77.3
Life Expectancy at Birth, Male, Years	● ▲ 63.8	66.4
Median Age of Total Population	● ▲ 34.6	39.5
Population 60 Years and Over, %	● ▲ 17.9	22.5
Dependency Ratio	6 A 50	46

Public Expenditures on Health and Education					
He	Health		Primary & Secondary Education		
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)		
3.30	131.35	4.16	947.87		

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

9:	
1.0/1.5	
na	
na	
na/na	
na/na	
e Births:	
12.0/10.3	
na	
na	
na/na	
na/na	
na/na	
ars:	
15.0/27.0	
na/na	
ildbearing:	
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	na na/na na/na e Births: 12.0/10.3 na na na/na na/na na/na ars: 15.0/27.0 na/na ildbearing: na/na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	9,981
Gross Domestic Product Growth Rate, Annual %		3	8
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	A	na	<2
Population Living Below National Poverty Line, %	A	na	na
Share of Income or Consumption by Poorest Quintile		na	2.9
Access to Improved Water Supply, %	A	na	na
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %	•	na	100
Family Planning Programme Effort Index, 1999 (Total Mea	n Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total I	Mean Scor	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		0	0
Illiteracy Rate, % of Population 15 and Over, Female		0	0
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	A	0.96	0.94
Ratio of Girls to Boys, Secondary Education	A	na	0.97
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	95
Primary School Enrolment, Gross % of School Age Population, Female	•	na	93
Secondary School Enrolment, Gross % of School Age Population, Male	•	na	95
Secondary School Enrolment, Gross % of School Age Population, Female		na	95
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	6.0
Refugees, Number		na	17
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	11
Estimated HIV Prevalence, 15-49, Total		na	0.6
Estimated HIV Prevalence, 15-49, Male		na	0.9
Estimated HIV Prevalence, 15-49, Female		na	0.4

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		13.7	15.6
Age-Specific Fertility Rate per 1,000 Women, 15-20		48.0	17.5
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		24.3	24.3
Mean Age at Marriage, Female		22.2	22.2
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, ⁶	^ %	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %		na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total		na	0.6
HIV Prevalence, 15-24, Female		na	0.2
HIV Prevalence, 15-24, Male		na	0.9

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.6
Gender Empowerment Measure, Rank	na	29.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	74.0
Labor Force Participation Rate, 15-64, Female	na	64.7
Seats in Parliament Held by Women, %	na	21.0
Female Legislators, Senior Officials and Managers, %	na	37.0
Female Professional and Technical Workers, %	na	66.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-74.8
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-14.5
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	62.1

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Attend	ants:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Rat	e for Women 15-49:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Rat	e for Men 15-54:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limit	ting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Spa-	cing:	
Poorest/Richest Quintile, %	na/na	

Women 15-49 Seen Medically for Treatm of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	na/na	



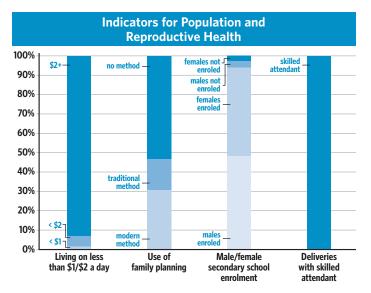
Despite the difficult transition since independence from the Soviet Union in 1991, Lithuania has restructured its economy and in the spring of 2004 gained memberships in both NATO and the European Union. The health of the country's population declined somewhat during the transition period, compounded by a lack of resources for health services, including reproductive health care, and education. In fact, government expenditures on health care have diminished over the past decade.

Lithuania's population is estimated at 3.4 million. Its population growth rate fell below zero around 1994 and is currently at -0.4 per cent. The total fertility rate is 1.6 lifetime births per woman, and has been below replacement for over a decade.

Contraceptive prevalence remains relatively low, especially for modern methods (30.5 per cent). The number of abortions has been declining, but remains high. The low contraceptive prevalence rate and high number of abortions reflect a shortage of information and education on reproductive health and family planning. On a positive note, there has been substantial improvement in maternal mortality, which declined from 36 to 13 deaths per 100,000 live births between 1990 and 2000. Lithuania has also achieved low levels of infant (9 deaths per 1,000 live births) and under-five mortality (11 deaths per 1,000 live births).

The government ratified the International Convention on the Elimination of All Forms of Discrimination against Women and its legislation grants equal rights to men and women. Even though women have a lower unemployment rate than men and their educational levels exceed that of men, women have lower salaries on average and are confined to poorly paid sectors (such as teaching and nursing).

Although Lithuania has a low HIV prevalence rate, levels of injecting drug use and sexually transmitted infections are alarmingly high. These factors, along with the rapid spread of HIV in neighboring countries, point to the need to strengthen prevention efforts. Though the Ministry of Health is committed to addressing this issue, a broader multi-sectoral effort is required.



Statistics

POPULATION	199	O Most Recent
Population in Thousands, Male	1,749.	2 1,600.2
Population in Thousands, Female	1,948.	6 1,830.9
Population Growth Rate, %	r	ia -0.4
Crude Birth Rate per 1,000 Population	14.	.7 9.8
Crude Death Rate per 1,000 Population	11	.1 12.0
Urban Population, %	67.	6 66.6
Sex Ratio at Birth, Male Births per Female Births	1.0	6 1.06
Women 15-49, %	47.	4 48.8
Total Fertility Rate per Woman 15-49	1.9	5 1.61
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	r	a 30.5
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	r	a 46.6
Maternal Mortality Ratio per 100,000 Live Births (MMR)	• 🛦 3	6 13
MMR, Lower Bound	● 🛦 r	ia 9
MMR, Upper Bound	● 🛦 r	ia 18
Neonatal Mortality Rate per 1,000 Live Births	● 🛦 n	ia 5.0
Infant Mortality Rate per 1,000 Live Births	■ ▲ 15.	4 8.8
Under Age 5 Mortality Rate, Total	♠ ▲ 2	2 11
Under Age 5 Mortality Rate, Female	● 🛦 r	ia 10
Under Age 5 Mortality Rate, Male	● 🛦 r	ia 13
Life Expectancy at Birth, Total, Years	♠ ▲ 70.	7 72.7
Life Expectancy at Birth, Female, Years	♠ ▲ 75.	9 78.2
Life Expectancy at Birth, Male, Years	■ ▲ 65.	.7 67.2
Median Age of Total Population	● ▲ 32.	.7 37.8
Population 60 Years and Over, %	■ ▲ 16	.1 20.7
Dependency Ratio	A 5	0 47

Public Expenditures on Health and Education				
He	alth	Primary & Secondary Education		
% of GDP	Per capita (\$US)*	% of GDP Per student (\$U		
4.30	174.05	na	na	

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Total Fertility Rate per Woman 15	-49:
Jrban/Rural	1.2/1.9
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na
Infant Mortality Rate per 1,000 Li	ve Births:
Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na
Under Age 5 Mortality Rate:	
Poorest/Richest Quintile, %	na/na
Age-Specific Fertility Rate, 15-19	rears:
Urban/Rural	na/na
Poorest/Richest Quintile	na/na
Adolescent Women 15-19 Begun C	Childbearing:
Urban/Rural, %	na/na
No Education, Primary, %	na

maidatoro			
SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	11,250
Gross Domestic Product Growth Rate, Annual %		na	7
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	A	na	<2
Population Living Below National Poverty Line, %	A	na	na
Share of Income or Consumption by Poorest Quintile		na	3.2
Access to Improved Water Supply, %	A	na	na
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %		na	100
Family Planning Programme Effort Index, 1999 (Total Mea	ın Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total I	Mean Sco	_{re)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		0	0
Illiteracy Rate, % of Population 15 and Over, Female		1	0
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	A	0.90	0.94
Ratio of Girls to Boys, Secondary Education	A	na	0.95
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	99
Primary School Enrolment, Gross % of School Age Population, Female	• 🛦	na	98
Secondary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	103
Secondary School Enrolment, Gross % of School Age Population, Female		na	102
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		na	403
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	96
Estimated HIV Prevalence, 15-49, Total		na	0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH	199	0	Most Recent
Proportion of Population 15-24	15.	0	15.7
Age-Specific Fertility Rate per 1,000 Women, 15-20	47	.5	21.0
Median Age at First Sexual Intercourse, Female, 25-49	r	na	na
Mean Age at Marriage, Male	24	.7	24.7
Mean Age at Marriage, Female	22	.3	22.3
Married by 18, Percent, Female, 25-49	r	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %		na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ r	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	r	na	na
HIV Prevalence, 15-24, Total	▲ r	na	0.1
HIV Prevalence, 15-24, Female	▲ r	na	na
HIV Prevalence, 15-24, Male	▲ r	na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	47.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	73.1
Labor Force Participation Rate, 15-64, Female	na	66.5
Seats in Parliament Held by Women, %	na	10.6
Female Legislators, Senior Officials and Managers, %	na	44.0
Female Professional and Technical Workers, %	na	70.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-79.0
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-9.8
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	106.6

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Atter	dants:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence R	ate for Women 15-49:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	ate for Men 15-54:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Lir	niting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Sp	acing:	
Poorest/Richest Quintile, %	na/na	

of Genital Discharge, Ulcer, or Sore: Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatme of Genital Discharge, Ulcer, or Sore:	nt	
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe		
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend School	l:	
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend School	l:	
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	na/na	

Macedonia, former Yugoslav Republic of

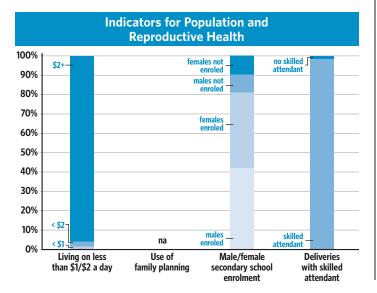
Since independence from former Yugoslavia in January 1992, Macedonia has faced great political and economic challenges. The conflict in FYROM displaced more than 100,000 refugees and up to 70,000 internally displaced people at its height. Some 140,000 have returned to their homes since the fighting stopped, but many thousands continue to seek asylum in other countries.

Overview

Extreme poverty affects one quarter of the country's two million people, and unemployment affects half the working-age population, including a disproportionately high number of young adults. Poor economic indicators continue to have significant implications with regards to the health needs of the population and the cost of health services.

On a positive note, improvements have been made in several key areas over the last few decades. For example, the infant mortality rate declined from 33 deaths per 1,000 live births in 1990 to 15 in 2005. Under-five mortality also dropped during the same time period from 30 deaths per 1,000 live births to 17. In response to the 2003 UN inquiry, the government indicated that it still regarded these figures as unacceptably high. Over the same period, life expectancy has increased by about three years for both men and women (72 years for men and 77 for women).

Although the known prevalence of HIV/AIDS is low, the true epidemiological picture is not clear due to a relatively weak national surveillance system and the lack of specific data for the most vulnerable groups. Macedonia has several conditions that could facilitate a rapid growth of the HIV/AIDS epidemic, including displacement and migration of people, the county's location on drug trafficking routes, and increasing availability of drugs. Recognizing these risk factors, the government has provided active support for the establishment of the National Multisectoral Commission and for preparation of both the National HIV/AIDS Strategy for 2003-2006 and Macedonian Global Fund application. The Strategy provides a framework to guide the development of activities within national programmes, and serves as the basis for monitoring and evaluation of progress.



Statistics

	1990	Most Recent
	958.4	1,014.8
	950.9	1,019.2
	na	0.2
	17.3	14.7
	7.9	8.7
	57.8	59.7
	1.08	1.08
	51.7	52.0
	1.96	1.70
	na	na
	na	na
• 🛦	na	23
•	na	15
•	na	30
•	na	9.0
•	33.3	15.1
•	30	17
	na	18
•	na	19
•	71.3	74.1
	73.4	76.6
•	69.2	71.6
•	29.5	34.2
•	11.5	15.5
•	51	44
		958.4 950.9 na 17.3 7.9 57.8 1.08 51.7 1.96 na na

Public Expenditures on Health and Education			
He	alth	Primary & Secondary Educ	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
5.80	105.76	2.25	320.40

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Total Fertility Rate per Woman 15-4	49:	
Urban/Rural	na/na	
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	na/na	
Poorest/Richest Quintile	na/na	
Infant Mortality Rate per 1,000 Liv	e Births:	
Urban/Rural	na/na	
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	11.4/48.0	Ohrid/Demir Nisar
Poorest/Richest Quintile, %	na/na	
Under Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	na/na	
•	., .	
Poorest/Richest Quintile, %	., .	
Poorest/Richest Quintile, % Age-Specific Fertility Rate, 15-19 Ye	ears:	
Poorest/Richest Quintile, % Age-Specific Fertility Rate, 15-19 Your Urban/Rural	na/na	
Poorest/Richest Quintile, % Age-Specific Fertility Rate, 15-19 You Urban/Rural Poorest/Richest Quintile	na/na	
Poorest/Richest Quintile, % Age-Specific Fertility Rate, 15-19 Yourban/Rural Poorest/Richest Quintile Adolescent Women 15-19 Begun Cl	na/na na/na na/na nildbearing:	

marcators			
SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	6,762
Gross Domestic Product Growth Rate, Annual %		na	3
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	A	na	<2
Population Living Below National Poverty Line, %	A	na	na
Share of Income or Consumption by Poorest Quintile		na	3.3
Access to Improved Water Supply, %	A	na	na
Antenatal Care, At Least One Visit, %		na	100
Deliveries Attended by Skilled Attendants, %		na	98
Family Planning Programme Effort Index, 1999 (Total Me	an Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total	Mean Scor	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	2
Illiteracy Rate, % of Population 15 and Over, Female		na	6
Illiteracy Rate, % of Population 15 to 24, Male		na	1
Illiteracy Rate, % of Population 15 to 24, Female		na	2
Ratio of Girls to Boys, Primary Education	A	0.93	0.94
Ratio of Girls to Boys, Secondary Education	A	na	0.92
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	96
Primary School Enrolment, Gross % of School Age Population, Female	• 🛦	na	97
Secondary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	86
Secondary School Enrolment, Gross % of School Age Population, Female	• 🛦	na	84
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	2
Wasted Children under 5, Severe, %		na	1
Undernourished People, %		na	10.0
Refugees, Number	32	2,000	193
Internally Displaced Persons, Number		na	9,442
Asylum Seekers, Number		na	2,285
Estimated HIV Prevalence, 15-49, Total		na	<0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	16.6	16.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	36.5	23.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	22.6	22.6
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	na
HIV Prevalence, 15-24, Total	na	0.0
HIV Prevalence, 15-24, Female	na	na
HIV Prevalence, 15-24, Male	na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	45.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	72.8
Labor Force Participation Rate, 15-64, Female	na	49.4
Seats in Parliament Held by Women, %	na	18.3
Female Legislators, Senior Officials and Managers, %	na	19.0
Female Professional and Technical Workers, %	na	51.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-9.6
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-1.9
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	na

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Attended	dants:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	te for Women 15-49:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	te for Men 15-54:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Lim	iting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Spa	ncing:	
Poorest/Richest Quintile, %	na/na	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na

Moldova, Republic of

Overview

Since its independence in 1991, Moldova has embarked on a series of economic reforms. The transition has been difficult and slow partly due to the conflict in Transnistria and the Russian economic crisis. Poverty has increased significantly and the health status of the population has deteriorated over the past 10 years.

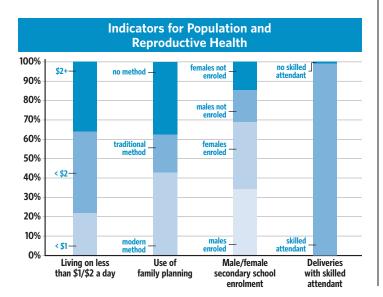
Life expectancy at birth (68.5 years) is slightly higher than the world average (66.5 years). Moldova has a negative population growth rate (-0.27 per cent). Total fertility (at 1.8 lifetime births per woman) has been below replacement level for over a decade. Many people have emigrated in search of jobs. In response to a 2003 UN inquiry, the government indicated that it viewed the levels of population growth and fertility as too low and emigration as too high. Ageing of the population is also a major concern.

The prevalence of STIs is increasing, especially among youth, despite government efforts aimed at prevention. HIV/AIDS cases are also growing in number. As of the end of 2003, there were 5,500 registered cases of HIV.

Adolescents increasingly are exposed to serious health risks resulting from inadequate information, risky behavior, and lack of youth-friendly services. Adults account for nearly 95 per cent of all HIV/AIDS cases and rates of STIs and adolescent pregnancies are on the rise.

Domestic violence and trafficking in women are also major concerns. According to the International Organization for Migration, at least 17,000 women are trafficked annually from Moldova to Europe for the sex trade. To address this problem, the government has developed a National Action Plan to Combat Trafficking.

The economic crisis has had a marked impact on the availability of resources for the health sector. The National Programme for Family Planning and Reproductive Health, implemented by the Ministry of Health in collaboration with UNFPA, ended in 2003. Efforts to improve reproductive health will continue to be an important challenge.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	2,079.9	2,010.5
Population in Thousands, Female	2,284.1	2,195.3
Population Growth Rate, %	na	-0.3
Crude Birth Rate per 1,000 Population	18.3	11.9
Crude Death Rate per 1,000 Population	10.6	11.1
Urban Population, %	46.9	46.3
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	48.2	54.5
Total Fertility Rate per Woman 15-49	2.38	1.79
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	42.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	62.4
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 60	36
MMR, Lower Bound	na	24
MMR, Upper Bound	na	48
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	16.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 30.1	24.2
Under Age 5 Mortality Rate, Total	● ▲ 35	30
Under Age 5 Mortality Rate, Female	na	21
Under Age 5 Mortality Rate, Male	na	26
Life Expectancy at Birth, Total, Years	● ▲ 67.3	68.5
Life Expectancy at Birth, Female, Years	● ▲ 70.8	72.1
Life Expectancy at Birth, Male, Years	● ▲ 63.8	64.9
Median Age of Total Population	● ▲ 29.9	33.0
Population 60 Years and Over, %	● ▲ 12.8	13.7
Dependency Ratio	● ▲ 57	40

Public	Expenditures or	Health and Ed	ucation
He	alth	Primary & Secon	ndary Education
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.10	15.81	3.47	72.92

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Total Fertility Rate per Woman 15	i-49:	
Urban/Rural	1.6/2.3	
No Education, Primary	2.1	
Highest Level of Education	1.6	
Provincial Low/High	1.3/2.4	Chisinau/Central
Poorest/Richest Quintile	na/na	
Infant Mortality Rate per 1,000 L	ive Births:	
Urban/Rural	na/na	
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	na/na	
Poorest/Richest Quintile, %	na/na	
Under Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	na/na	
Age-Specific Fertility Rate, 15-19	Years:	
Urban/Rural	51.0/74.0	
Poorest/Richest Quintile	na/na	
Adolescent Women 15-19 Begun	Childbearing:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	1,505
Gross Domestic Product Growth Rate, Annual %		3	6
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	_	na	21.8
Population Living Below National Poverty Line, %		na	23.3
Share of Income or Consumption by Poorest Quintile		na	2.8
Access to Improved Water Supply, %	_	na	92
Antenatal Care. At Least One Visit. %		na	99
Deliveries Attended by Skilled Attendants, %	• 🛦	na	99
Family Planning Programme Effort Index, 1999 (Total Mea	n Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total		_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		1	0
Illiteracy Rate, % of Population 15 and Over, Female		4	1
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	_	0.97	0.96
Ratio of Girls to Boys, Secondary Education	A	na	0.99
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	86
Primary School Enrolment, Gross % of School Age Population, Female	• 🛦	na	86
Secondary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	72
Secondary School Enrolment, Gross % of School Age Population, Female		na	75
Children Underweight Under 5, Male, %		na	3
Children Underweight Under 5, Female, %		na	3
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	12.0
Refugees, Number		na	102
Internally Displaced Persons, Number		na	1,000
Asylum Seekers, Number		na	140
Estimated HIV Prevalence, 15-49, Total		na	0.2
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH 1990 Most Reco Proportion of Population 15-24 Age-Specific Fertility Rate per 1,000 Women, 15-20 81.0 31
_ · · · · · · · · · · · · · · · · · · ·
Age-Specific Fertility Rate per 1,000 Women, 15-20 81.0 31
Median Age at First Sexual Intercourse, Female, 25-49 na
Mean Age at Marriage, Male 23.8 23
Mean Age at Marriage, Female 21.1 2
Married by 18, Percent, Female, 25-49 na
HIV Knowledge, Women 15-24 Who Know That a Person An ana Can Protect Herself from HIV by Consistent Condom Use, %
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %
HIV knowledge, Women 15-24 Who Know That na 79 a Healthy-looking Person Can Transmit HIV, %
HIV Prevalence, 15-24, Total
HIV Prevalence, 15-24, Female
HIV Prevalence, 15-24, Male

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	54.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	46.4
Labor Force Participation Rate, 15-64, Female	na	42.8
Seats in Parliament Held by Women, %	na	12.9
Female Legislators, Senior Officials and Managers, %	na	40.0
Female Professional and Technical Workers, %	na	64.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-77.4
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-7.0
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	80.3

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Attended		
Urban/Rural, %	na/na	
	· · · · · ·	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Rate	e for Women 1	5-49:
Urban/Rural, %	55.8/44.4	
No Education, Primary, %	40.9	
Highest Level of Education, %	56.5	
Provincial Low/High, %	45.0/62.1	North/Transnistria
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Rate	e for Men 15-5	4:
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limit	ting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Space	ing:	
Poorest/Richest Quintile, %	na/na	

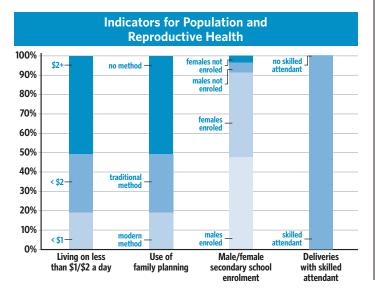
Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na



Poland, with a population of 38.5 million, has transformed its economy into one of the most robust in Central Europe, gaining membership in the European Union in 2004. The country, however, suffers low GDP growth and high unemployment. Poland also faces the challenges of negative population growth (-0.1 per cent in 2005), attributed to the fact that the total fertility rate has been below replacement level for over a decade (1.6 lifetime births per woman in 2005). This trend has resulted in the shrinking of the working-age population. In its response to a 2003 United Nations inquiry, the government indicated that it views the fertility level and the rate of population growth as too low and is concerned about the ageing of the population.

To improve the reproductive health of women, the government supports two programmes: The National Health Programme and the Promotion of the Health of Mother and Children with Special Focus on Family Planning. Reproductive health services are available in hospitals, health centres and private clinics, but cultural and religious influences impede access to modern methods of family planning and to sex education. About half of married women use some type of contraception, but only one in five use a modern method.

Poland has a mature HIV/AIDS epidemic that started in the mid-1980s. New HIV cases peaked in 1990, declined during the following few years, but have been increasing slowly ever since. Injecting drug use accounts for the majority of reported cases. To address the increase in HIV prevalence and prevent further transmission, the Ministry of Health has implemented the National Programme for the Prevention of HIV Infection and the Care of Persons Living with or Suffering from HIV/AIDS. Ongoing programmes emphasize harm reduction, including safe injecting methods and needle exchanges, dissemination of information about safe sex, provision of counseling and distribution of free condoms. Nonetheless, promotion of condom use and safe sex, and dissemination of reliable information on highrisk behaviour receive little public support.



Statistics

	1990	Most Recent
18	3,574.1	18,685.1
19,	536.7	19,844.5
	na	-0.1
	14.6	10.6
	10.2	9.9
	60.7	62.0
	1.06	1.06
	48.1	50.7
	2.02	1.63
	19.0	19.0
	49.4	49.4
• 🛦	na	13
•	na	9
•	na	18
•	na	6.0
•	15.7	8.4
•	17	10
•	na	10
•	na	11
•	71.2	74.7
•	75.6	78.7
•	66.9	70.7
•	32.3	36.5
•	14.9	16.8
•	54	41
		18,574.1 19,536.7 na 14.6 10.2 60.7 1.06 48.1 2.02 19.0 49.4

Public	Expenditures or	Health and Ed	ucation
Health Primary & Secondary Educ		ndary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.40	218.56	4.02	1026.60

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

otal Fertility Rate per Woman 15-	
Urban/Rural	1.4/2.0
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na
Infant Mortality Rate per 1,000 Li	ve Births:
Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na
Under Age 5 Mortality Rate:	
Poorest/Richest Quintile, %	na/na
Age-Specific Fertility Rate, 15-19 Y	ears:
Urban/Rural	na/na
Poorest/Richest Quintile	na/na
Adolescent Women 15-19 Begun C	hildbearing:
Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	11,623
Gross Domestic Product Growth Rate, Annual %		na	5
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	A	na	<2
Population Living Below National Poverty Line, %	A	na	23.8
Share of Income or Consumption by Poorest Quintile		na	2.9
Access to Improved Water Supply, %	A	na	na
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %		na	100
Family Planning Programme Effort Index, 1999 (Total Mea	n Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total	Mean Scor	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		0	0
Illiteracy Rate, % of Population 15 and Over, Female		0	0
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	A	0.95	0.94
Ratio of Girls to Boys, Secondary Education	A	na	0.93
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	100
Primary School Enrolment, Gross % of School Age Population, Female	•	na	99
Secondary School Enrolment, Gross % of School Age Population, Male	•	na	91
Secondary School Enrolment, Gross % of School Age Population, Female		na	87
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number		2,700	1,836
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	1,521
Estimated HIV Prevalence, 15-49, Total		na	0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

1990	Most Recent
13.9	16.3
27.0	14.5
na	na
26.3	26.3
23.1	23.1
na	na
na	0.1
na	0.0
na	0.1
	13.9 27.0 na 26.3 23.1 na na na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.6
Gender Empowerment Measure, Rank	na	27.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	70.2
Labor Force Participation Rate, 15-64, Female	na	58.4
Seats in Parliament Held by Women, %	na	20.7
Female Legislators, Senior Officials and Managers, %	na	34.0
Female Professional and Technical Workers, %	na	60.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-970.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-10.5
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	na

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Atter	dants:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence R	ate for Women 15-49:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	ate for Men 15-54:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Lir	niting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Sp	acing:	
Poorest/Richest Quintile, %	na/na	

Women 15-49 Seen Medically for Treatm of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	na/na	



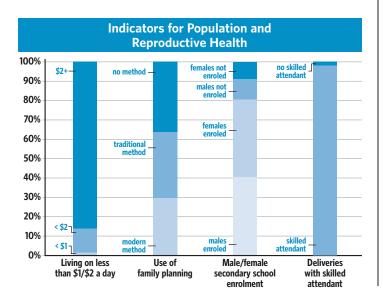
Romania has lost nearly one and a half million inhabitants in the last decade and continues to experience negative population growth (-0.38 per cent in 2005). The proportion of older adults increased to 19.3 per cent in 2005. Based on these facts, a Population Commission was established in June 2004. On the positive side, modern contraceptive prevalence continues to increase, and maternal mortality and abortion rates are declining. Between 1990 and 2000, the maternal mortality ratio declined from 130 deaths per 100,000 live births to 49, and the abortion rate dropped from 3,153 per 1,000 live births to 1,058. Nevertheless, both remain high compared to other countries in the region.

Despite the fact that Romania has a low HIV prevalence, the subject is of major concern as a large proportion of the registered cases are among young people below the age of 19. The main means of HIV transmission is heterosexual, but the increase of intravenous drug use among youth is an emerging risk factor.

The on-going health system reform continues to foster progress in improving the management and implementation of public health programmes. In 2003 the Ministry of Health launched National Strategies on Sexual and Reproductive Health and on Prevention and Control of STIs, both with large implications for the provision of primary health care services.

The Reproductive and Sexual Health Programme initiated in 2000, aimed at improving the reproductive and sexual health of the population, has made some progress towards strengthening and enhancing coordination mechanisms with assistance from UNFPA. There remains a need for governmental institutions to improve their technical and managerial capacities. Efforts are underway to promote responsible sexual behaviour among youth.

Gender-based violence also represents a major concern in Romania. In May 2003 the Law Against Domestic Violence was adopted, followed by the establishment of the National Agency for Family Protection in January 2004. A National Strategy for Prevention and Control of Domestic Violence is pending approval.



Statistics

POPULATION		1990	Most Recent
Population in Thousands, Male	11	,449.1	10,581.0
Population in Thousands, Female	11	,757.6	11,130.4
Population Growth Rate, %		na	-0.4
Crude Birth Rate per 1,000 Population		13.7	10.4
Crude Death Rate per 1,000 Population		11.1	12.4
Urban Population, %		53.2	54.7
Sex Ratio at Birth, Male Births per Female Births		1.06	1.06
Women 15-49, %		47.5	50.8
Total Fertility Rate per Woman 15-49		1.89	1.57
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %		na	29.5
Contraceptive Prevalence Rate for Women 15-49, Any Method, %		na	63.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	• 🛦	130	49
MMR, Lower Bound		na	33
MMR, Upper Bound	•	na	66
Neonatal Mortality Rate per 1,000 Live Births	• 🛦	na	9.0
Infant Mortality Rate per 1,000 Live Births	•	24.8	17.3
Under Age 5 Mortality Rate, Total	•	29	21
Under Age 5 Mortality Rate, Female	•	na	22
Under Age 5 Mortality Rate, Male		na	28
Life Expectancy at Birth, Total, Years	•	69.4	71.7
Life Expectancy at Birth, Female, Years	•	72.9	75.3
Life Expectancy at Birth, Male, Years		66.1	68.2
Median Age of Total Population		32.6	36.7
Population 60 Years and Over, %	• 🛦	15.7	19.3
Dependency Ratio		51	43

Public Expenditures on Health and Education				
He	alth	Primary & Secondary Education		
% of GDP	Per capita (\$US)*	% of GDP Per student (\$		
4.20	85.33	2.02	226.05	

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

otal Fertility Rate per Woman 15	-49:	
Urban/Rural	1.0/1.8	
No Education, Primary	2.5	
Highest Level of Education	0.9	
Provincial Low/High	1.0/1.6	Bucharest/Moldova
Poorest/Richest Quintile	na/na	
Infant Mortality Rate per 1,000 Li	ive Births:	
Urban/Rural	32.2/27.2	
No Education, Primary	39.7	
Highest Level of Education	22.3	
Provincial Low/High	na/na	
Poorest/Richest Quintile, %	na/na	
Under Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	na/na	
Age-Specific Fertility Rate, 15-19	Years:	
Urban/Rural	18.0/63.0	
Poorest/Richest Quintile	na/na	
Adolescent Women 15-19 Begun (Childbearing:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	7,222
Gross Domestic Product Growth Rate, Annual %		1	8
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %		na	<2
Population Living Below National Poverty Line, %		na	21.5
Share of Income or Consumption by Poorest Quintile		na	3.3
Access to Improved Water Supply, %		na	57
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %	•	na	98
Family Planning Programme Effort Index, 1999 (Total Mea	n Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total I	Mean Sco	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		1	1
Illiteracy Rate, % of Population 15 and Over, Female		4	2
Illiteracy Rate, % of Population 15 to 24, Male		1	O
Illiteracy Rate, % of Population 15 to 24, Female		1	C
Ratio of Girls to Boys, Primary Education		0.96	0.94
Ratio of Girls to Boys, Secondary Education	A	na	0.97
Primary School Enrolment, Gross % of School Age Population, Male	•	na	100
Primary School Enrolment, Gross % of School Age Population, Female	•	na	98
Secondary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	84
Secondary School Enrolment, Gross % of School Age Population, Female		na	85
Children Underweight Under 5, Male, %		6	6
Children Underweight Under 5, Female, %		6	6
Stunted Children under 5, Severe, %		2	2
Wasted Children under 5, Severe, %		0	O
Undernourished People, %		na	na
Refugees, Number		500	2,011
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	312
Estimated HIV Prevalence, 15-49, Total		na	<0.1
F 1: 1 1111/ D 1 1 1 1 1 1 1 1 1		na	na
Estimated HIV Prevalence, 15-49, Male			

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	16.6	15.3
Age-Specific Fertility Rate per 1,000 Women, 15-20	57.0	34.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	25.9	25.9
Mean Age at Marriage, Female	22.1	22.1
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na 6	92
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	70.0
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	🔺 na	na

		Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	56.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	74.4	69.6
Labor Force Participation Rate, 15-64, Female	63.5	55.3
Seats in Parliament Held by Women, %	na	9.3
Female Legislators, Senior Officials and Managers, %	na	31.0
Female Professional and Technical Workers, %	na	56.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	-401.1
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	-7.6
Unmet Need for Family Planning, Spacing, %	•	na	na
Unmet Need for Family Planning, Limiting, %		na	na
Unmet Need for Family Planning, Total, %		na	na
Unmet Need for Family Planning, Thousands		na	263.1

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Atter	ndants:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence R	ate for Women 1	5-49:
Urban/Rural, %	34.7/20.9	
No Education, Primary, %	13.8	
Highest Level of Education, %	50.1	
Provincial Low/High, %	26.0/37.1	Vallahia/Bucharest
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence R	ate for Men 15-5	4:
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Li	miting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Sp	acing:	
Poorest/Richest Quintile, %	na/na	

of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatmer of Genital Discharge, Ulcer, or Sore:	t	
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend Schoo	:	
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend Schoo	:	
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	na/na	



Russia's current population is estimated at 143 million. The country's demographic profile is characterized by negative population growth (-0.46 per cent in 2005) attributed to low fertility rates, a high mortality and increasing emigration.

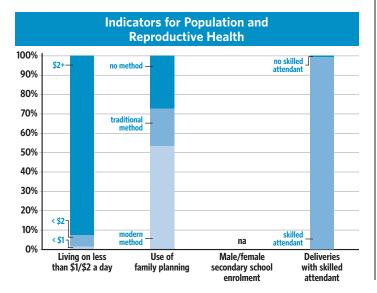
Russia's total fertility rate is among the lowest in the world at 1.62 lifetime births per woman in 2005. Life expectancy at birth has fallen dramatically over the past decade and is now 72 for women and 58.9 for men, far below European standards, especially for men. Currently, there is a high rate of male mortality, as well as a growing burden of ill health among women.

As a result of a decline in fertility, Russia's population has aged rapidly over the last decade and the proportion of the population ages 60 and over is 17.1 per cent.

Unemployment and poverty is widespread, affecting women in particular. The maternal mortality ratio has declined, yet still remains relatively high at 67 deaths per 100,000 live births in 2000. The frequency of abnormal or complicated pregnancies is high and is accompanied by the risk of infant death or child disability. Infant and under-five mortality rates remain higher than the European average, at 16.4 deaths (per 1,000 live births) and 21 deaths, respectively. Abortions, though decreasing in incidence, continue to be common and contraceptive use low. The number of abortions among adolescents has declined in the last few years.

The Russian Federation is facing one of the fastest growing HIV/AIDS pandemics in the world. Injecting drug use is the predominant route of HIV transmission, but the importance of sexual transmission is increasing. The pandemic has hit young people hardest. Those ages 15-24 account for two-thirds of all registered cases.

The population decline projected for the Russian Federation is compounded by the impact of the AIDS pandemic.



Statistics

POPUL ATION			
POPULATION		1990	Most Recent
Population in Thousands, Male	69,4	-80.1	66,447.4
Population in Thousands, Female	78,8	89.7	76,754.2
Population Growth Rate, %		na	-0.5
Crude Birth Rate per 1,000 Population		13.3	8.9
Crude Death Rate per 1,000 Population		12.1	15.7
Urban Population, %		73.4	73.3
Sex Ratio at Birth, Male Births per Female Births		1.06	1.06
Women 15-49, %		45.8	51.5
Total Fertility Rate per Woman 15-49		1.84	1.62
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %		na	na
Contraceptive Prevalence Rate for Women 15-49, Any Method, %		na	na
Maternal Mortality Ratio per 100,000 Live Births (MMR)	• 🛦	75	67
MMR, Lower Bound	• 🛦	na	45
MMR, Upper Bound	• 🛦	na	90
Neonatal Mortality Rate per 1,000 Live Births	• 🛦	na	9.0
Infant Mortality Rate per 1,000 Live Births	• 🛦	22.1	16.4
Under Age 5 Mortality Rate, Total	• 🛦	26	21
Under Age 5 Mortality Rate, Female	• 🛦	na	18
Under Age 5 Mortality Rate, Male	• 🛦	na	23
Life Expectancy at Birth, Total, Years	• 🛦	68.5	65.2
Life Expectancy at Birth, Female, Years	• 🛦	73.8	72.0
Life Expectancy at Birth, Male, Years	• 🛦	62.7	58.9
Median Age of Total Population	• 🛦	33.3	37.3
Population 60 Years and Over, %	• 🔺	16.0	17.1
Dependency Ratio	•	49	41

Public Expenditures on Health and Education				
Health		Primary & Secondary Education		
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)	
3.50	84.68	na	na	

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Irban/Rural	1.1/1.5	
· · · · · · · · · · · · · · · · · · ·	, -	
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	0.9/2.4	Lenigrad Oblast/ Republic of Ingushetia
Poorest/Richest Quintile	na/na	
nfant Mortality Rate per 1,000 L	ive Births:	
Jrban/Rural	17.0/18.3	
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	10.7/40.3	St. Petersburg City/ Evenki National Okrug
Poorest/Richest Quintile, %	na/na	Ţ.
Jnder Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	na/na	
Age-Specific Fertility Rate, 15-19	Years:	
Jrban/Rural	na/na	
Poorest/Richest Quintile	na/na	
Adolescent Women 15-19 Begun	Childbearing:	
Jrban/Rural, %	na/na	
No Education, Primary, %	na	

RUSSIAN FEDERATION

Indicators

SOCIO-ECONOMIC & HEALTH		1990	Most Recen
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	9,195
Gross Domestic Product Growth Rate, Annual %		na	7
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	A	na	<2
Population Living Below National Poverty Line, %	A	na	30.9
Share of Income or Consumption by Poorest Quintile		na	1.8
Access to Improved Water Supply, %		na	96
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %		na	99
Family Planning Programme Effort Index, 1999 (Total Mea	an Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total	Mean Scor	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		0	C
Illiteracy Rate, % of Population 15 and Over, Female		1	C
Illiteracy Rate, % of Population 15 to 24, Male		0	C
Illiteracy Rate, % of Population 15 to 24, Female		0	C
Ratio of Girls to Boys, Primary Education		0.97	0.95
Ratio of Girls to Boys, Secondary Education		na	1.03
Primary School Enrolment, Gross % of School Age Population, Male	•	na	118
Primary School Enrolment, Gross % of School Age Population, Female	•	na	118
Secondary School Enrolment, Gross % of School Age Population, Male		91	80
Secondary School Enrolment, Gross % of School Age Population, Female	• 🛦	96	86
Children Underweight Under 5, Male, %		na	3
Children Underweight Under 5, Female, %		na	3
Stunted Children under 5, Severe, %		na	7
Wasted Children under 5, Severe, %		na	2
Undernourished People, %		na	4.0
Refugees, Number		17,100	9,899
Internally Displaced Persons, Number		na	368,220
Asylum Seekers, Number		na	272
Estimated HIV Prevalence, 15-49, Total		na	1.
Estimated HIV Prevalence, 15-49, Male		na	1.5
			0.7

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		13.3	17.0
Age-Specific Fertility Rate per 1,000 Women, 15-20		52.5	29.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		24.4	24.4
Mean Age at Marriage, Female		21.8	21.8
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, 9	6	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	A	na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total		na	1.3
HIV Prevalence, 15-24, Female		na	0.7
HIV Prevalence, 15-24, Male	A	na	1.9

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.5
Gender Empowerment Measure, Rank	na	55.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	74.2
Labor Force Participation Rate, 15-64, Female	na	65.3
Seats in Parliament Held by Women, %	na	8.0
Female Legislators, Senior Officials and Managers, %	na	37.0
Female Professional and Technical Workers, %	na	64.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-5,963.1
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-17.6
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	na

Highest Level of Education		
Highest Level of Education	na ,	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Atten	dants:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	ite for Women 15-49:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	ite for Men 15-54:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Lin	niting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Spa	acing:	
Poorest/Richest Quintile, %	na/na	

Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatme of Genital Discharge, Ulcer, or Sore:	nt	
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend School	l:	
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend School	l:	
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	na/na	

Serbia and Montenegro (formerly Yugoslavia)

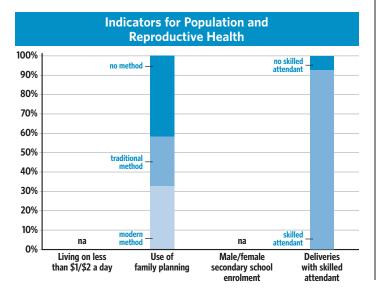
Overview

In February 2003, Serbia and Montenegro was formed as a loose federation of the two remaining republics from former Yugoslavia. The GDP more than halved during the 1990s and poverty and unemployment are widespread. The country has been reintegrated into the international community since the democratic transition in 2000, yet economic recovery has been slow. Both republics adopted Poverty Reduction Strategy Papers in 2003.

Serbia and Montenegro, with a population of 10.5 million, has negative annual population growth (-0.06 per cent in 2005), largely due to low fertility and high emigration. The total fertility rate (1.8 lifetime births per woman in 2005) has been below replacement level for about a decade and continues to decline. Ageing and the declining size of the working-age population have become major concerns. Infant and underfive mortality rates also remain relatively high (12 infant deaths per 1,000 live births and 15 deaths per 1,000 live births, respectively).

The health system is overly centralized and suffers from a lack of professional training. The Ministry of Health has received support from UNDP to carry out reform and provide more effective and efficient health services to the population.

The country has a mature HIV/AIDS pandemic, driven by injecting drug use, which started in the mid-1980s. Despite a current low prevalence, the country has several high risk factors that could fuel the pandemic: its location on a drug and human trafficking route, high rates of HIV infection among neighboring countries, an increase in intravenous drug use, and few preventive programmes in place. Recognizing these factors, both republics established Republican AIDS Commissions (RACs) in 2002. The Commissions are comprised of multisectoral partnerships in an effort to respond to the pandemic and meet the goals set by the UN Declaration of Commitment on HIV/AIDS. Since 2003 Serbia has received support from the Global Fund and scaled-up its response efforts. Montenegro has also applied for funding from the Global Fund.



Statistics

POPULATION		90 Most Recent
Population in Thousands, Male	5,044	5,225.7
Population in Thousands, Female	5,111	1.5 5,277.4
Population Growth Rate, %		na -0.1
Crude Birth Rate per 1,000 Population	14	1.9 12.4
Crude Death Rate per 1,000 Population	10).2 10.9
Urban Population, %	50).9 52.3
Sex Ratio at Birth, Male Births per Female Births	1.0	08 1.08
Women 15-49, %	47	7.8 48.4
Total Fertility Rate per Woman 15-49	2.	10 1.84
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	I	na 32.8
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	I	na 58.3
Maternal Mortality Ratio per 100,000 Live Births (MMR)	• 🛦	na 11
MMR, Lower Bound	• 🛦	na 7
MMR, Upper Bound	• 🛦	na 15
Neonatal Mortality Rate per 1,000 Live Births	• 🛦	na 9.0
Infant Mortality Rate per 1,000 Live Births	♠ ▲ 23	3.3 12.4
Under Age 5 Mortality Rate, Total	• 🛦 2	20 15
Under Age 5 Mortality Rate, Female	• 🛦	na 14
Under Age 5 Mortality Rate, Male	• 🛦	na 17
Life Expectancy at Birth, Total, Years	♠ ▲ 71	1.4 73.6
Life Expectancy at Birth, Female, Years	♠ ▲ 74	4.1 76.0
Life Expectancy at Birth, Male, Years	● ▲ 69	2.0 71.3
Median Age of Total Population	■ ▲ 33	36.5
Population 60 Years and Over, %	♠ ▲ 15	5.2 18.5
Dependency Ratio	• 🛦	49 48

Public	Expenditures or	Health and Ed	ucation
He	alth	Primary & Seco	ndary Education
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
5.10	75.56	2.88	184.79

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

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na/na		
Adolescent Women 15-19 Begun Childbearing:		
na/na		
na		
	na na/na	



mareators			
SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	na
Gross Domestic Product Growth Rate, Annual %		na	4
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	A	na	na
Population Living Below National Poverty Line, %		na	na
Share of Income or Consumption by Poorest Quintile		na	na
Access to Improved Water Supply, %	A	na	93
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %		na	93
Family Planning Programme Effort Index, 1999 (Total Mea	n Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total N	Лean Scor	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	1
Illiteracy Rate, % of Population 15 and Over, Female		na	6
Illiteracy Rate, % of Population 15 to 24, Male		na	1
Illiteracy Rate, % of Population 15 to 24, Female		na	1
Ratio of Girls to Boys, Primary Education		0.95	0.95
Ratio of Girls to Boys, Secondary Education		na	na
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	66
Primary School Enrolment, Gross % of School Age Population, Female	•	na	67
Secondary School Enrolment, Gross % of School Age Population, Male		na	58
Secondary School Enrolment, Gross % of School Age Population, Female		na	61
Children Underweight Under 5, Male, %		na	2
Children Underweight Under 5, Female, %		na	2
Stunted Children under 5, Severe, %		na	2
Wasted Children under 5, Severe, %		na	1
Undernourished People, %		na	na
Refugees, Number		na	291,403
Internally Displaced Persons, Number		na	256,891
Asylum Seekers, Number		na	32
Estimated HIV Prevalence, 15-49, Total		na	0.2
Estimated HIV Prevalence, 15-49, Male		na	0.3
Estimated HIV Prevalence, 15-49, Female		na	0.1

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	14.6	15.0
Age-Specific Fertility Rate per 1,000 Women, 15-20	39.5	23.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	n a	63
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	n a	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	65.0
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	76.4
Labor Force Participation Rate, 15-64, Female	na	56.5
Seats in Parliament Held by Women, %	na	na
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	-155.0
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	-6.3
Unmet Need for Family Planning, Spacing, %	•	na	na
Unmet Need for Family Planning, Limiting, %	•	na	na
Unmet Need for Family Planning, Total, %	•	na	na
Unmet Need for Family Planning, Thousands		na	na

Highest Level of Education	na				
Provincial Low/High, %	na/na				
Deliveries Attended by Skilled Attend					
Urban/Rural, %	na/na				
No Education, Primary, %	na				
Highest Level of Education, %	na				
Provincial Low/High, %	na/na				
Poorest/Richest Quintile, %	na/na				
Modern Contraceptive Prevalence Rat	e for Women 1	5-49:			
Urban/Rural, %	na/26.9				
No Education, Primary, %	21.5				
Highest Level of Education, %	45.8				
Provincial Low/High, %	30.7/33.0	Republic of Montenegro/ Republic of Serbia			
Poorest/Richest Quintile, %	na/na				
Modern Contraceptive Prevalence Rate for Men 15-54:					
Poorest/Richest Quintile, %	na/na				
Unmet Need for Family Planning, Limi	ting:				
Poorest/Richest Quintile, %	na/na				
Unmet Need for Family Planning, Spacing:					
Poorest/Richest Quintile, %	na/na				

Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore: Poorest/Richest Quintile, % na/na Children Underweight Under 5, Severe: Urban/Rural, % 0.7/0.6 No Education, Primary, % 0.8 Highest Level of Education, % 0.5 Provincial Low/High, % 0.3/0.7 Republic of Montenegro/Republic of Serbia Poorest/Richest Quintile, % na/na Girls 6-10 Who Currently Attend School: Poorest/Richest Quintile, % na/na Boys 6-10 Who Currently Attend School: Poorest/Richest Quintile, % na/na Malnourished Women: Poorest/Richest Quintile, % na/na	Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe: Urban/Rural, % No Education, Primary, % Highest Level of Education, % Provincial Low/High, % Poorest/Richest Quintile, % Girls 6-10 Who Currently Attend School: Poorest/Richest Quintile, % Boys 6-10 Who Currently Attend School: Poorest/Richest Quintile, % Republic of Montenegro/Republic of Serbia na/na Boys 6-10 Who Currently Attend School: Poorest/Richest Quintile, % Rayna Na/na Malnourished Women:	•		
Urban/Rural, % No Education, Primary, % Highest Level of Education, % Provincial Low/High, % O.3/0.7 Republic of Montenegro/Republic of Serbia Poorest/Richest Quintile, % Girls 6-10 Who Currently Attend School: Poorest/Richest Quintile, % Boys 6-10 Who Currently Attend School: Poorest/Richest Quintile, % Na/na Malnourished Women:	Poorest/Richest Quintile, %	na/na	
No Education, Primary, % Highest Level of Education, % Provincial Low/High, % Poorest/Richest Quintile, % Girls 6-10 Who Currently Attend School: Poorest/Richest Quintile, % Boys 6-10 Who Currently Attend School: Poorest/Richest Quintile, % Boys 6-10 Who Currently Attend School: Poorest/Richest Quintile, % Malnourished Women:	Children Underweight Under 5, Severe:		
Highest Level of Education, % 0.5 Provincial Low/High, % 0.3/0.7 Republic of Montenegro/Republic of Serbia Poorest/Richest Quintile, % na/na Girls 6-10 Who Currently Attend School: Poorest/Richest Quintile, % na/na Boys 6-10 Who Currently Attend School: Poorest/Richest Quintile, % na/na Malnourished Women:	Urban/Rural, %	0.7/0.6	
Provincial Low/High, % 0.3/0.7 Republic of Montenegro/Republic of Serbia na/na Girls 6-10 Who Currently Attend School: Poorest/Richest Quintile, % na/na Boys 6-10 Who Currently Attend School: Poorest/Richest Quintile, % na/na Malnourished Women:	No Education, Primary, %	0.8	
Poorest/Richest Quintile, % na/na Girls 6-10 Who Currently Attend School: Poorest/Richest Quintile, % na/na Boys 6-10 Who Currently Attend School: Poorest/Richest Quintile, % na/na Malnourished Women:	Highest Level of Education, %	0.5	
Girls 6-10 Who Currently Attend School: Poorest/Richest Quintile, % na/na Boys 6-10 Who Currently Attend School: Poorest/Richest Quintile, % na/na Malnourished Women:	Provincial Low/High, %	0.3/0.7	Republic of Montenegro/ Republic of Serbia
Poorest/Richest Quintile, % na/na Boys 6-10 Who Currently Attend School: Poorest/Richest Quintile, % na/na Malnourished Women:	Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend School: Poorest/Richest Quintile, % na/na Malnourished Women:	Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, % na/na Malnourished Women:	Poorest/Richest Quintile, %	na/na	
Malnourished Women:	Boys 6-10 Who Currently Attend School:		
	Poorest/Richest Quintile, %	na/na	
Poorest/Richest Quintile, % na/na	Malnourished Women:		
	Poorest/Richest Quintile, %	na/na	
	Poorest/Richest Quintile, %	na/na	

Slovakia

Overview

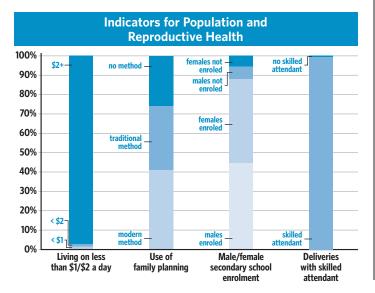
Slovakia, since its separation from Czechoslovakia in 1993, underwent a difficult economic transition, but has made substantial progress in recent years and gained membership in both NATO and the European Union in 2004. The country still faces significant regional, social and economic disparities. About 10 per cent of Slovakia's population of 5.4 million consists of the Roma (gypsy) minority group. Unemployment, especially among young people and the Roma minority, remains high.

Strengthening the health care system is one of the main challenges facing the government, yet reform of the health sector is slow due to financial constraints. Nevertheless, some progress has been made in the area of reproductive health.

In UNFPA's 2004 Report Card on Sexual & Reproductive Health & Rights, based on a range of reproductive health and development indicators, Slovakia is in the lowest risk group. The maternal mortality ratio, for instance, is 3 deaths per 100,000 live births. Slovakia has also achieved low levels of infant and under-five mortality (8 deaths per 1,000 live births and 10 deaths, respectively).

However, life expectancy at birth is relatively low at 71 for men and 78 for women. The annual population growth rate was zero per cent in 2005. The total fertility rate, currently at 1.6 lifetime births per woman, has been below replacement for over a decade. In its response to the 2003 UN inquiry, the government indicated that life expectancy and the levels of population growth and fertility are too low.

The estimated prevalence of HIV is still relatively small. Yet, the marked increase in STIs, high unemployment, and little information available on highly vulnerable groups point to the need for vigilance. Consequently, it is important to scale up prevention programmes, especially among sex workers, mobile populations and ethnic minorities. Public health institutions lack capacity to obtain reliable data and to develop comprehensive prevention programmes for vulnerable populations. Due to persistent financial constraints, implementation of prevention programmes will need considerable international support.



Statistics

1990	Most Recent
2,570.2	2,620.0
2,685.9	2,780.9
na	0.0
15.0	10.8
10.2	9.8
56.5	58.0
1.05	1.05
49.0	51.7
2.01	1.60
41.0	41.0
74.0	74.0
na na	3
● ▲ na	2
● ▲ na	4
● ▲ na	5.0
● ▲ 12.9	7.5
● ▲ 15	10
■ ▲ na	10
● 🛕 na	10
● ▲ 71.6	74.5
● ▲ 75.7	78.3
● ▲ 67.5	70.5
● ▲ 31.3	35.6
● ▲ 14.8	16.2
● ▲ 55	40
	2,570.2 2,685.9 na 15.0 10.2 56.5 1.05 49.0 2.01 41.0 74.0

Public	Expenditures or	Health and Ed	ucation
He	alth	Primary & Secon	ndary Education
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
5.30	238.05	2.92	565.65

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

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ıs:		
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na/na		
Adolescent Women 15-19 Begun Childbearing:		
na/na		
na		
	na na/na	

maidatoro			
SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	13,469
Gross Domestic Product Growth Rate, Annual %		2	5
Income Group per World Bank Classification		na	Upper middle income
Population Below \$1/Day, %	A	<2	<2
Population Living Below National Poverty Line, %	A	na	na
Share of Income or Consumption by Poorest Quintile		na	3.1
Access to Improved Water Supply, %	A	na	100
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %	•	na	99
Family Planning Programme Effort Index, 1999 (Total Mean	Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total M	ean Score)	na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	0
Illiteracy Rate, % of Population 15 and Over, Female		na	0
Illiteracy Rate, % of Population 15 to 24, Male		na	О
Illiteracy Rate, % of Population 15 to 24, Female		na	О
Ratio of Girls to Boys, Primary Education	A	na	0.95
Ratio of Girls to Boys, Secondary Education	A	na	0.97
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	102
Primary School Enrolment, Gross % of School Age Population, Female	• 🛦	na	100
Secondary School Enrolment, Gross % of School Age Population, Male	•	na	91
Secondary School Enrolment, Gross % of School Age Population, Female		na	92
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	5.0
Refugees, Number		na	414
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	4,661
Estimated HIV Prevalence, 15-49, Total		na	<0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		15.2	15.8
Age-Specific Fertility Rate per 1,000 Women, 15-20		40.0	20.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		25.5	25.5
Mean Age at Marriage, Female		22.6	22.6
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, ⁶	%	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %		na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total		na	0.0
HIV Prevalence, 15-24, Female		na	0.0
HIV Prevalence, 15-24, Male		na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.6
Gender Empowerment Measure, Rank	na	26.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	76.2
Labor Force Participation Rate, 15-64, Female	na	63.7
Seats in Parliament Held by Women, %	na	19.3
Female Legislators, Senior Officials and Managers, %	na	31.0
Female Professional and Technical Workers, %	na	61.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	-94.3
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	-7.0
Unmet Need for Family Planning, Spacing, %	•	na	na
Unmet Need for Family Planning, Limiting, %		na	na
Unmet Need for Family Planning, Total, %	•	na	na
Unmet Need for Family Planning, Thousands		na	na

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Atten	dants:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	ite for Women 15-49:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	ite for Men 15-54:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Lin	niting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Sp	acing:	
Poorest/Richest Quintile, %	na/na	

of Genital Discharge, Ulcer, or Sore:		
Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatmer of Genital Discharge, Ulcer, or Sore:	t	
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend Schoo	:	
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend Schoo	:	
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	na/na	

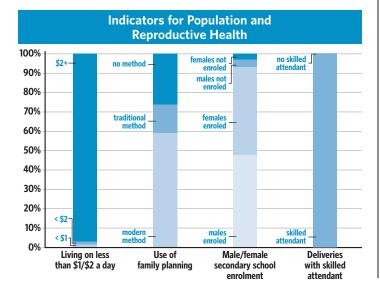


Since independence from the former Federal Republic of Yugoslavia in 1991, Slovenia has built a stable parliamentary democracy and a free-market economy. While much reform work still needs to be done, Slovenia enjoys the highest GDP per capita of the transition economies in Central Europe. It gained memberships in NATO and the European Union in the spring of 2004. Slovenia is ranked 42nd in the UNDP's 2005 Human Development Index.

The total fertility rate (1.4 lifetime births per woman in 2005) has remained below replacement level for over a decade and population growth continues to decline. Years of low fertility have resulted in a rapidly ageing population and the proportion of older adults ages 60 and over has reached 21 per cent of the total population of 1.97 million. Life expectancy at birth has increased and is currently at 73 years for men and 80 for women. In response to a 2003 UN inquiry, the government indicated that the levels of population growth and fertility are too low and population ageing is a major concern.

On a positive note, Slovenia has made steady progress in the areas of reproductive health and gender parity. Based on a range of reproductive health and development indicators, Slovenia is considered among the lowest risk countries in UNFPA's 2004 Report Card on Sexual & Reproductive Health & Rights. Slovenia enacted legislation to promote equal opportunity for women in various fields including politics, the economy, social life and education. It also established a National Programme for Equal Opportunity for Women and created a Department for Equal Opportunity.

The HIV/AIDS pandemic is currently at a low-level in Slovenia. The epidemiological situation has been stable for a number of years. Thus, the risk of explosive growth in HIV/AIDS is estimated to be low.



Statistics

POPULATION		1990	Most Recent
Population in Thousands, Male		934.9	960.1
Population in Thousands, Female		991.5	1,006.7
Population Growth Rate, %		na	0.0
Crude Birth Rate per 1,000 Population		11.3	9.2
Crude Death Rate per 1,000 Population		10.2	10.1
Urban Population, %		50.7	50.8
Sex Ratio at Birth, Male Births per Female Births		1.05	1.05
Women 15-49, %		48.9	49.0
Total Fertility Rate per Woman 15-49		1.51	1.36
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %		na	32.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %		na	73.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	• 🛦	13	17
MMR, Lower Bound		na	12
MMR, Upper Bound	•	na	23
Neonatal Mortality Rate per 1,000 Live Births		na	4.0
Infant Mortality Rate per 1,000 Live Births		8.4	5.3
Under Age 5 Mortality Rate, Total	•	9	7
Under Age 5 Mortality Rate, Female		na	7
Under Age 5 Mortality Rate, Male		na	8
Life Expectancy at Birth, Total, Years	•	72.9	76.8
Life Expectancy at Birth, Female, Years		77.0	80.3
Life Expectancy at Birth, Male, Years		69.1	73.0
Median Age of Total Population	• 🛦	34.2	40.2
Population 60 Years and Over, %	•	16.4	20.5
Dependency Ratio	•	47	42

Public Expenditures on Health and Education				
Health		Primary & Secondary Education		
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)	
6.20	688.72	4.13	4755.95	

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Total Fertility Rate per Woman 15-4	19:
Jrban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile	na/na
Infant Mortality Rate per 1,000 Liv	e Births:
Urban/Rural	na/na
No Education, Primary	na
Highest Level of Education	na
Provincial Low/High	na/na
Poorest/Richest Quintile, %	na/na
Under Age 5 Mortality Rate:	
Poorest/Richest Quintile, %	na/na
Age-Specific Fertility Rate, 15-19 Ye	ears:
Urban/Rural	na/na
Poorest/Richest Quintile	na/na
Adolescent Women 15-19 Begun Ch	nildbearing:
Urban/Rural, %	na/na
No Education, Primary, %	na

SOCIO-ECONOMIC & HEALTH		1990	Most Posent
Gross Domestic Product Per Capita, Purchasing		na	Most Recent
Power Parity, International Dollars		IIa	17,500
Gross Domestic Product Growth Rate, Annual %		na	2
Income Group per World Bank Classification		na	High income: nonOECD
Population Below \$1/Day, %	A	na	<2
Population Living Below National Poverty Line, %		na	na
Share of Income or Consumption by Poorest Quintile		na	3.6
Access to Improved Water Supply, %		na	100
Antenatal Care, At Least One Visit, %		98	98
Deliveries Attended by Skilled Attendants, %		na	100
Family Planning Programme Effort Index, 1999 (Total Mea	an Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total	Mean Scor	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		0	0
Illiteracy Rate, % of Population 15 and Over, Female		0	0
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	A	na	0.94
Ratio of Girls to Boys, Secondary Education	A	na	na
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	108
Primary School Enrolment, Gross % of School Age Population, Female	•	na	107
Secondary School Enrolment, Gross % of School Age Population, Male	•	na	110
Secondary School Enrolment, Gross % of School Age Population, Female		na	109
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	na
Refugees, Number	4	7,000	2,069
nternally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	132
Estimated HIV Prevalence, 15-49, Total		na	<0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		14.8	13.2
Age-Specific Fertility Rate per 1,000 Women, 15-20		26.0	6.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		28.5	28.5
Mean Age at Marriage, Female		24.8	24.8
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, 9	^	na	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %		na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	na
HIV Prevalence, 15-24, Total		na	0.0
HIV Prevalence, 15-24, Female		na	0.0
HIV Prevalence, 15-24, Male		na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.6
Gender Empowerment Measure, Rank	na	31.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	71.7
Labor Force Participation Rate, 15-64, Female	na	61.8
Seats in Parliament Held by Women, %	na	12.2
Female Legislators, Senior Officials and Managers, %	na	29.0
Female Professional and Technical Workers, %	na	55.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	-72.6
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	-16.6
Unmet Need for Family Planning, Spacing, %	•	na	na
Unmet Need for Family Planning, Limiting, %		na	na
Unmet Need for Family Planning, Total, %		na	na
Unmet Need for Family Planning, Thousands		na	na

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Attend	dants:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	te for Women 15-49:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	
Highest Level of Education, %	na	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Ra	te for Men 15-54:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Lim	iting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Spa	cing:	
Poorest/Richest Quintile, %	na/na	

of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na



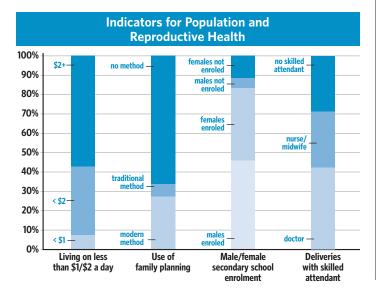
Over the past decade, Tajikistan has witnessed a significant decrease in population growth. This is due in large part to emigration and also partly to a decline in fertility. The total fertility rate, however, remains high — 4.25 lifetime births per woman, on average. The government recognizes that current population trends are not conducive to economic development and poverty reduction. Ranked 122nd in UNDP's 2005 Human Development Index, Tajikistan is the lowest ranked country in the region. Almost 10 per cent of the country's population of 6.5 million lives on less than one dollar per day and almost one third of the adult population is unemployed.

Maternal and infant mortality is still very high. High levels of maternal mortality — 100 deaths per 100,000 live births — are linked to the poor quality of reproductive health services. The contraceptive prevalence rate remains low; only 27.3 per cent of reproductive-age women use modern methods. Unsafe abortion continues to be a significant cause of maternal death.

The HIV/AIDS situation is unclear as little testing is available and a reliable surveillance system has not been developed. The major means of HIV transmission is intravenous drug use. HIV prevalence among injecting drug users is around 38.5 per 1,000. A growing commercial sex industry is another risk factor. The government adopted the Strategic Plan for a National Response to the HIV/AIDS Epidemic for the Period of 2002-2004, which targets youth since many of the registered HIV cases are among 15-24 years olds.

The National Demographic Policy for 2002-2005 and the National Law on Reproductive Health and Reproductive Rights both address the growing reproductive health needs of youth.

The proportion of women in government and management positions remains low, as does their social status. Girls and women are put to work in the fields, prevented from continuing their education and forced into early marriages, while husbands control reproductive health decisions. Efforts to eliminate gender disparity in primary and secondary education by 2005 and at all levels by 2015 may improve gender equity.



Statistics

POPULATION		1990	Most Recent
Population in Thousands, Male	2	,634.1	3,229.7
Population in Thousands, Female	2,	669.0	3,277.3
Population Growth Rate, %		na	1.3
Crude Birth Rate per 1,000 Population		38.7	28.8
Crude Death Rate per 1,000 Population		8.0	7.4
Urban Population, %		31.6	24.2
Sex Ratio at Birth, Male Births per Female Births		1.05	1.05
Women 15-49, %		44.5	51.8
Total Fertility Rate per Woman 15-49		5.14	4.25
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %		na	27.3
Contraceptive Prevalence Rate for Women 15-49, Any Method, %		na	33.9
Maternal Mortality Ratio per 100,000 Live Births (MMR)	• 🛦	130	100
MMR, Lower Bound		na	43
MMR, Upper Bound	•	na	170
Neonatal Mortality Rate per 1,000 Live Births	•	na	38.0
Infant Mortality Rate per 1,000 Live Births	•	94.7	87.2
Under Age 5 Mortality Rate, Total		119	113
Under Age 5 Mortality Rate, Female	•	na	67
Under Age 5 Mortality Rate, Male		na	78
Life Expectancy at Birth, Total, Years	•	63.4	63.9
Life Expectancy at Birth, Female, Years	•	66.0	66.7
Life Expectancy at Birth, Male, Years	•	60.7	61.3
Median Age of Total Population		18.3	19.3
Population 60 Years and Over, %	•	6.2	5.1
Dependency Ratio	•	89	75

Public Expenditures on Health and Education			
He	Health Primary & Seconda		ndary Education
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
0.90	1.64	2.09	14.41

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Total Fertility Rate per Woman 15	5-49:	
Urban/Rural	na/na	
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	na/na	
Poorest/Richest Quintile	na/na	
Infant Mortality Rate per 1,000 I	Live Births:	
Urban/Rural	70.0/94.0	
No Education, Primary	274.0	
Highest Level of Education	28.0	
Provincial Low/High	36.0/102.0	Gorno Badakhshan/Rayon of Republican Subordination
Poorest/Richest Quintile, %	na/na	
Under Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	na/na	
Age-Specific Fertility Rate, 15-19	Years:	
Urban/Rural	na/na	
Poorest/Richest Quintile	na/na	
Adolescent Women 15-19 Begun	Childbearing:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	1,119
Gross Domestic Product Growth Rate, Annual %		2	10
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %		na	7.4
Population Living Below National Poverty Line, %		na	na
Share of Income or Consumption by Poorest Quintile		na	3.2
Access to Improved Water Supply, %		na	58
Antenatal Care, At Least One Visit, %		na	71
Deliveries Attended by Skilled Attendants, %		na	71
Family Planning Programme Effort Index, 1999 (Total Mea	n Score)	na	54.0
Maternal and Neonatal Health Programme Index, 2001 (Total M	∕lean Scoi	_{re)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		1	0
Illiteracy Rate, % of Population 15 and Over, Female		3	1
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education		0.96	0.90
Ratio of Girls to Boys, Secondary Education	_	na	0.81
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	114
Primary School Enrolment, Gross % of School Age Population, Female	•	na	108
Secondary School Enrolment, Gross % of School Age Population, Male		na	94
Secondary School Enrolment, Gross % of School Age Population, Female		na	78
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	71.0
Refugees, Number		3,000	3,306
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	439
Estimated HIV Prevalence, 15-49, Total		na	<0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH		1990	Most Recent
Proportion of Population 15-24		19.1	22.5
Age-Specific Fertility Rate per 1,000 Women, 15-20		43.0	30.0
Median Age at First Sexual Intercourse, Female, 25-49		na	na
Mean Age at Marriage, Male		23.2	23.2
Mean Age at Marriage, Female		20.9	20.9
Married by 18, Percent, Female, 25-49		na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, ⁶	^ %	na	5
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %		na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %		na	8.0
HIV Prevalence, 15-24, Total		na	0.0
HIV Prevalence, 15-24, Female		na	0.0
HIV Prevalence, 15-24, Male		na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	77.8
Labor Force Participation Rate, 15-64, Female	na	59.5
Seats in Parliament Held by Women, %	na	12.4
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	583.1
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	27.9
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	na

Highest Level of Education	na	
Provincial Low/High, %	na/na	
Deliveries Attended by Skilled Attendar	nts:	
Urban/Rural, %	93.4/59.9	
No Education, Primary, %	34.4	
Highest Level of Education, %	90.8	
Provincial Low/High, %	21.1/98.8	Gorno Badakhshan/Khatlon
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Rate	for Women 1	5-49:
Urban/Rural, %	33.8/25.8	
No Education, Primary, %	15.6	
Highest Level of Education, %	27.6	
Provincial Low/High, %	21.9/55.1	Rayon of Republican Subordination/ Gorno Badakhshan
Poorest/Richest Quintile, %	na/na	
Modern Contraceptive Prevalence Rate	for Men 15-5	4:
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Limiti	ng:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Spacia	ng:	
Poorest/Richest Quintile, %	na/na	

Women 15-49 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	
Poorest/Richest Quintile, %	na/na
Children Underweight Under 5, Severe:	
Urban/Rural, %	na/na
No Education, Primary, %	na
Highest Level of Education, %	na
Provincial Low/High, %	na/na
Poorest/Richest Quintile, %	na/na
Girls 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Boys 6-10 Who Currently Attend School:	
Poorest/Richest Quintile, %	na/na
Malnourished Women:	
Poorest/Richest Quintile, %	na/na
Antenatal Care, At Least One Visit:	
Poorest/Richest Quintile, %	na/na



European Union membership is a very high priority for Turkey. Major efforts are being made to meet the Copenhagen Criteria on democracy and human rights. The European Council Summit on December 17, 2004 decided the starting date for the negotiations for the EU membership should commence on 3 October 2005.

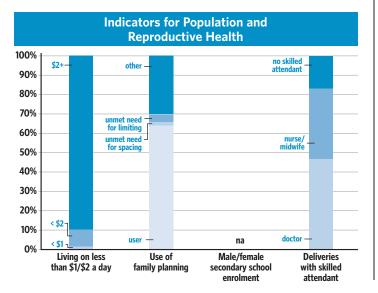
Turkey's population growth rate is low at 1.3 per cent and total fertility rate has fallen from 3.1 lifetime births per woman in 1990 to 2.7 in 2005, though significant regional differences remain. With a population estimated at 73.2 million, Turkey is still the most populous country in the Middle East and the third largest in Europe.

While overall contraceptive prevalence is high at 64 per cent, the use of modern contraceptives is only 38 per cent. Abortion rates remain high. Although there is a wider variety of contraceptives available, the quality of counseling services still needs to be improved.

The rapid urbanization process, a result of vast rural to urban migration, has started to slow down. Population movement has strained health, education and social service infrastructures, particularly in growing peri-urban areas. Nevertheless, there have been dramatic improvements in all levels of education, particularly among girls and children living in rural areas.

In spite of liberal policies, social and economic parity of women lags far behind their legal rights. Women's exposure to domestic violence and harassment is still common. Turkey launched a campaign on Violence Against Women in 2004 with support from UNFPA.

The government has begun to reform its health care system with technical and financial assistance from UNFPA. The highest priorities are: addressing unmet needs in family planning and reproductive health services, providing reproductive health information and services to adolescents and decreasing maternal mortality. Starting in 2003, the European Commission become involved in the reproductive health programme on a large scale. The EU supported programme will build on the priorities identified in the National Strategy.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	28,985.1	36,878.5
Population in Thousands, Female	28,315.1	36,314.4
Population Growth Rate, %	na	1.3
Crude Birth Rate per 1,000 Population	25.7	23.0
Crude Death Rate per 1,000 Population	7.9	6.6
Urban Population, %	59.2	67.3
Sex Ratio at Birth, Male Births per Female Births	1.05	1.05
Women 15-49, %	50.4	54.5
Total Fertility Rate per Woman 15-49	3.08	2.70
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	37.7
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	63.9
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 180	70
MMR, Lower Bound	● ▲ na	18
MMR, Upper Bound	● 🛕 na	130
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	22.0
Infant Mortality Rate per 1,000 Live Births	● ▲ 61.9	38.9
Under Age 5 Mortality Rate, Total	■ ▲ 65	46
Under Age 5 Mortality Rate, Female	■ ▲ na	43
Under Age 5 Mortality Rate, Male	● ▲ na	56
Life Expectancy at Birth, Total, Years	● ▲ 64.6	69.2
Life Expectancy at Birth, Female, Years	● ▲ 66.9	71.5
Life Expectancy at Birth, Male, Years	● ▲ 62.5	66.9
Median Age of Total Population	■ ▲ 21.8	26.3
Population 60 Years and Over, %	● ▲ 6.7	8.0
Dependency Ratio	● ▲ 66	53

Public Expenditures on Health and Education			
He	alth	Primary & Seco	ndary Education
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)
4.30	113.78	2.48	336.77

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Total Fertility Rate per Woman 15	5-49:			
Urban/Rural	2.1/2.7			
No Education, Primary	3.7			
Highest Level of Education	1.4			
Provincial Low/High	1.9/3.6	Central/East		
Poorest/Richest Quintile	3.7/1.5			
Infant Mortality Rate per 1,000 L	ive Births:			
Urban/Rural	23.0/39.0			
No Education, Primary	51.0			
Highest Level of Education	18.0			
Provincial Low/High	21.0/41.0	Central/East		
Poorest/Richest Quintile, %	68.3/29.8			
Under Age 5 Mortality Rate:				
Poorest/Richest Quintile, %	85.0/32.6			
Age-Specific Fertility Rate, 15-19	Years:			
Urban/Rural	44.0/47.0			
Poorest/Richest Quintile	56.0/32.0			
Adolescent Women 15-19 Begun Childbearing:				
Urban/Rural, %	7.7/7.2			
No Education, Primary, %	14.5			

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	6,749
Gross Domestic Product Growth Rate, Annual %		5	8
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	A	na	<2
Population Living Below National Poverty Line, %	A	na	na
Share of Income or Consumption by Poorest Quintile		na	2.3
Access to Improved Water Supply, %	A	92	93
Antenatal Care, At Least One Visit, %		na	81
Deliveries Attended by Skilled Attendants, %		83	83
Family Planning Programme Effort Index, 1999 (Total Mea	an Score)	na	59.0
Maternal and Neonatal Health Programme Index, 2001 (Total	Mean Sco	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		11	5
Illiteracy Rate, % of Population 15 and Over, Female		34	20
Illiteracy Rate, % of Population 15 to 24, Male		3	1
Illiteracy Rate, % of Population 15 to 24, Female		12	4
Ratio of Girls to Boys, Primary Education	A	0.89	0.89
Ratio of Girls to Boys, Secondary Education	A	na	0.67
Primary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	95
Primary School Enrolment, Gross % of School Age Population, Female	•	na	88
Secondary School Enrolment, Gross % of School Age Population, Male	•	na	90
Secondary School Enrolment, Gross % of School Age Population, Female		na	67
Children Underweight Under 5, Male, %		na	8
Children Underweight Under 5, Female, %		na	8
Stunted Children under 5, Severe, %		na	6
Wasted Children under 5, Severe, %		na	0
Undernourished People, %		na	3.0
Refugees, Number	2	8,500	2,490
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	3,453
Estimated HIV Prevalence, 15-49, Total		na	na
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	20.4	18.4
Age-Specific Fertility Rate per 1,000 Women, 15-20	76.5	40.5
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	25.0	25.0
Mean Age at Marriage, Female	22.0	22.0
Married by 18, Percent, Female, 25-49	na	29.5
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, ⁶	▲ na %	na
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	73.0
HIV Prevalence, 15-24, Total	▲ na	na
HIV Prevalence, 15-24, Female	▲ na	na
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.3
Gender Empowerment Measure, Rank	na	73.0
Malnourished Women, %	na	2.5
Labor Force Participation Rate, 15-64, Male	84.1	74.0
Labor Force Participation Rate, 15-64, Female	37.7	28.1
Seats in Parliament Held by Women, %	1.0	4.4
Female Legislators, Senior Officials and Managers, %	na	7.0
Female Professional and Technical Workers, %	na	31.0

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	3,821.2
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	17.2
Unmet Need for Family Planning, Spacing, %		na	2.3
Unmet Need for Family Planning, Limiting, %	•	na	3.7
Unmet Need for Family Planning, Total, %		na	6.0
Unmet Need for Family Planning, Thousands	•	na	1167.3

Highest Level of Education	3.0				
Provincial Low/High, %	2.7/9.1	North/East			
Deliveries Attended by Skilled Att	endants:				
Urban/Rural, %	90.3/68.9				
No Education, Primary, %	54.9				
Highest Level of Education, %	98.5				
Provincial Low/High, %	59.7/95.3	East/West			
Poorest/Richest Quintile, %	53.4/98.2				
Modern Contraceptive Prevalence	Rate for Women 1	5-49:			
Urban/Rural, %	45.8/34.4				
No Education, Primary, %	29.9				
Highest Level of Education, %	52.2				
Provincial Low/High, %	31.4/46.6	East/Central			
Poorest/Richest Quintile, %	23.6/48.0				
Modern Contraceptive Prevalence	Rate for Men 15-5	4:			
Poorest/Richest Quintile, %	21.3/53.5				
Unmet Need for Family Planning,	Limiting:				
Poorest/Richest Quintile, %	12.4/3.0				
Unmet Need for Family Planning,	Unmet Need for Family Planning, Spacing:				
Poorest/Richest Quintile, %	7.5/1.8				

Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treat of Genital Discharge, Ulcer, or Son	tment	
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Sev	ere:	
Urban/Rural, %	0.6/0.8	
No Education, Primary, %	1.1	
Highest Level of Education, %	0.2	
Provincial Low/High, %	0.0/1.1	North/East
Poorest/Richest Quintile, %	3.1/0.0	
Girls 6-10 Who Currently Attend Sc	:hool:	
Poorest/Richest Quintile, %	47.2/86.3	
Boys 6-10 Who Currently Attend Sc	:hool:	
Poorest/Richest Quintile, %	58.6/84.2	
Malnourished Women:		
Poorest/Richest Quintile, %	1.5/1.5	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	38.3/96.2	

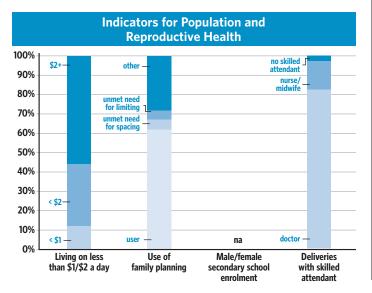


Turkmenistan has experienced steady growth in GDP since the late 1990s. In 2003 the government adopted the Strategy of Economic, Political and Cultural Development of Turkmenistan until 2020. Its main aims are to ensure high economic growth, maintain economic independence and raise living standards to the level of developed countries.

The declining trend in fertility has continued. Between 1990 and 2005, the total fertility rate dropped from 4.3 lifetime births per woman to 3.4. Though the population growth rate remains high at 1.4 per cent per year, the rate of growth is declining. The government views the current levels of fertility and population growth as satisfactory. Contraceptives are not procured from the national budget. Over 60 per cent of married women use some type of contraception and over half use modern methods.

Despite improvements made in infant and maternal mortality over the past years, they still remain high: the maternal mortality ratio is 31 deaths per 100,000 live births and the infant mortality rate is 77 deaths per 1,000 live births. Maternal mortality is caused mostly by complications during pregnancy and delivery, while infants die from respiratory diseases, postnatal complications, and infectious and parasitic diseases. These relatively high rates indicate a need to improve the quality of services provided at the primary health care and referral levels.

The government began reforming its health system in 1995. During the 2000-2004 programme cycle UNFPA supported the implementation of the State Health Programme to improve the reproductive health status of the population. In 2000 the National Reproductive Health Strategy was developed by the Ministry of Health, in close consultation with UNFPA and WHO. The law on Protection of the Health of Citizens, adopted in December 2002, provides a framework to improve reproductive health. The Law underscores the importance of access to maternal health care and to contraceptives, treatment of infertility and informed consent. It also highlights the reproductive health needs of young people.



Statistics

POPULATION		1990	Most Recent
Population in Thousands, Male	1,8	08.6	2,380.4
Population in Thousands, Female	1,8	59.4	2,452.9
Population Growth Rate, %		na	1.4
Crude Birth Rate per 1,000 Population		34.1	24.4
Crude Death Rate per 1,000 Population		8.3	8.2
Urban Population, %		45.1	45.8
Sex Ratio at Birth, Male Births per Female Births		1.05	1.05
Women 15-49, %		47.1	55.5
Total Fertility Rate per Woman 15-49		4.29	3.39
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %		na	53.1
Contraceptive Prevalence Rate for Women 15-49, Any Method, %		na	61.8
Maternal Mortality Ratio per 100,000 Live Births (MMR)	• 🛦	55	31
MMR, Lower Bound	• 🛦	na	12
MMR, Upper Bound	• 🛦	na	53
Neonatal Mortality Rate per 1,000 Live Births	• 🛦	na	35.0
Infant Mortality Rate per 1,000 Live Births	• 🛦	77.5	76.5
Under Age 5 Mortality Rate, Total	•	94	97
Under Age 5 Mortality Rate, Female	• 🛦	na	61
Under Age 5 Mortality Rate, Male	• 🛦	na	74
Life Expectancy at Birth, Total, Years	•	63.1	62.8
Life Expectancy at Birth, Female, Years	• 🛦	66.9	67.1
Life Expectancy at Birth, Male, Years		59.2	58.6
Median Age of Total Population	•	19.7	23.3
Population 60 Years and Over, %	• 🛦	6.2	6.2
Dependency Ratio	• 🛦	79	57

Public	Public Expenditures on Health and Education			
He	alth	Primary & Seco	ndary Education	
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)	
3.00	55.12	na	na	

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Total Fertility Rate per Woman 1	5-49:	
Urban/Rural	2.5/3.3	
No Education, Primary	3.0	
Highest Level of Education	2.6	
Provincial Low/High	2.1/3.1	Ashgabad City/Dashoguz
Poorest/Richest Quintile	na/na	
Infant Mortality Rate per 1,000	Live Births:	
Urban/Rural	60.1/79.9	
No Education, Primary	76.5	
Highest Level of Education	61.2	
Provincial Low/High	47.7/98.6	Ashgabad City/Mary
Poorest/Richest Quintile, %	89.3/58.4	
Under Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	105.5/69.8	
Age-Specific Fertility Rate, 15-19	Years:	
Urban/Rural	36.0/26.0	
Poorest/Richest Quintile	na/na	
Adolescent Women 15-19 Begun	Childbearing:	
Urban/Rural, %	3.8/4.6	
No Education, Primary, %	4.3	

maidatoro			
SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	5,884
Gross Domestic Product Growth Rate, Annual %		na	17
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %	A	na	12.1
Population Living Below National Poverty Line, %		na	na
Share of Income or Consumption by Poorest Quintile		na	2.6
Access to Improved Water Supply, %	A	na	71
Antenatal Care, At Least One Visit, %		na	87
Deliveries Attended by Skilled Attendants, %	•	na	97
Family Planning Programme Effort Index, 1999 (Total Mean	Score)	na	59.0
Maternal and Neonatal Health Programme Index, 2001 (Total M	ean Score) na	na
Illiteracy Rate, % of Population 15 and Over, Male		na	1
Illiteracy Rate, % of Population 15 and Over, Female		na	2
Illiteracy Rate, % of Population 15 to 24, Male		na	0
Illiteracy Rate, % of Population 15 to 24, Female		na	0
Ratio of Girls to Boys, Primary Education		na	na
Ratio of Girls to Boys, Secondary Education	A	na	na
Primary School Enrolment, Gross % of School Age Population, Male	•	na	na
Primary School Enrolment, Gross % of School Age Population, Female	•	na	na
Secondary School Enrolment, Gross % of School Age Population, Male	•	na	na
Secondary School Enrolment, Gross % of School Age Population, Female		na	na
Children Underweight Under 5, Male, %		na	na
Children Underweight Under 5, Female, %		na	na
Stunted Children under 5, Severe, %		na	na
Wasted Children under 5, Severe, %		na	na
Undernourished People, %		na	7.0
Refugees, Number		na	13,511
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	4
Estimated HIV Prevalence, 15-49, Total		na	<0.1
Estimated HIV Prevalence, 15-49, Male		na	na
Estimated HIV Prevalence, 15-49, Female		na	na

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.5	21.5
Age-Specific Fertility Rate per 1,000 Women, 15-20	24.0	16.5
Median Age at First Sexual Intercourse, Female, 25-49	na	21.6
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	7.5
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, 9	na 6	21
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	42.0
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	0.0
HIV Prevalence, 15-24, Male	▲ na	na

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	9.9
Labor Force Participation Rate, 15-64, Male	na	81.1
Labor Force Participation Rate, 15-64, Female	na	66.0
Seats in Parliament Held by Women, %	na	26.0
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY		1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands		na	360.7
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %		na	23.2
Unmet Need for Family Planning, Spacing, %	•	na	5.2
Unmet Need for Family Planning, Limiting, %		na	4.9
Unmet Need for Family Planning, Total, %		na	10.1
Unmet Need for Family Planning, Thousands		na	137.8

Highest Level of Education	4.1	
Provincial Low/High, %	0.0/7.0	Ashgabad City/Balkan
Deliveries Attended by Skilled Attended	dants:	
Urban/Rural, %	98.2/96.6	
No Education, Primary, %	96.4	
Highest Level of Education, %	98.6	
Provincial Low/High, %	92.7/99.8	Akhal/Lebap
Poorest/Richest Quintile, %	96.8/98.3	
Modern Contraceptive Prevalence Ra	te for Women 1	5-49:
Urban/Rural, %	52.6/53.5	
No Education, Primary, %	52.6	
Highest Level of Education, %	53.1	
Provincial Low/High, %	48.5/60.9	Lebap/Akhal
Poorest/Richest Quintile, %	50.9/49.9	
Modern Contraceptive Prevalence Ra	te for Men 15-5	4:
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Lim	niting:	
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Spa	acing:	
Poorest/Richest Quintile, %	na/na	

of Genital Discharge, Ulcer, or Sore: Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	·	
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	2.1/1.5	
No Education, Primary, %	1.8	
Highest Level of Education, %	1.2	
Provincial Low/High, %	1.0/2.7	Akhal/Balkan
Poorest/Richest Quintile, %	1.4/1.7	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	60.5/63.8	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	67.2/66.1	
Malnourished Women:		
Poorest/Richest Quintile, %	11.1/9.9	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	98.3/97.2	



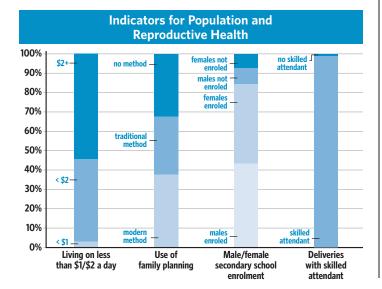
Ukraine has experienced economic growth since 2000, yet about a third of its population of 46 million still lives below the national poverty line. In 2003 the government, with the support of the UN country team and other partners, launched a comprehensive strategy entitled Millennium Development Goals for Ukraine, with projections to the year 2015. Ukraine is ranked 78th in UNDP's 2005 Human Development Index, placing it in the Medium Human Development category.

The total fertility rate has stabilized at 1.5 lifetime births per woman. The population growth rate in Ukraine has been negative for some years and while the rate of decline has slowed for the first time, it has remained negative at -1.0 per cent in 2005. The Ukraine population is consequently ageing at a rapid rate and the proportion of the population age 60 and over reached 21 per cent in 2005.

In Ukraine, reproductive health is a priority area. The implementation of the National Family Planning Programme for 1995-2000 improved Ukraine's reproductive health indicators. Between 1990 and 2000, the maternal mortality ratio declined from 50 deaths per 100,000 live births to 35. The infant mortality rate is stable at 15 deaths per 1,000 live births.

With support from UNFPA, reproductive health services were made available through the establishment of reproductive health/family planning centres in each of the country's 28 regions. The abortion-to-birth-ratio decreased, while modern contraceptive prevalence is now at 38 per cent.

The incidence of HIV/AIDS and other sexually transmitted infections (STIs) is also a matter of concern. Ukraine has the highest growth in new infections in Central and Eastern Europe. Over 1 per cent of the adult population is HIV positive. Since 2001, in partnership with UNAIDS, five projects on HIV prevention were developed by UNFPA, along with projects to prevent STI/HIV infection in the armed forces and police.



Statistics

POPULATION	1990	Most Recent
Population in Thousands, Male	24,001.9	21,310.1
Population in Thousands, Female	27,889.6	25,170.6
Population Growth Rate, %	na	-1.1
Crude Birth Rate per 1,000 Population	12.8	8.8
Crude Death Rate per 1,000 Population	13.2	16.6
Urban Population, %	66.8	67.3
Sex Ratio at Birth, Male Births per Female Births	1.06	1.06
Women 15-49, %	44.5	48.9
Total Fertility Rate per Woman 15-49	1.80	1.47
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %	na	37.6
Contraceptive Prevalence Rate for Women 15-49, Any Method, %	na	67.5
Maternal Mortality Ratio per 100,000 Live Births (MMR)	● ▲ 50	35
MMR, Lower Bound	● ▲ na	23
MMR, Upper Bound	na	47
Neonatal Mortality Rate per 1,000 Live Births	● ▲ na	9.0
Infant Mortality Rate per 1,000 Live Births	■ ▲ 17.9	15.1
Under Age 5 Mortality Rate, Total	a 20	17
Under Age 5 Mortality Rate, Female	■ ▲ na	15
Under Age 5 Mortality Rate, Male	na	20
Life Expectancy at Birth, Total, Years	● ▲ 68.6	66.3
Life Expectancy at Birth, Female, Years	● ▲ 73.1	72.5
Life Expectancy at Birth, Male, Years	● ▲ 63.7	60.4
Median Age of Total Population	● ▲ 35.0	39.0
Population 60 Years and Over, %	● ▲ 18.5	20.9
Dependency Ratio	● ▲ 51	45

Public Expenditures on Health and Education				
He	alth	Primary & Secondary Education		
% of GDP	Per capita (\$US)*	% of GDP	Per student (\$US)	
3.30	28.09	2.18	99.18	

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

otal Fertility Rate per Woman 15	5-49:	
Jrban/Rural	1.3/1.8	
No Education, Primary	1.6	
Highest Level of Education	1.1	
Provincial Low/High	1.1/2.0	East/West
Poorest/Richest Quintile	na/na	
Infant Mortality Rate per 1,000 L	ive Births:	
Urban/Rural	na/na	
No Education, Primary	na	
Highest Level of Education	na	
Provincial Low/High	na/na	
Poorest/Richest Quintile, %	na/na	
Under Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	na/na	
Age-Specific Fertility Rate, 15-19	Years:	
Urban/Rural	44.0/64.0	
Poorest/Richest Quintile	na/na	
Adolescent Women 15-19 Begun	Childbearing:	
Urban/Rural, %	na/na	
No Education, Primary, %	na	

SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	5,472
Gross Domestic Product Growth Rate, Annual %		na	12
Income Group per World Bank Classification		na	Lower middle income
Population Below \$1/Day, %		na	2.9
Population Living Below National Poverty Line, %		na	31.7
Share of Income or Consumption by Poorest Quintile		na	3.7
Access to Improved Water Supply, %	A	na	98
Antenatal Care, At Least One Visit, %		na	na
Deliveries Attended by Skilled Attendants, %		na	99
Family Planning Programme Effort Index, 1999 (Total Mea	n Score)	na	na
Maternal and Neonatal Health Programme Index, 2001 (Total I	Mean Scor	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		0	0
Illiteracy Rate, % of Population 15 and Over, Female		1	0
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	A	0.96	0.95
Ratio of Girls to Boys, Secondary Education	A	na	0.87
Primary School Enrolment, Gross % of School Age Population, Male	•	na	93
Primary School Enrolment, Gross % of School Age Population, Female	•	na	93
Secondary School Enrolment, Gross % of School Age Population, Male	• 🛦	na	97
Secondary School Enrolment, Gross % of School Age Population, Female		na	96
Children Underweight Under 5, Male, %		na	3
Children Underweight Under 5, Female, %		na	4
Stunted Children under 5, Severe, %		na	6
Wasted Children under 5, Severe, %		na	1
Undernourished People, %		na	4.0
Refugees, Number		na	2,877
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	899
Estimated HIV Prevalence, 15-49, Total		na	1.4
Estimated HIV Prevalence, 15-49, Male		na	2.0
Estimated HIV Prevalence, 15-49, Female		na	1.0

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	13.6	15.8
Age-Specific Fertility Rate per 1,000 Women, 15-20	67.0	29.0
Median Age at First Sexual Intercourse, Female, 25-49	na	na
Mean Age at Marriage, Male	24.1	24.1
Mean Age at Marriage, Female	21.0	21.0
Married by 18, Percent, Female, 25-49	na	na
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, %	▲ na	57
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	78.0
HIV Prevalence, 15-24, Total	▲ na	1.4
HIV Prevalence, 15-24, Female	▲ na	0.9
HIV Prevalence, 15-24, Male	▲ na	2.0

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	0.4
Gender Empowerment Measure, Rank	na	65.0
Malnourished Women, %	na	na
Labor Force Participation Rate, 15-64, Male	na	70.3
Labor Force Participation Rate, 15-64, Female	na	61.8
Seats in Parliament Held by Women, %	na	5.3
Female Legislators, Senior Officials and Managers, %	na	38.0
Female Professional and Technical Workers, %	na	64.0

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	-2,262.5
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	-21.7
Unmet Need for Family Planning, Spacing, %	na	na
Unmet Need for Family Planning, Limiting, %	na	na
Unmet Need for Family Planning, Total, %	na	na
Unmet Need for Family Planning, Thousands	na	1887.9

Highest Level of Education	na				
Provincial Low/High, %	na/na				
Deliveries Attended by Skilled Atte	ndants:				
Urban/Rural, %	na/na				
No Education, Primary, %	na				
Highest Level of Education, %	na				
Provincial Low/High, %	na/na				
Poorest/Richest Quintile, %	na/na				
Modern Contraceptive Prevalence Rate for Women 15-49:					
Urban/Rural, %	75.3/61.6				
No Education, Primary, %	45.7				
Highest Level of Education, %	71.3				
Provincial Low/High, %	24.8/43.1 West/East				
Poorest/Richest Quintile, %	na/na				
Modern Contraceptive Prevalence R	tate for Men 15-54:				
Poorest/Richest Quintile, %	na/na				
Unmet Need for Family Planning, Li	miting:				
Poorest/Richest Quintile, %	na/na				
Unmet Need for Family Planning, Sp	pacing:				
Poorest/Richest Quintile, %	na/na				

of Genital Discharge, Ulcer, or Sore Poorest/Richest Quintile, %	na/na	
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Men 15-54 Seen Medically for Treatn of Genital Discharge, Ulcer, or Sore		
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Seve	re:	
Urban/Rural, %	0.4/0.7	
No Education, Primary, %	2.2	
Highest Level of Education, %	0.6	
Provincial Low/High, %	na/na	
Poorest/Richest Quintile, %	na/na	
Girls 6-10 Who Currently Attend Sch	ool:	
Poorest/Richest Quintile, %	na/na	
Boys 6-10 Who Currently Attend Sch	ool:	
Poorest/Richest Quintile, %	na/na	
Malnourished Women:		
Poorest/Richest Quintile, %	na/na	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	na/na	



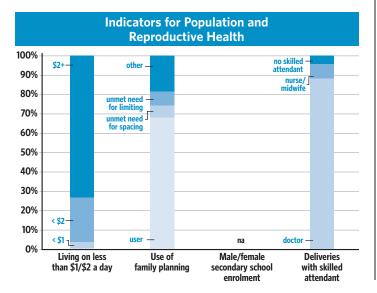
Uzbekistan, the most populous country in Central Asia with 26.6 million people (in 2005), faces high levels of poverty and unemployment. There are stark regional disparities in income and in the utilization of basic social services, including reproductive health services. The health status of the population has suffered over the last decade due to deteriorating access to quality health services, especially at the primary health-care level.

At the end of 2004, pressured by the World Bank and International Monetary Fund (IMF), Uzbekistan began drafting an interim Poverty Reduction Strategy Paper. A full-fledged version of the Strategy should be ready by the end of 2005.

The quality of antenatal and perinatal care and problems with emergency obstetric care remain a major challenge. More than half of women of reproductive age are reported to be anemic. The contraceptive prevalence rate is 67 per cent (63 per cent for modern methods), though the range of methods is limited. Abortion is still a common means of family planning.

The government has identified reproductive health as a priority and adopted a series of policies. Access to high-quality reproductive health services and the provision of information, education and communication (IEC) are key strategies. The government continues to implement the National Programme of Health Care Reform 1998-2005, which aims to improve the quality of services at the primary health care level, equalize access and improve maternal and child health care services.

Recent data indicate a rising trend in STIs and HIV infections in the country. Most cases can be attributed to intravenous drug use, though cases resulting from sexual transmission are growing, which could pose a serious threat to the health of young people. In response, the government approved the Strategic Plan of a National Response to HIV/AIDS in 2003, which was developed with help from the UN Theme Group. A government proposal to the Global Fund was approved for US\$24.5 million.



Statistics

POPULATION		1990	Most Recent
Population in Thousands, Male	10,	140.8	13,224.2
Population in Thousands, Female	10,	374.5	13,368.9
Population Growth Rate, %		na	1.4
Crude Birth Rate per 1,000 Population		34.3	24.7
Crude Death Rate per 1,000 Population		7.3	6.7
Urban Population, %		40.1	36.4
Sex Ratio at Birth, Male Births per Female Births		1.05	1.05
Women 15-49, %		46.2	54.7
Total Fertility Rate per Woman 15-49		4.14	3.31
Contraceptive Prevalence Rate for Women 15-49, Modern Method, %		na	62.5
Contraceptive Prevalence Rate for Women 15-49, Any Method, %		na	67.2
Maternal Mortality Ratio per 100,000 Live Births (MMR)	• 🛦	55	24
MMR, Lower Bound		na	9
MMR, Upper Bound	•	na	41
Neonatal Mortality Rate per 1,000 Live Births		na	27.0
Infant Mortality Rate per 1,000 Live Births	•	62.2	56.6
Under Age 5 Mortality Rate, Total		71	68
Under Age 5 Mortality Rate, Female		na	48
Under Age 5 Mortality Rate, Male	•	na	56
Life Expectancy at Birth, Total, Years		66.8	66.8
Life Expectancy at Birth, Female, Years		69.9	70.1
Life Expectancy at Birth, Male, Years		63.5	63.6
Median Age of Total Population	•	19.4	22.6
Population 60 Years and Over, %		6.5	6.2
Dependency Ratio	•	82	61

Public Expenditures on Health and Education			
He	alth	Primary & Secon	ndary Education
% of GDP	Per capita (\$US)*	* % of GDP Per student	
2.50	9.55	na	na

^{*} Commission on Macroeconomics and Health (2001) estimates that \$30-40 per capita per year is the minimum required for essential health interventions in low-income countries. Much of this expenditure requires public funding particularly to provide services for the poor.

Urban/Rural	2.5/3.2	
,		
No Education, Primary	3.1	
Highest Level of Education	2.0	
Provincial Low/High	2.0/3.4	Tashkent City/Central Regi
Poorest/Richest Quintile	4.4/2.1	
Infant Mortality Rate per 1,000 I	Live Births:	
Urban/Rural	42.9/74.6	
No Education, Primary	94.6	
Highest Level of Education	29.4	
Provincial Low/High	na/na	
Poorest/Richest Quintile, %	54.4/45.9	
Under Age 5 Mortality Rate:		
Poorest/Richest Quintile, %	70.3/50.4	
Age-Specific Fertility Rate, 15-19	Years:	
Urban/Rural	38.0/41.0	
Poorest/Richest Quintile	58.0/39.0	
Adolescent Women 15-19 Begun	Childbearing:	
Urban/Rural, %	5.0/3.8	
No Education, Primary, %	3.1	

maicators			
SOCIO-ECONOMIC & HEALTH		1990	Most Recent
Gross Domestic Product Per Capita, Purchasing Power Parity, International Dollars		na	1,737
Gross Domestic Product Growth Rate, Annual %		na	4
Income Group per World Bank Classification		na	Low income
Population Below \$1/Day, %	A	na	3.3
Population Living Below National Poverty Line, %	A	na	27.5
Share of Income or Consumption by Poorest Quintile		na	3.6
Access to Improved Water Supply, %	A	na	89
Antenatal Care, At Least One Visit, %		na	97
Deliveries Attended by Skilled Attendants, %		na	96
Family Planning Programme Effort Index, 1999 (Total Mea	n Score)	na	55.0
Maternal and Neonatal Health Programme Index, 2001 (Total	Mean Scor	_{e)} na	na
Illiteracy Rate, % of Population 15 and Over, Male		1	0
Illiteracy Rate, % of Population 15 and Over, Female		2	1
Illiteracy Rate, % of Population 15 to 24, Male		0	0
Illiteracy Rate, % of Population 15 to 24, Female		0	0
Ratio of Girls to Boys, Primary Education	A	0.96	0.96
Ratio of Girls to Boys, Secondary Education	A	na	na
Primary School Enrolment, Gross % of School Age Population, Male	•	na	103
Primary School Enrolment, Gross % of School Age Population, Female	•	na	102
Secondary School Enrolment, Gross % of School Age Population, Male	•	na	97
Secondary School Enrolment, Gross % of School Age Population, Female		na	94
Children Underweight Under 5, Male, %		na	21
Children Underweight Under 5, Female, %		na	17
Stunted Children under 5, Severe, %		na	14
Wasted Children under 5, Severe, %		na	3
Undernourished People, %		na	26.0
Refugees, Number		na	44,682
Internally Displaced Persons, Number		na	na
Asylum Seekers, Number		na	971
Estimated HIV Prevalence, 15-49, Total		na	0.1
Estimated HIV Prevalence, 15-49, Male		na	0.1
Estimated HIV Prevalence, 15-49, Female		na	0.1

ADOLESCENT REPRODUCTIVE HEALTH	1990	Most Recent
Proportion of Population 15-24	19.2	21.7
Age-Specific Fertility Rate per 1,000 Women, 15-20	76.0	35.5
Median Age at First Sexual Intercourse, Female, 25-49	na	20.2
Mean Age at Marriage, Male	na	na
Mean Age at Marriage, Female	na	na
Married by 18, Percent, Female, 25-49	na	13.0
HIV Knowledge, Women 15-24 Who Know That a Person Can Protect Herself from HIV by Consistent Condom Use, 9	▲ na %	22
HIV Knowledge, Men 15-24 Who Know That a Person Can Protect Himself from HIV by Consistent Condom Use, %	▲ na	na
HIV knowledge, Women 15-24 Who Know That a Healthy-looking Person Can Transmit HIV, %	na	41.0
HIV Prevalence, 15-24, Total	▲ na	0.0
HIV Prevalence, 15-24, Female	▲ na	0.0
HIV Prevalence, 15-24, Male	▲ na	0.0

GENDER EQUALITY	1990	Most Recent
Gender Empowerment Measure, Value	na	na
Gender Empowerment Measure, Rank	na	na
Malnourished Women, %	na	10.3
Labor Force Participation Rate, 15-64, Male	na	78.2
Labor Force Participation Rate, 15-64, Female	na	66.3
Seats in Parliament Held by Women, %	na	7.2
Female Legislators, Senior Officials and Managers, %	na	na
Female Professional and Technical Workers, %	na	na

REPRODUCTIVE HEALTH COMMODITY SECURITY	1990	Most Recent
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, Thousands	na	2,047.9
Projected Increase/Decrease in Women of Reproductive Age 2000-2015, %	na	24.1
Unmet Need for Family Planning, Spacing, %	na	6.6
Unmet Need for Family Planning, Limiting, %	na	7.0
Unmet Need for Family Planning, Total, %	na	13.7
Unmet Need for Family Planning, Thousands	na	999.5

Highest Level of Education	2.3	
Provincial Low/High, %	3.8/5.3	Eastern and Central Regions/ East-Central
Deliveries Attended by Skilled Attend	dants:	
Urban/Rural, %	96.0/95.5	
No Education, Primary, %	66.7	
Highest Level of Education, %	95.8	
Provincial Low/High, %	93.6/97.4	Region 2/Region 1
Poorest/Richest Quintile, %	91.7/100.0	
Modern Contraceptive Prevalence Ra	te for Women 1	5-49:
Urban/Rural, %	59.9/64.6	
No Education, Primary, %	58.7	
Highest Level of Education, %	61.5	
Provincial Low/High, %	55.8/72.6	Tashkent City/Eastern
Poorest/Richest Quintile, %	46.0/52.2	
Modern Contraceptive Prevalence Ra	te for Men 15-5	4:
Poorest/Richest Quintile, %	na/na	
Unmet Need for Family Planning, Lim	iting:	
Poorest/Richest Quintile, %	7.8/6.2	
Unmet Need for Family Planning, Spa	cing:	
Poorest/Richest Quintile, %	8.3/3.8	

of Genital Discharge, Ulcer, or Sore: Poorest/Richest Quintile, %	na/na	
Men 15-54 Seen Medically for Treatment of Genital Discharge, Ulcer, or Sore:	,	
Poorest/Richest Quintile, %	na/na	
Children Underweight Under 5, Severe:		
Urban/Rural, %	0.9/2.0	
No Education, Primary, %	0.7	
Highest Level of Education, %	1.4	
Provincial Low/High, %	0.0/4.1	Tashkent City/East-Central Region
Poorest/Richest Quintile, %	9.8/2.8	
Girls 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	65.5/75.8	
Boys 6-10 Who Currently Attend School:		
Poorest/Richest Quintile, %	68.2/68.1	
Malnourished Women:		
Poorest/Richest Quintile, %	12.3/7.9	
Antenatal Care, At Least One Visit:		
Poorest/Richest Quintile, %	93.0/96.4	