MILLENNIUM DEVELOPMENT GOALS
UKRAINE – 2014

ANNUAL MONITORING REPORT

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This report highlights the progress in the achievement of the Millennium Development Goals (MDGs) as of September 2014, measured using a wide range of informational, analytical and statistical materials. The Ministry of Economic Development and Trade of Ukraine has analysed the country's performance against the MDG targets in partnership with relevant ministries and agencies, the State Statistics Service of Ukraine, the M.V. Ptukha Institute for Demography and Social Studies, the National Academy of Sciences of Ukraine and other scientific institutions. The report preparation and discussion involved more than 100 leading experts in the MDG thematic areas.

This publication will be useful to government officials, staff of ministries and agencies, heads of and experts at central and local executive authorities, officials of international organizations, scientists, representatives of civil society organizations, and everyone interested in sustainable human development issues in Ukraine.

This report has been prepared under the auspices of the United Nations Development Programme (UNDP) in Ukraine in the framework of the Acceleration of Millennium Development Goals Progress in Ukraine Project. The opinions, findings and recommendations are those of the authors and compilers and do not necessarily represent the views of UNDP or other UN agencies.

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ABBREVIATIONS AND ACRONYMS

AIDS	Acquired immune deficiency syndrome
ART	Antiretroviral therapy
CNID	Chronic non-infectious disease
Derzhstat	State Statistics Service of Ukraine
GEI	General educational institution
HEI	Higher educational institution
HIV	Human immunodeficiency virus
ICD-10	International Statistical Classification of Diseases and Related Health Problems, 10th revision
IDSS	M.V. Ptukha Institute for Demography and Social Studies, NAS of Ukraine
ILO	International Labour Organization
MDG	Millennium Development Goal
MICS	Multiple Indicator Cluster Survey
MoH	Ministry of Health of Ukraine
NAMS	National Academy of Medical Sciences of Ukraine
NAS	National Academy of Sciences of Ukraine
PEI	Pre-school educational institution
PPP	Purchasing power parity
TB	Tuberculosis
UDHS	Ukraine Demographic and Health Survey
UN	United Nations
UNDP	United Nations Development Programme
UNFPA	United Nations Population Fund
UNICEF	United Nations Children's Fund
VEI	Vocational educational institution
WHO	World Health Organization

INTRODUCTION

THE MILLENNIUM DEVELOPMENT GOALS IN UKRAINE

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

The Millennium Declaration defined a global vision of the goals with a clear system of tasks, targets and time-frames for achieving them. Achieving the MDGs means real changes in people's wellbeing in all countries of the world. Annual Reports of the UN Secretary-General on the progress in achieving the MDGs have been published since 2001. More than 300 national reports have been produced in 164 countries.

Ukraine acceded to the Millennium Declaration and committed to meet the targets by 2015, having become the first post-Soviet country to adapt the MDGs to its national development context. Since 2004, Ukraine has drafted three national reports presenting an analysis of trends, key challenges and recommendations towards achievement of the MDGs, as well as a series of annual monitoring reports.

National Millennium Development Goals:

Goal 1. Reduce Poverty

Goal 2. Ensure Quality Lifelong Education

Goal 3. Promote Gender Equality

Goal 4. Reduce Child Mortality

Goal 5. Improve Maternal Health

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

Goal 7. Ensure Environmental Sustainability

GOAL 1 REDUCE POVERTY

TARGETS AND INDICATORS

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

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2015
Indicator 1.1. Share of population whose daily consumption is below US$5.05 ($4.30) (PPP), %														
11.9	11.0	7.4	4.0	3.2	1.3**									
					9.0	9.3	6.6	3.8	3.5	2.5	1.9	2.3	1.9	<0.5
Indicator 1.2. Share of poor population according to the national criterion, %														
26.4	27.2	27.2	26.6	27.3	27.1	28.1	27.3	27.0	26.4	24.1	24.3	25.5	24.5	25.0
Indicator 1.3. Share of poor children, %														
33.4	34.9	34.0	34.9	35.0	36.7	36.6	36.3	35.1	33.2	32.7	32.0	33.1	32.6	29.0
Indicator 1.4. Share of poor employed people, %														
21.6	22.6	22.0	21.1	21.6	22.3	27.2	21.7	21.1	20.6	19.7	19.6	20.7	20.0	15.0
Indicator 1.5. Share of population with consumption below the actual subsistence minimum, %														
71.2	69.2	65.0	59.9	51.0	38.7	31.0	30.5	19.9	24.8	23.5	25.8	24.0	22.1	7.0

The table presents actual data of the State Statistics Service of Ukraine till 2013 and target values for 2015 (established in 2010).

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

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

The 2013 indicator values suggest that the consequences of the economic crisis remain and that the stagnation in the economy has affected people's living standards.

According to the absolute poverty criterion used for international comparisons[1] (Indicator 1.1), the poverty rate decreased to 1.9 percent in 2013 – i.e. it returned to its 2011 value. However, this happened since there was no annual inflation.[2] The Indicator 1.2 target value has already been achieved. A decrease in the relative poverty rate resulted from the implementation of a policy of redistribution of funds from middle-income to poor social strata. Low income growth rates for middle-income groups caused an artificial understatement of average (median) income (expenditures), and, consequently, the level of the poverty line dropped. This in turn had a positive effect on relative poverty. Although the relative poverty rate declined in Ukraine overall, as well as among children and employed people, achieving the target values for Indicators 1.3 and 1.4 is considered problematic. The positive dynamics in relative poverty indicators in 2013 occurred mainly due to unemployed population groups. The rates of decrease in poverty among employed people and children were notably lower than the average Ukrainian figure: 0.7 and 0.5 percentage points (pps), respectively, against 1.0. A decisive impact on the relative poverty rate was made by the growth of social transfers outstripping the minimum wage, which is unjustified economically. Achieving the Indicator 1.5 target value is problematic since the austerity regime introduced in the country makes it impossible to raise social transfers over and above budget resources. The proportion of the population with consumption below the actual subsistence minimum fell to 22.1 percent, which is higher than the pre-crisis 2008 value (19.9 percent).

The traditional attributes of Ukrainian poverty and inequality – profiles, risk groups and territories – remain unchanged.

The risk of poverty for families with children, especially large families, those with children under the age of three, and those with a double demo-economic burden remains high. The relative poverty rate among households with children is almost twice as high as among those without children (31.9 percent and 15.7 percent, respectively). Besides, among households with children, there is substantial differentiation in terms of poverty indicators: the best situation can be observed in households where all adults are working (23.7 percent) and in households with one child (27.7 percent). The birth of a second child causes the relative poverty rate to rise swiftly (by 1.4 times, to 39.4 percent). More than half (59.2 percent) of families with three and more children are poor.

An increase in childbirth benefits caused the poverty rate to fall: from 41.1 percent to 39.1 percent in households with two children, and from 35.3 percent to 33.5 percent in households with children under the age of three. Unfortunately, the benefits did not help substantially improve the living standards of large families, among which the poverty rate grew from 58.6 percent to 59.2 percent.

Children aged up to 18 years are the most vulnerable socio-demographic group, with almost a third (32.6 percent) of them considered poor. The main reasons for this situation are the low labour remuneration standards and the inability of parents, especially those of young working age, to support their children financially.

In 2013, the poverty rate among persons aged 75 and above decreased to 24.5 percent, which corresponds to the average value over the entire population. However, non-monetary poverty risks, such as the inability to obtain timely medical and social services, are largely typical for this group of people. Such services are usually not provided in full, and their quality is substandard because of underfinancing and a lack of proper infrastructure.

As before, there is no noticeable gender aspect to poverty: the poverty rate was 24.3 percent among women and 24.7 percent among men in 2013.

A geographical component of inequality is traditional in Ukraine. The lowest poverty rates can be seen in large cities. Rural poverty is considerable; the rural population's poverty indicators are higher than those of the urban population. As a feature of recent years, there has been a trend of town populations' poverty indicators approaching those of rural residents. However, in 2013 the largest improvements in poverty rates were recorded in towns and rural areas, indicating their rapid adaptation to the crisis conditions.

As in previous years, two geographical areas of vulnerability remain in Ukraine: the north-western and southern central regions (see Figure 1.1, 1.2).

Alleviating poverty concerns all aspects of societal life because it is a comprehensive problem

[1] For Eastern and Central European countries it is the per capita daily consumption below US$5.05 at purchasing power parity (PPP).

[2] The World Bank recalculated PPP for 2013 and the entire preceding series. To achieve comparability of the poverty monitoring statistical series (since 2010) for the UAH/US$ PPP for 2013, the 2020 indicator was adjusted by the official consumer price index.

Figure 1.1. Relative poverty rate in regions of Ukraine, 2012, %

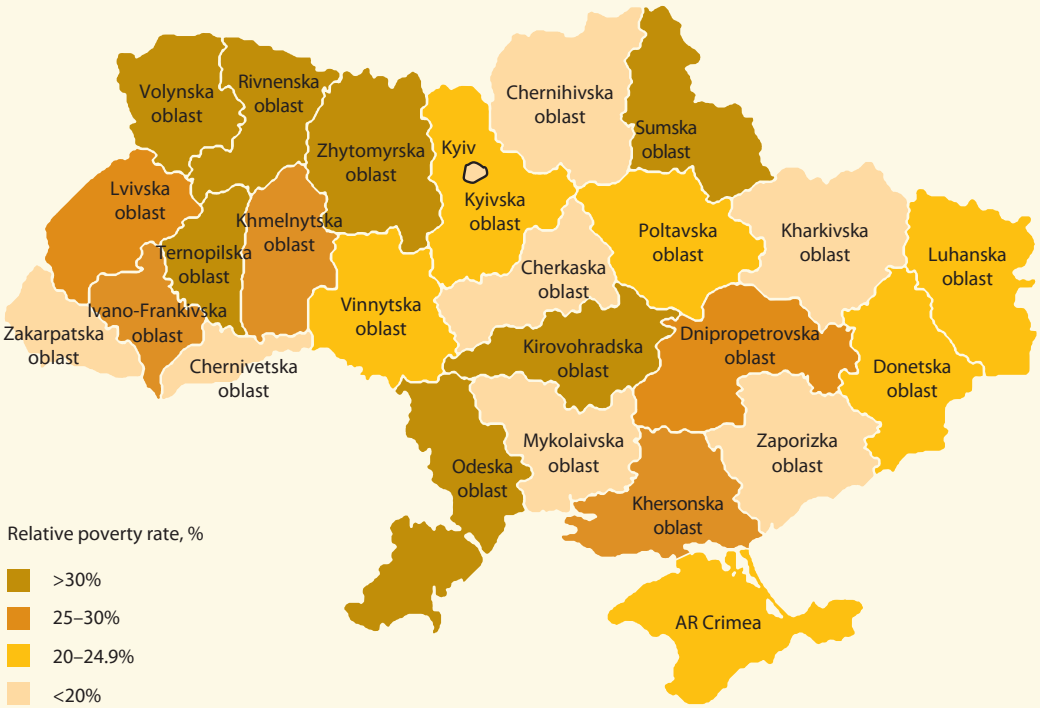
which depends on changes in the social and economic environment. Clearly, under favourable economic conditions the rate of absolute poverty declines automatically, amid people's growing income and living standards. On the other hand, in a crisis setting when financial resources are in extremely short supply, the main policy focus shifts to distribution processes and the involvement of all civil society entities in addressing the problem of poverty, not only to promote 'patching the holes' but also to act as a catalyst for the further revival and development of the economy and society.

In this context, a change in the principles and mechanisms of income distribution is necessary. The key idea is to retarget the taxation system towards reallocating income from the wealthiest population groups to the poorest ones – first and foremost vulnerable people – thereby mitigating the burden placed on middle-income groups. At the same time, such steps would promote the growth of business activity by middle social strata that are able to look for ways out of the crisis and to create additional jobs without assistance. To achieve the targets under this goal, it is necessary to foster a gradual legalization of incomes (both via an indicative wage system and by means of better administration of income from illegal sources).

Reducing the incidence of child poverty is a paramount policy objective. To achieve this objective, the focus should be shifted to labour remuneration. In particular, structural changes in income generation are required, first of all by ensuring that the minimum wage grows by more than other state guarantees. To expand parents' opportunities to provide financially for their family, special attention should be paid to large-scale implementation of flexible work schedules, especially for mothers with young children. At the same time, improving the availability of pre-school child facilities will allow mothers to return to work soon after childbirth. The elimination of non-monetary aspects of child poverty will be promoted by the enhancement of free services for all stages of a child's development. It is also necessary to ensure that poverty-related issues faced by vulnerable children are addressed respectively.

Addressing the problem of geographical inequality – in particular, decreasing rural poverty – is possible through better provision of social services. It is necessary to shift the emphasis from financing the social sphere (infrastructure, facilities and staff wages) to securing the availability of basic services for all population groups, regardless of their income levels and place of residence. With the limited budget capacity and growing degradation of rural social infrastructure, this task is actually becoming unfeasible. However, development of a mechanism for ensuring service availability based on striking a balance between social justice and cost-effectiveness, involving multi-

Figure 1.2. Relative poverty rate in regions of Ukraine, 2013, %



channel funding, could bring certain results in the short term. In addition, reforming the system of distributing inter-budget equalization transfers based on uniform social service provision standards would reduce territorial differentiation in terms of non-monetary poverty.

Under the conditions of constrained public finance and growing social commitments, a direct impact on the incidence of poverty will be achieved by improving the efficiency of the system of state social support for the population. The main task is to retarget the social support system from assistance to all vulnerable strata and low-income population groups towards assistance to the poorest. In this context, it is necessary to ensure better targeting of social assistance to poor people by improving the legislative, methodological and technical aspects of the state social support system. It should promote more efficient allocation of budget funds for social goals and make it possible to increase the amount of social transfers within the limits of reduced financing.

When it is impossible to eliminate poverty-related problems solely through budgetary means, the need to apply a new approach to burden sharing becomes more relevant. The objective should be to share the burden, including the financial burden, among all civil society entities (the State, business, the community and individuals) with regard to ensuring equal access to high-quality social services, complying with principles of social justice in the allocation of funds for social support, and providing special conditions for the development of socially vulnerable population groups.

GOAL 2

ENSURE QUALITY LIFELONG EDUCATION

TARGETS AND INDICATORS

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

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2015
Indicator 2.1. Net enrolment rate in pre-school educational institutions for children aged 3–5 in urban areas, %														
65.1	73.3	79.5	82.6	85.8	86.9	87.2	87.3	88.0	86.5	87.5	87.6	89.9	92.5*	95.0
Indicator 2.2. Net enrolment rate in pre-school educational institutions for children aged 3–5 in rural areas, %														
24.0	24.4	27.5	29.9	33.2	38.0	41.7	44.9	47.6	47.8	49.7	53.2	55.4	58.2*	60.0
Indicator 2.3. Net enrolment rate for children in secondary education, %														
97.7	98.1	98.3	97.8	99.1	99.3	99.4	99.5	99.7	99.1	97.3	98.8	99.5	99.6	99.9
Indicator 2.4. Net enrolment rate in post-secondary institutions for those aged 17–22, %														
31.5	32.5	34.8	35.0	37.2	41.8	44.1	45.4	46.3	46.9	47.0	45.9	45.7	46.1	56.0
Indicator 2.5. Cumulative gross number of persons undergoing retraining or professional development, thousands of people														
...	158.0	...	167.0	188.0	193.0	193.0	197.0	293.0	224.5	249.4	264.0	...	...	320.0
Indicator 2.6. Number of general educational institutions with internet access, %														
...	...	...	...	...	...	...	...	42.0	43.0	57.0	69.1	76.4	81.6	90.0

The table presents actual data of the State Statistics Service of Ukraine till 2013 and target values for 2015 (established in 2010).

** preliminary data of the State Statistics Service of Ukraine.*

Given an increase in the total number of children aged 3–5 in Ukraine (by 26,200 during 2013), the enrolment rate in pre-school education (Indicators 2.1 and 2.2) shows a positive trend in both urban areas (from 89.9 percent to 92.5 percent) and rural areas (from 55.4 percent to 58.2 percent), which generally indicates improved access to this type of education.

The number of children enrolled in pre-school educational institutions (PEIs) aged 3 and above increased by 14,700 in rural areas and 28,400 in urban areas during 2013. The number of places for this age group of children grew by 16,500 in rural PEIs and 15,000 in urban PEIs; in terms of the number of working institutions, the urban pre-school educational network is still behind its rural counterpart (6600 PEIs against 9300). However, the average number of children per institution shows a fivefold difference (166 against 33) between urban and rural areas.

In 2013 the occupancy rate of urban PEIs increased from 129 to 130 (number of children per 100 places). The occupancy rate of urban PEIs is also going up (in 2012 the minimum value was 113 children per 100 places, and the maximum value was 149 per 100; in 2013 they became 112 and 154, respectively). An exacerbation of the situation can be seen in cities with a population of 100,000 and greater. In rural areas the overall PEI occupancy rate remains at the previous period's level – 92 children per 100 places – but now the occupancy rate already exceeds 100 in as many as 7 regions.

All this demonstrates the extreme complexity of eliminating various geographical differences in access to high-quality pre-school education for children of various age groups. Meanwhile, the total number of state-owned and private institutions in Ukraine is decreasing every year, whereas the PEI network is mainly expanding due to institutions in communal ownership (by 306 in 2013, including 12 new buildings commissioned).

A consolidation of progress in achieving Indicator 2.3 concerning the net enrolment rate for children in secondary education (from 99.5 percent to 99.6 percent) took place in 2013. In addition, the decrease in the number of adolescents who acquired basic secondary education but did not continue their studies can be regarded as satisfactory: 1400 young people or 0.35 percent of the total number of 9th grade graduates (compared with 2300 – or 0.53 percent – in 2012).

Analysis of the educational priorities of the 9th grade graduates showed that a general trend of simultaneous acquisition of complete general secondary education and a profession/qualification remained. In 2013, 60.7 percent of pupils continued their studies in senior grades of daytime general educational institutions (GEIs) (60.4 percent in 2012); 2.5 percent continued their studies in evening schools (2.6 percent in 2012); 16.2 percent of basic school graduates entered vocational educational institutions (VEIs) (16.8 percent); and 20.2 percent entered higher educational institutions (HEIs) (19.7 percent). The available network of rural GEIs is physically incapable of ensuring full coverage of adolescents with complete secondary education. Of the 9th grade graduates in rural areas, 55.4 percent continue their studies in the 10th grade of daytime GEIs, whereas the percentage in urban areas is 64.9 percent.

Despite demographic difficulties in Ukraine, particularly a decrease in the total number of youth aged 17–22 (by 174,900 during the last year alone), the net enrolment rate in post-secondary institutions for this age group (Indicator 2.4) went up from 45.7 percent to 46.1 percent, both in HEIs of accreditation level I–II (from 6.56 percent to 6.77 percent) and in HEIs of accreditation level III–IV (from 39.18 percent to 39.29 percent).

The question concerning adjustment of the Indicator 2.4 target value (56 percent in 2015) remains on the agenda because the transition to the 11-year school system (in 2011) caused a corresponding decrease in the number of students aged 17–18. The enrolment rate in post-secondary institutions for youth aged 19–22 remains largely stable.

The structure of the graduates enrolled in HEIs of various accreditation levels has certain notable characteristics, because children mainly enter HEIs of accreditation level III–IV after the acquisition of complete general education (see Table 2.1). In the reporting year, the proportion of students who had graduated from schools in that year decreased, but the proportion of those who had graduated from various educational institutions in previous years went up. Another positive sign is the growing desire among VEI graduates to achieve a higher educational level. Their share among those enrolled in HEIs of accreditation level I–II increased from 4.2 percent to 6.0 percent; the share among those enrolled in HEIs of accreditation level III–IV increased from 1.5 percent to 1.7 percent; overall, the number of VEI graduates in HEIs grew from 9468 to 11,622.

The proportion of HEI students from rural areas remained stable at 29.2 percent in academic year 2013/2014 (29.3 percent in 2012/2013),

Table 2.1. HEI enrolment of graduates of various educational institutions, %

Graduates, by educational attainment and by graduation year	HEIs of accreditation level I–II		HEIs of accreditation level III–IV	
	academic year 2012/13	academic year 2013/14	academic year 2012/13	academic year 2013/14
Graduated from middle school in the current year with a certificate of basic general secondary education	53.3	51.3	11.8	11.3
Graduated from senior school in the current year with a certificate of complete general secondary education	25.0	22.2	57.1	51.6
Graduated from VEIs in the current year with complete general secondary education	4.2	6.0	1.5	1.7
Graduated from HEIs of accreditation level I–II in the current year	1.2	1.7	14.2	15.4
Graduated from HEIs of accreditation level III–IV in the current year	0.04	0.1	0.4	0.6
Graduated from various educational institutions in previous years	16.2	18.7	14.9	19.4

which proves that higher education remains available for people living in rural areas. However, the proportion of young people from rural areas who entered HEIs of various accreditation levels by special assignment according to an established quota (especially HEIs of accreditation level III–IV) decreased from 10.3 percent to 8.9 percent in academic year 2012/2013.

The proportion of students acquiring higher education at the expense of the state budget grew from 41.2 percent to 42.6 percent; at the expense of local budgets, from 4.4 percent to 4.7 percent; at the expense of public authorities or legal entities, from 0.3 percent to 0.4 percent. Therefore, the proportion of those whose studies are funded by individuals decreased overall (from 54.1 percent to 52.3 percent), but the proportion of those admitted to the initial cycle of training at the expense of individuals increased from 46.6 percent to 48.3 percent (primarily for HEIs of accreditation level III–IV).

On-the-job staff training remains an important way to overcome the shortage of a regular labour force and to improve employees' occupational skills. However, the scale of such training is small. For example, the number of workers who undertook vocational training and professional development in 2013 declined by 17,100 from the previous year, to 1,217,800 persons, or 11.8 percent of all staff members.[1]

[1] State Statistics Service of Ukraine, Employment of Ukraine in 2013, Statistical digest, State Statistics Service of Ukraine, Kyiv, 2014.

Among all those who underwent training in 2013, vocational training and retraining were undertaken by 196,900 workers, or only 1.9 percent of staff members (218,400 in 2012 – or 2.0 percent). In most cases they were employees of enterprises in industry (70.1 percent of all those trained in new occupations) and transport, storage facilities, postal and courier services (11.1 percent). Direct on-the-job vocational retraining was the main form of staff training.

Professional development through various forms of training (production technology courses, purpose-oriented courses, internships, specialization, long-term and short-term training) was undertaken by 1,020,900 persons in 2013, or 9.9 percent of staff members (1,016,500 in 2012 – or 9.5 percent).

At the enterprises traditionally involving highly skilled staff, specialists undertook professional development mainly at various types of educational establishments. The proportion of those trained at educational establishments was 93.5 percent in health care and social assistance institutions; 91.7 percent in educational institutions; 83.5 percent in institutions of public administration, defence and mandatory social insurance. On-the-job professional development was most often provided to workers engaged in industry (77.7 percent of those who undertook professional development), finance and insurance (69.1 percent), information and telecommunications (67.9 percent) and research and development (66.3 percent). Men

accounted for 55.3 percent of the workers who undertook professional development, while professionals and specialists predominated in terms of occupational groups (47.5 percent of the total number of staff received professional development training).

In parallel with the staff training and retraining system, the state system for training and retraining unemployed people through the public employment service is working to secure job placements for them. In 2013, 217,000 registered unemployed people were undergoing vocational training at educational establishments of all types according to assignments from the public employment service (221,100 in 2012).[2]

The number of GEIs with internet access (Indicator 2.6) increased from 76.4 percent to 81.6 percent (from 94.9 percent to 96.9 percent in urban areas; from 67.1 percent to 73.7 percent in rural areas). However, a negative trend is visible when a school's connection to the internet is formal, because it is cut off due to nonpayment. In addition, almost half of GEIs have no high-speed internet access,[3] which greatly complicates the use of modern electronic training materials, provision of distance learning for children with disabilities etc.

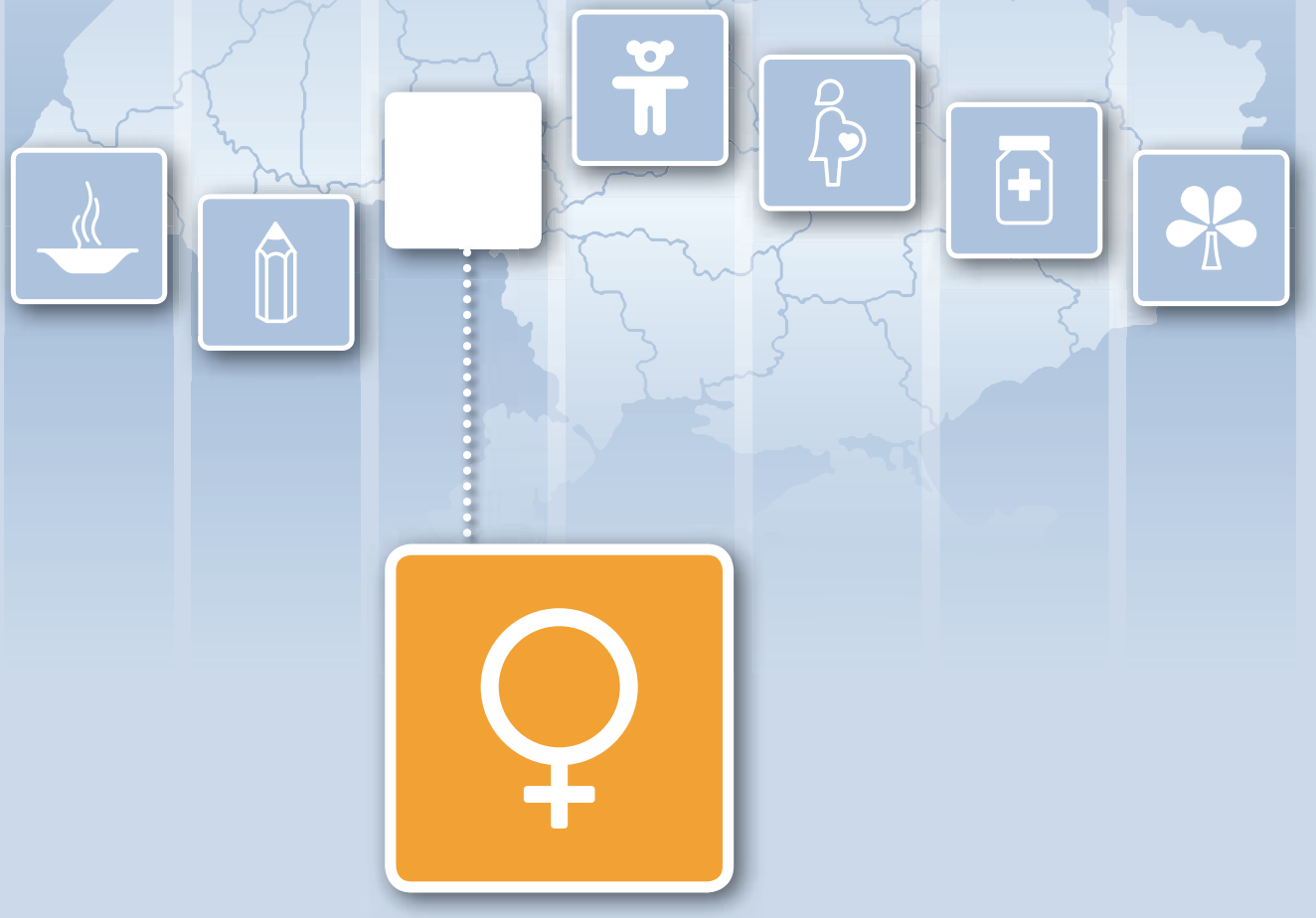
In the field of general secondary education, overcoming the differences in learning conditions in different types of settlements (urban areas, towns and rural areas) remains the key task. In addition, it is reasonable to implement a new mechanism for the competitive selection of textbook manuscripts, under which expert authorities will be delegated to an independent institution. It is also time to establish a repository of e-textbooks freely available to all educational institutions. The development of teaching materials for inclusive education and of a computer-oriented educational environment for the secondary education system requires the active use of international best practices, including through participation in international projects.

In the field of vocational education, it is necessary to improve its development forecasting procedures, ensure openness and transparency in the distribution of governmental contracts for training of specialists, and encourage educational institutions to adopt autonomy and public and community-based management. Still on the agenda is the task of establishing mechanisms for the implementation of the National Qualification Framework, particularly the development of a concept and draft of the National Standard Classification of Education (as the National Classifier of Ukraine).

Decentralization, debureaucratization and social partnership should become new principles of education management. In this context, the following tasks are important: securing accountability of the entire chain of management structures for the availability and quality of educational services; substantially reducing the flow of documents between education management bodies and educational institutions; establishing efficient assessment of managers and teachers; and counteracting any manifestations of corrupt practices in education.

[2] State Statistics Service of Ukraine, Employment of Ukraine in 2013, Statistical digest, State Statistics Service of Ukraine, Kyiv, 2014.

[3] O. Onyshchenko, Brought out into the open, Dzerkalo Tyzhnia, No. 27, 2014, available at: http://gazeta.dt.ua/EDUCATION/vive-li-na-chistu-vodu-prokuratura-viyavila-porushennya-zakonu-u-sferi-osviti-_.html.



GOAL 3 PROMOTE GENDER EQUALITY

TARGETS AND INDICATORS

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

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2015
Indicator 3.1. Gender ratio among the Members of the Parliament of Ukraine, number of women/number of men														
8/92	8/92	5/95	5/95	5/95	5/95	9/91	8/92	8/92	8/92	8/92	8/92	9/91	9/91	30/70
Indicator 3.2. Gender ratio among the members of local authorities, number of women/number of men														
42/58	42/58	42/58	42/58	42/58	42/58	35/65	35/65	37/63	37/63	37/63	44/56	...	...	50/50
Indicator 3.3. Gender ratio among the higher-level civil servants (categories 1–2), number of women/number of men														
15/85	16/84	17/83	17/83	17/83	22/78	21/79	22/78	22/78	23/77	25/75	27/73	28/72	28/72	30/70
Indicator 3.4. Ratio of average wages between women and men, %														
70.9	69.7	69.3	68.6	68.6	70.9	72.8	72.9	75.2	77.2	77.8	74.9	77.6	77.2	86.0

The table presents actual data of the State Statistics Service of Ukraine till 2013 and target values for 2015 (established in 2010).

No substantial change occurred in the gender ratio among the Members of the Verkhovna Rada (Parliament) of Ukraine, 7th convocation, in 2013 (Indicator 3.1). As of the end of the year, there were only 42 women among 445 Members of Parliament (9.4 percent against the national indicator target of no less than 30 percent). As a result, Ukraine ranked 114th in the global ranking of women's representation in national parliaments, and additional efforts are required to achieve the target.[1] At the global level, a trend towards women's greater participation in representative bodies was observed: as of 1 December 2013, the proportion of women among world parliamentarians was 21.4 percent on average, including 42.1 percent in the Scandinavian countries, 25.0 percent in North and South America, 23.1 percent in European countries (without Scandinavia), 22.4 percent in sub-Saharan Africa, 18.2 percent in Asian countries, 17.8 percent in Arab States and 13.1 percent in the Pacific region.[2] Moreover, the Plan of Action for Gender-sensitive Parliaments,[3] endorsed by the international community in late 2012, outlined the basis of a roadmap for further actions aimed at securing gender parity in representative authorities.

A lack of political will to implement gender-representativeness in public authorities remains a key barrier to achieving Target 3.1. Although the Law of Ukraine on Political Parties was supplemented in 2013 to provide for the size of the quotas setting the minimum level of women's and men's representation in electoral lists of candidates for the Verkhovna Rada from political parties in the national constituency (no less than 30 percent of the total number of candidates on the electoral list),[4] not all political parties are complying with this provision. In addition, the language of the Law remains obscure and fails to ensure compliance with the gender quota for every 10 positions on the list. Therefore, even if extraordinary parliamentary elections are held, ensuring a decent gender ratio among Members of Parliament seems unlikely without changing the general principles of the political process in the country, although an increase in the number of women Members of Parliament should be expected based on statements made by political party leaders.

The proportion of women among higher-level civil servants also remained unchanged from the previous year at 28.3 percent, or 358 of 1267 managers of categories 1–2 (Indicator 3.3). However, deeper analysis of the gender ratio among civil servants reveals certain positive tendencies, because the proportion of women in the total number of managers increased slightly in 2013. A particular reason for optimism is provided by women's growing share among category 1 managers (from 13.5 percent in 2012 to 16.7 percent in 2013) – i.e. exactly at that managerial level where the most important decisions are made and where the broadest opportunities exist to influence state policymaking, including gender policy. Importantly, women's positions also became stronger in local government: their representation among top officials (category 1–2 managers) of relevant authorities increased by nearly 60 percent – from 5.8 percent to 9.2 percent. Unfortunately, this increase was due solely to the number of category 2 managers; as in previous years, no women at all were found at the highest managerial level in local government.

Monitoring of Indicator 3.3 between 2000 and 2012 demonstrates a somewhat positive trend (the proportion of women among higher-level civil servants grew from 15 percent to 28.3 percent), which gives reasons to expect that the target will be achieved by 2015. However, a lack of effective mechanisms in national law for improving women's access to executive bodies and to the decision-making process still hinders progress in this field.

Gender inequality in Ukraine's labour market also remains rather high. Moreover, a gradual rise in nominal wages during 2013 was accompanied by a minor growth in the gender pay gap (Indicator 3.4). For example, women's average wage fell to 77.2 percent of men's (UAH2866 and UAH3711 per month, respectively). Traditionally, the greatest gender differences in the level of earnings were recorded in industry, where women's average wage was only 69.7 percent of men's (UAH2946 versus UAH4227, respectively), and even as low as 55.8 percent in the extractive industries and quarry development (UAH3070 versus UAH6532, respectively). Other economic activities featuring a considerable gender pay gap include the arts, sport, entertainment and recreation (62.2 percent, or UAH2714 versus UAH4362 per month), and finance and insurance (66.8 percent, or UAH5395 versus UAH8079). Remarkably, it is in these two economic activities that inequality in labour remuneration between women and

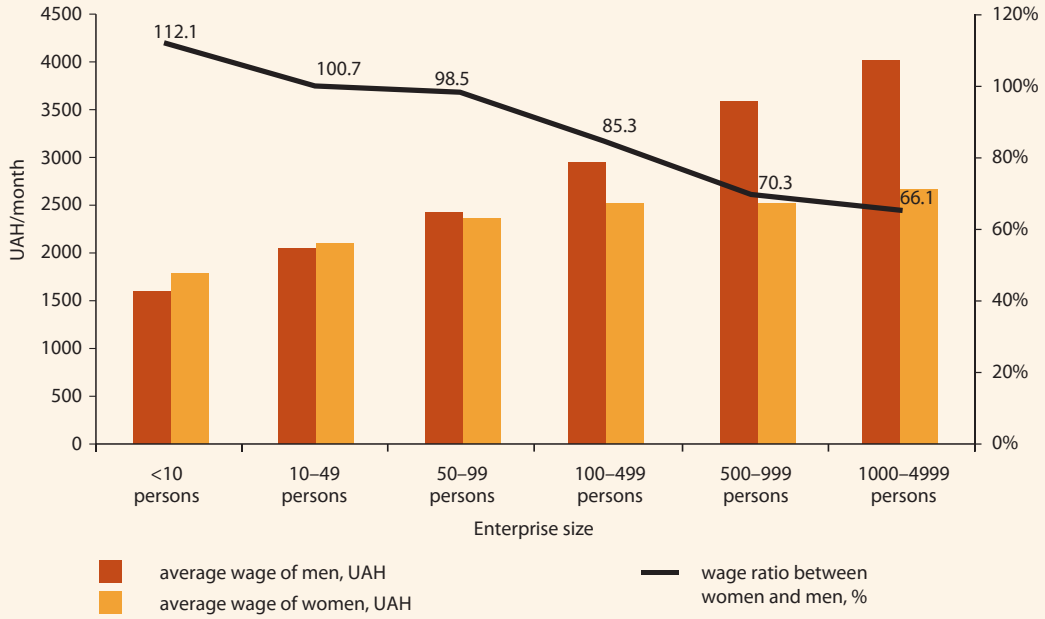
[1] Inter-Parliamentary Union, Women in National Parliaments: World Classification as of 1st December 2013: http://www.ipu.org/wmn-e/arc/classif011213.htm.

[2] Inter-Parliamentary Union, Women in National Parliaments: Regional Averages as of 1st December 2013: http://www.ipu.org/wmn-e/arc/world011213.htm.

[3] Inter-Parliamentary Union, Plan of Action for Gender-sensitive Parliaments, adopted by the 127th IPU Assembly (Quebec City, 26 October 2012): http://www.ipu.org/pdf/publications/action-gender-e.pdf.

[4] Article 8 of the Law on Political Parties was supplemented with paragraph 10 as per the Law on Amending Some Legislative Acts of Ukraine to Improve the Legislation on Elections (No. 709-VII of 21 November 2013).

Figure 3.1. Wage ratio between women and men in Ukraine depending on enterprise size in 2012



men increased. It should also be noted that the number of women is much greater than that of men in these two fields.

As in previous years, the lowest gender pay gap was typical for those economic activities where there is a high level of female employment but labour remuneration levels are below average, namely: administrative and auxiliary services (where women's average wage is 97.5 percent of men's, or UAH2490 versus UAH2554), education (91.3 percent, or UAH2641 versus UAH2892), health care and social assistance (89.9 percent, or UAH2318 versus UAH2580). The average wage of women employed in libraries, archives, museums and other cultural facilities was even 8.5 percent higher than that of men (UAH2793 versus UAH2575).

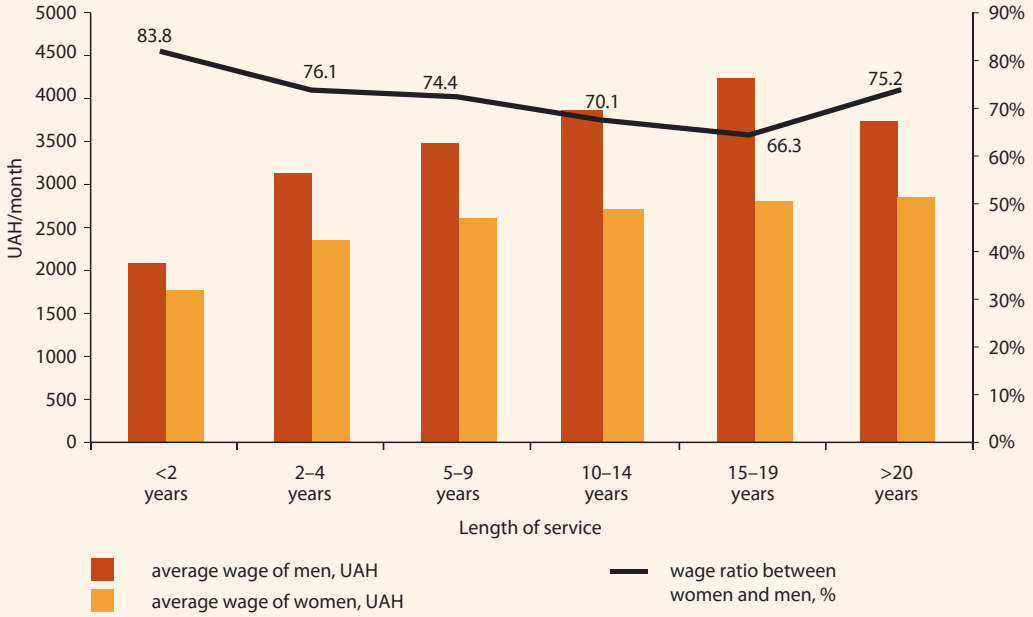
The inverse correlation between the gender wage gap and the average wage rate maintained similar regional characteristics in 2013. As before, the greatest gender differences were recorded in the industrialized regions of the south-east: in Luhansk, Donetsk, Dnipropetrovsk, Zaporizhzhia and Mykolaiv oblasts, average wages of men were more than 27 percent higher than women's. The 'male' specialization of regional economies, and wage levels above Ukraine's average, due to the concentration of heavy industries in these regions act as the main determinants of the persistence of a high level of gender inequality in labour remuneration. On the other hand, Ternopil, Chernivtsi and Kherson oblasts, featuring mainly agrarian employment, showed the narrowest gender pay gap (less than 10 percent) but also the country's lowest average wages for both women and men.

The characteristics of gender wage ratios by economic activity, outlined above, suggest a steadily high level of gender-based occupational segregation in Ukraine's labour market. If the segregation is not mitigated, it will be impossible to ensure a reduction in the labour remuneration gap between women and men and to achieve gender parity in decision-making authorities. However, as before, the determinants of such a gender pay gap are of a rather complex, systemic nature.

To identify gender problems in the labour market, the results of a sample survey of enterprises on staff wages by occupational group, held by Derzhstat in 2012, were used.[5] Due to the survey, a detailed analysis was conducted for the first time concerning the specific features of the gender pay gap, not only by occupational group but also depending on age, educational attainment, length of service, and enterprise size. In particular, the statistical data demonstrated the growth of gender differences in staff wages depending on the enterprise size (see Figure 3.1, 3.2): at small enterprises, women's average earnings were even slightly higher than men's, whereas at enterprises employing more than 1000 peo-

[5] State Statistics Service of Ukraine, Wages by occupational group in 2012 (based on a sample survey), Statistical digest, State Statistics Service of Ukraine, Kyiv, 2013.

Figure 3.2. Wage ratio between women and men in Ukraine depending on length of service in 2012



ple, women's earnings were one third lower on average than those of men. A similar trend was also revealed concerning length of service: whereas the smallest gender differences in labour remuneration rates were seen among workers with less than two years of service (14 percent), the difference for those with 15–19 years of service became as much as 34 percent because of men's higher wages.

These data indirectly confirm spreading manifestations of gender discrimination in Ukraine's labour market that are seen in unequal opportunities of employment, professional development and career promotion for women and men. The persistence of gender-biased treatment in the field of employment is also confirmed both by data from special sociological surveys of the employed population[6] and by the results of inspections conducted by the State Labour Inspectorate of Ukraine. In particular, in 2013, inspectors revealed 213 violations of women's labour rights when conducting inspections at 32,000 enterprises.[7]

The results of a sample wage survey conducted by Derzhstat also convincingly prove that the acquisition of higher education remains an important tool to overcome gender inequality in income levels because having higher education not only helps increase personal earnings but also allows women to compete effectively in the labour market. It is among people who completed higher education that the lowest gender differences in wages were recorded – only 22 percent (UAH4273 for men and UAH3333 for women). By contrast, among those with basic general secondary education the gap in average wages grew to 35 percent, with lower average earnings (UAH2442 per month for men and UAH1609 for women). However, the effective use of educational advantages is only possible given an educational system free from gender stereotypes and prejudice at all levels – from pre-school to higher education.

A positive impact on gender transformations will be made by the approval, in September 2013, of the State Programme on Ensuring Equal Rights and Opportunities of Women and Men until 2016, where the integration of gender approaches into the educational system is proclaimed as a priority. Drafting, discussing and approving the State Programme, after having no such policy document on ensuring gender equality for three years, provides an important stimulus that will ensure reconstruction of the national mechanism for ensuring equal rights and opportunities for women and men, which lost its effectiveness due to the administrative reform of 2011. The proclamation of specific gender policy tasks, the assignment of relevant authorities to the Ministry of Social Policy of Ukraine, and the allocation of target funding encourage hopes that implementation of the State Programme will speed up gender transformations.

[6] UNFPA, ILO, IDSS, Analytical research on women's participation in the labour force in Ukraine, UNFPA, ILO, IDSS, Kyiv, 2012.

[7] See the official website of the State Labour Inspectorate of Ukraine for Labour: http://dpu.gov.ua/.

The next steps in the development of the national mechanism for securing gender equality should include: strengthening coordination among various government bodies in the realization of the gender policy and improving the skills of executive officials; ensuring gender mainstreaming of the activities of all central and local executive authorities; and shaping a general culture of gender equality among civil servants. It is important to ensure supervision of steady compliance with the provisions of anti-discrimination laws and to take adequate measures when instances of gender-based discrimination are revealed; to establish efficient mechanisms for the exercise of the right to protection against discrimination; and to ensure their transparency and availability for the general public. In this context, the advocacy work with employers to ensure gender-neutral treatment of workers must be stepped up, awareness-raising campaigns with various employee groups must be conducted, and the practice of coverage of successful examples of rights protection in cases of gender discrimination must be widely disseminated.

Achieving parity representation of women and men in decision-making urgently needs implementation in the political process of new legislative provisions that determine gender quotas in electoral lists of political parties. At the same time, compliance with the appropriate representation of women and men throughout the list of candidates for Members of Parliament still directly depends on every political party's political will and responsibility. Hence, the need for provisional 'positive actions' – i.e. direct support for female candidatures in representative and executive authorities – has not lost its relevance. On the other hand, still of substantial importance are indirect actions that would encourage more active career aspirations among women themselves, promotion of women's leadership, compliance with a gender-sensitive personnel policy in organizations of various ownership forms, and adoption of international best practices on ensuring gender parity in decision-making.

It is necessary to intensify a gender policy to overcome the entrenched stereotypes concerning the division of social roles of women and men still present in Ukrainian society and continuing to reproduce gender inequality. Key recommendations concern further dissemination of the practice of including a gender component in the curricula of educational institutions of all levels, and implementation of large-scale social advertising that should cover guidelines on the equal distribution of family responsibilities and accountability for child-rearing between women and men. All-round development of the social welfare infrastructure, especially in rural areas, will also promote a reduction in gender inequality in the distribution of working time and foster broader opportunities for a harmonious combination of family and occupational responsibilities for both women and men.

GOAL 4 REDUCE CHILD MORTALITY

TARGETS AND INDICATORS

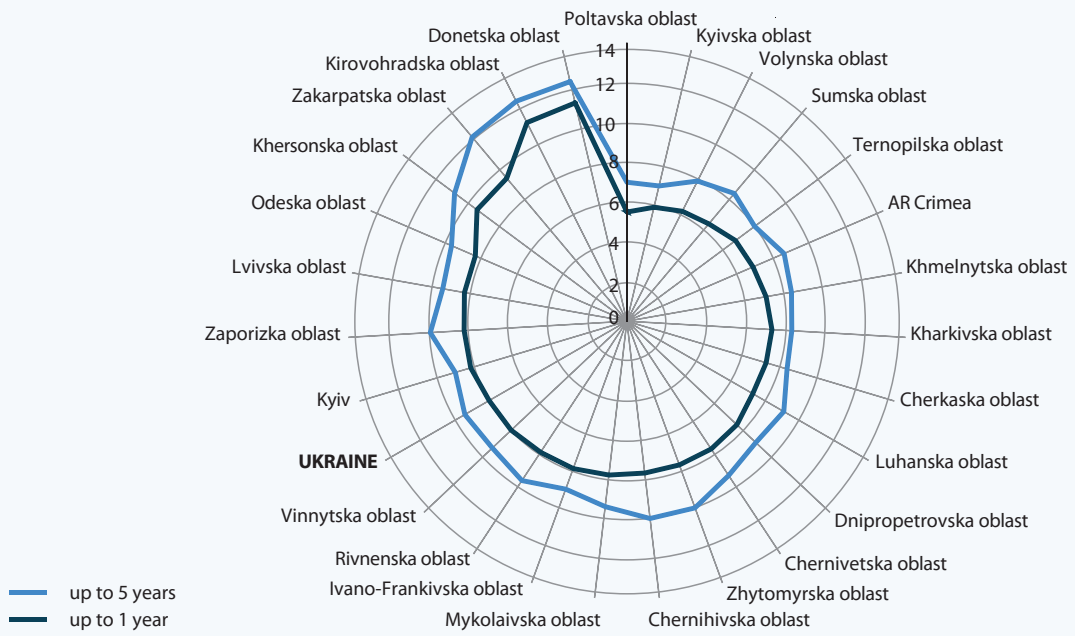
Targets	Indicators
Target 4.A: Decrease the mortality rate among children up to five years of age by one quarter	4.1. Mortality rate among children of up to five years of age, number of children of corresponding age who died per 1000 live births 4.2. Infant mortality rate, number of infants up to one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

2000	2001	2002	2003	2004	2005	2006	2007*	2008	2009	2010	2011	2012	2013	2015
Indicator 4.1. Mortality rate among children of up to five years of age, number of children of corresponding age who died per 1000 live births														
16.0	14.4	13.6	12.9	12.4	12.9	12.4	13.6	12.2	11.3	10.7	10.7	10.1	9.4	11.0
Indicator 4.2. Infant mortality rate, number of infants up to one year of age who died per 1000 live births														
11.9	11.3	10.3	9.6	9.5	10.0	9.8	11.0	10.0	9.4	9.1	9.1	8.5	8.0	9.3

The table presents actual data of the State Statistics Service of Ukraine till 2013 and target values for 2015 (established in 2010).

** since on 1 January 2007 Ukraine switched to new international standards for assessing the criteria for the perinatal period and live and stillbirths.*

Figure 4.1. Infant mortality and mortality among children of up to five years of age in regions of Ukraine, 2013, per 1000 live births



The child mortality rate is a universally recognized indicator of a nation's health, which reflects people's quality of life and well-being status, the distribution of social and material goods in society, environmental conditions, the effectiveness of prevention programmes, the availability and quality of medical care etc.

Child mortality in Ukraine decreased between 2000 and 2013. Since 2008 the child mortality rate has been demonstrating a downward trend. Nearly all deliveries (99 percent) take place in a health care facility with skilled staff. In 2013, 4030 infants died in Ukraine (including 2431 in the first 27 days). More than half (60 percent, or 2130) of infant deaths were caused by specific conditions emerging in the perinatal period, whereas 18 percent were caused by congenital abnormalities.

The mortality rate among children up to five years of age decreased from 16.0 to 9.4 per 1000 live births between 2000 and 2013. Within this average figure, substantial regional variations can be observed: from the highest (more than 12 per 1000) in Kirovohrad, Donetsk and Zakarpattya oblasts to the lowest (below 8 per 1000) in Poltava, Kyiv and Volyn oblasts (see Figure 4.1).

Infant mortality in Ukraine is a major contributory factor to mortality among children of up to five years of age, since 85 percent of deaths occur before the child reaches one year of age. While conditions emerging in the perinatal period are the main cause of infant deaths, unnatural causes rank first for children aged 1–4 (30 percent of all deaths). Relatively high mortality due to external causes – i.e. preventable ones – is the key reason for Ukraine lagging behind European countries in terms of mortality among children of up to five years of age.

Almost three quarters (73.3 percent) of children were born in 2013 in obstetric institutions certified as compliant with the 'child-friendly clinic' status (in 2008 it was only every second baby). As of early 2014, 465 health care facilities had this status. The proportion of health care facilities providing services to mothers and children and certified as compliant with the 'child-friendly clinic' status is 34.2 percent (41.5 percent as of 1 January 2013).[1] The proportion of certified health care facilities is the highest (over 80 percent) in Dnipropetrovsk, Lviv and Chernihiv oblasts.

Breastfeeding is a weighty driver for reducing child morbidity and mortality, on the one hand, and has positive short- and long-term consequences for maternal health, on the other. Ukraine is implementing activities pursuant to the Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020, which helped improve health indicators due to the adoption of a bal-

[1] The decrease in the proportion of certified facilities is connected with the emergence of 448 new facilities – primary health care centres established in the process of health care reformation. In 2013 the MoH of Ukraine approved a new version of the 'Guide on assessment and re-assessment of health care facilities for compliance with the "child-friendly clinic" status'.

anced food ration at all stages of life (including nutrition from the very first stages of life, beginning from the period before and during pregnancy), and is promoting the implementation of measures to encourage adequate breastfeeding and correct use of additional baby food.[2]

Ukraine is consistently pursuing a policy of protecting and supporting breastfeeding both by raising people's awareness of the benefits of breastfeeding and through the effective organization of the functioning of health care institutions. The proportion of mothers and their newborns remaining together in maternity homes has grown; the WHO/UNICEF breastfeeding principles are used (breastfeeding on demand; early initiation of breastfeeding; giving newborns only breast milk until 4–6 months of age). Measures to support breastfeeding after a mother has been discharged from a maternal hospital need to be introduced.

According to death registration data, certain differences can be seen in Ukraine in the distribution of infant deaths that occurred during the first 24 hours, the first month, and 12 months after birth. In particular, whereas the average proportion of first-day deaths in developed countries is 30 percent of all infant deaths (even close to 40 percent in countries with low child mortality such as Canada and Switzerland), this indicator in Ukraine is 16 percent,[3] which demonstrates the need to analyse the statistics for reliability.

Stopping smoking tobacco is one of the least expensive and easiest ways to remain healthy. The prevalence of this bad habit among women of reproductive age is a concern because of the damage it causes to the woman herself and to her children. Only 54.4 percent of the pregnant women surveyed during the Ukraine Multiple Indicator Cluster Survey (MICS 2012)[4] said they had never smoked, while 2.6 percent admitted smoking during pregnancy. It is universally known that passive smoking is a key factor behind sudden infant death syndrome. It should be noted that the number of such deaths decreased by 18 percent between 2008 and 2012.[5] According to a representative national survey conducted in 2013 by the Kyiv International Institute of Sociology among Ukrainian adults, 27 percent of respondents reported that smoking was allowed in their home. Even among non-smokers, this figure 19 percent, and 8.1 percent of non-smokers said that someone was smoking in their home every day (in women's homes it was twice as often as in men's). Although the scale of smoking at home has been gradually decreasing in recent years, the change is slower than in public places and at work, where legislative measures have an impact.

It is necessary to continue to adopt the modern clinical protocols of providing health care to mothers and children based on the principles of evidence-based medicine. Improvement of maternal and child health depends on the quality of the health care provided to children and mothers, which calls for further dissemination of modern perinatal and reproductive technologies and practical implementation of scientifically grounded treatment standards and protocols. To reduce perinatal mortality, unified technologies of health care for low-weight newborns must be adopted.

It is reasonable to expand the networks of social mother and child centres that provide emergency care to mothers and children from disadvantaged families and families in difficult circumstances. Measures should be implemented to ensure social support for young families and improve family planning systems, especially at the primary level. Strengthening intersectoral interaction involving the mass media and non-governmental organizations is of great importance for the prevention of social orphanage, which is a negative factor behind worsening children's health and a potential driver of problems emerging in their future adult life.

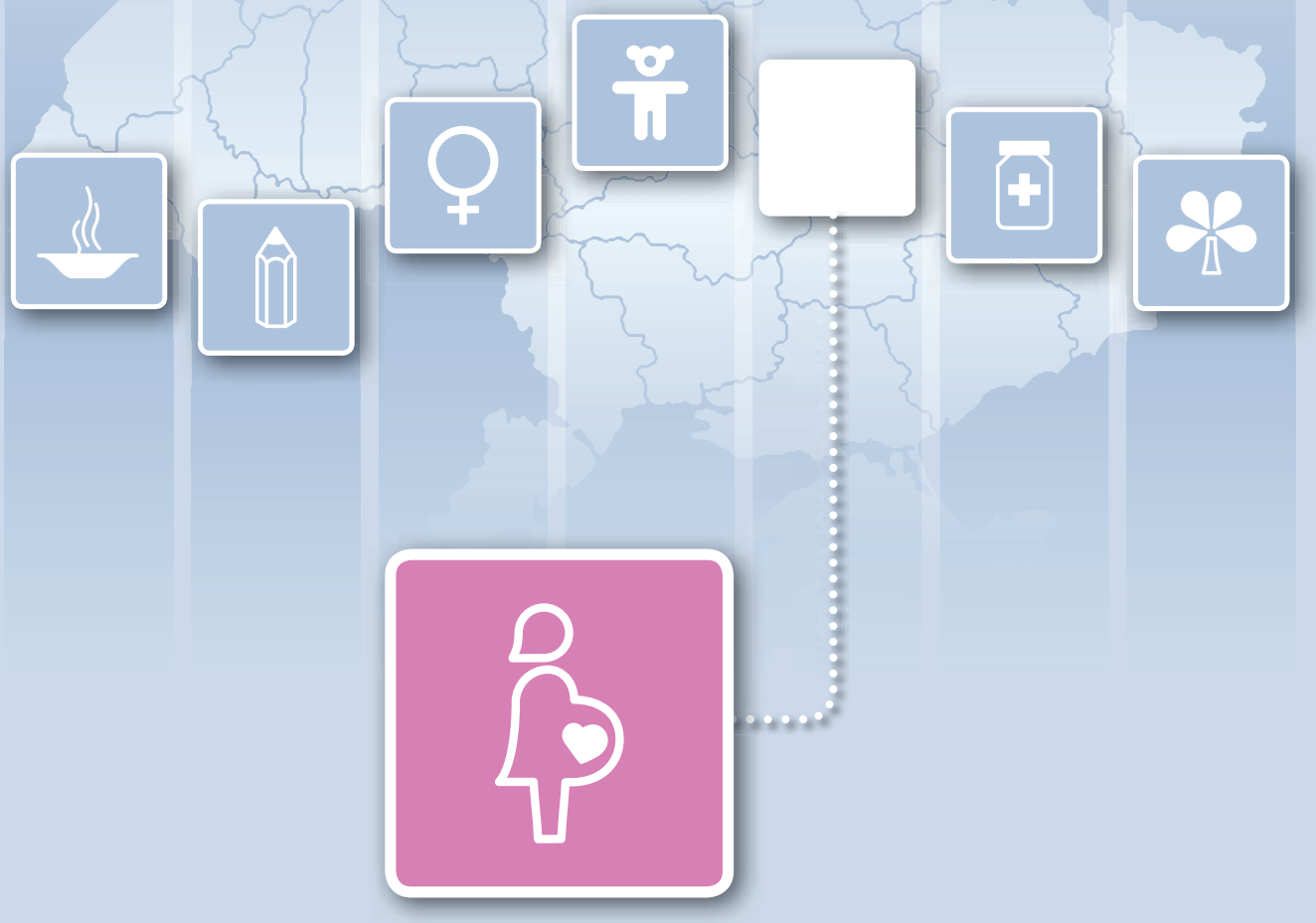
The principles of a healthy lifestyle should be promoted continuously by targeted awareness-raising aimed at various social and age groups among the population to promote ways of maintaining maternal and child health. The most important areas include: responsible sexual behaviour; ways of preventing unwanted pregnancy; child-care rules and injury prevention; and promoting awareness on responsible parenting.

[2] World Health Organization, Vienna Declaration on Nutrition and Noncommunicable Diseases in the Context of Health 2020, WHO, Geneva, 2013, available at: http://www.euro.who.int/__data/assets/pdf_file/0003/234381/Vienna-Declaration-on-Nutrition-and-Noncommunicable-Diseases-in-the-Context-of-Health-2020-Eng.pdf.

[3] Save the Children, State of the World's Mothers 2013. Surviving the First Day, Save the Children, Fairfield, CT, 2013, available at: http://www.savethechildrenweb.org/SOWM-2013/#/35/zoomed.

[4] Statistics Service of Ukraine, Ukrainian Institute for Social Reforms, Statinformconsulting, UNICEF, USAID, Ukraine Multiple Indicator Cluster Survey (MICS) 2012, Statistics Service of Ukraine, Ukrainian Institute for Social Reforms, Statinformconsulting, UNICEF, USAID, Kyiv, 2013.

[5] MoH of Ukraine, MoH Ukrainian Institute for Strategic Studies Tobacco Control in Ukraine. 2nd National Report, MoH of Ukraine, MoH Ukrainian Institute for Strategic Studies, Kyiv, 2014.



GOAL 5 IMPROVE MATERNAL HEALTH

TARGETS AND INDICATORS

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

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2015
Indicator 5.1. Maternal mortality rate, number of maternal deaths per 100,000 live births														
24.7	23.9	21.7	17.4	13.1										
					17.6*	15.2	20.7	15.5	25.8	23.5	16.9	12.5	13.5	13.0
Indicator 5.2. Abortion level, number of abortions per 1000 women of reproductive age														
32.1	29.4	25.8	25.3	23.2	21.3	18.7	18.5	18.1	17.9	15.1	14.7	13.5	13.1	15.1

The table presents actual data of the State Statistics Service of Ukraine and the Ministry of Health of Ukraine till 2013 and target values for 2015 (established in 2010).

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

According to the State Statistics Service of Ukraine, 77 pregnancy-related deaths were recorded in 2013. The number of maternal deaths from direct obstetric causes is slightly higher than the number of deaths from indirect obstetric causes (see Table 5.1).

In 2012, 81 pregnancy-related deaths were recorded, including 65 maternal deaths. In 2012 it was recognized for the first time that preventable obstetric hemorrhage was one of the main causes (in the first month). In recent years, a change can be seen in the proportion of deaths related to direct and indirect obstetric causes (see Table 5.2). Whereas the maternal mortality rate from direct obstetric causes was twice as high as from indirect ones in 2005, the figures in 2013 were almost equal.

Table 5.1. Maternal mortality in Ukraine, 2013

Indicator	Number	
	Total, persons	Per 100,000 live births
Number of maternal deaths:	68	13.5
– from direct obstetric causes	37	7.3
– from indirect obstetric causes	31	6.2
– from external causes	9	1.8

Table 5.2. Maternal mortality dynamics in Ukraine

Year	Maternal deaths per 100,000 live births		
	Total	From direct obstetric causes	From indirect obstetric causes
2005	17.6	12.2	5.4
2007	20.7	11.4	9.3
2013	13.5	7.3	6.2

Due to the introduction of policy measures on family planning and reproductive health care and the implementation of the Comprehensive Care during an Unwanted Pregnancy project (MoH/WHO), the number of abortion-related maternal deaths decreased. No deaths due to medical abortion and only two deaths because of abortion commenced or performed outside a health care facility were registered in Ukraine in 2013 (compared to 8 in 2008). One woman died as a result of an HIV-related disease.

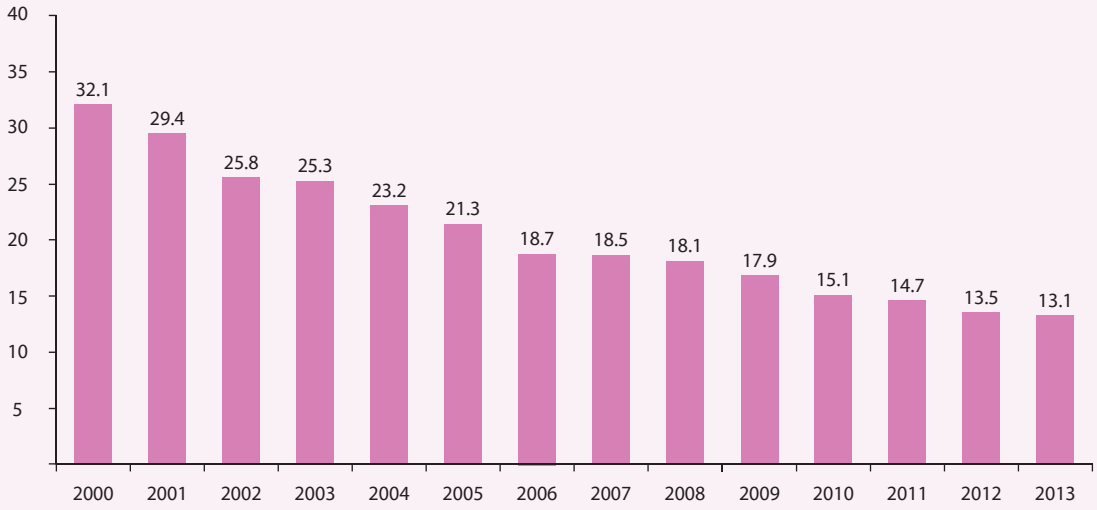
Box 5.1. Maternal deaths are divided into two groups:

- Maternal death directly connected with obstetric causes (direct obstetric causes) is a mother's death resulting from obstetric complications of the pregnancy (i.e. pregnancy, delivery and postnatal period), as well as a result of interventions, oversight, incorrect treatment or a series of events related to any of the above-mentioned causes.[1]
- Maternal death indirectly connected with obstetric causes (indirect obstetric causes) is a death resulting from a disease that existed before or emerged during pregnancy, not related to a direct obstetric cause but aggravated by the physiological impact of pregnancy.[2]

[1] According to ICD-10, they have codes O00–O95, Chapter XV, and code A34 (obstetrical tetanus), Chapter I.

[2] According to ICD-10, they have codes O98–O99, Chapter XV. Indirect obstetric causes also include maternal deaths caused by HIV (B20–B24), Chapter I.

Figure 5.1. Abortion rate dynamics in Ukraine, 2000–2013, per 1000 women -of reproductive age



The state of Ukrainian women's health has been gradually deteriorating. The highest prevalence of disease among the female population in 2013 was recorded among girls aged 15–17 (2286.15 per 1000), which can adversely affect their reproductive health in the future. The health of pregnant women cannot be considered satisfactory either: 25 percent of women attending antenatal clinics during pregnancy were diagnosed with anaemia, 14 percent with urogenital system disorders, 6 percent with blood circulatory system diseases, and 9 percent with thyroid dysfunction.[3]

To a certain extent, maternal and infant mortality are affected by behavioural factors, such as tobacco smoking, use of alcohol and drugs, risky sexual behaviour, a negligent attitude to the course of the pregnancy etc.

As sociological studies show, a considerable number of women in Ukraine smoke (permanently or episodically); however, the prevalence of tobacco smoking among the youngest age group of women is decreasing. According to a representative national survey conducted in 2013 by the Kyiv International Institute of Sociology among Ukrainian adults, 12.8 percent of women reported smoking, including 22.6 percent of women younger than 30 (38.7 percent in 2000).[4] This is confirmed by data from MICS 2012: prevalence of tobacco smoking among girls aged 15–19 is considerably less than in 2007 (UDHS 2007). Of concern, however, is the fact that the proportion of women smoking 5–10 cigarettes per day is gradually growing: from 40 percent in the early 2000s to 60–70 percent in 2010–2013.

Negative lifestyle factors such as depression, violence from a sexual partner, smoking, drug abuse and stress are risk factors for the development of complications during pregnancy, premature delivery and maternal health (especially among pregnant women from socially disadvantaged population categories or risk groups).

A steady trend towards decreasing abortion rates can be seen in Ukraine: between 2000 and 2013 the number of abortions among women aged 15–49 declined by over 60 percent (from 34.1 to 13.1 per 1000 women of reproductive age) (see Figure 5.1), which the WHO regards as a move from a high abortion rate to a medium rate. The official statistics are confirmed by the information obtained during a survey among women in 2012: during the three years preceding the study, only 13.9 percent of pregnancies ended in abortion,[5] which demonstrates progress compared with the figure of 25.3 percent recorded by the previous survey conducted as part of UDHS 2007.

This achievement was assisted by improvements in the activities of reproductive health

[3] MoH Centre of Medical Statistics, Female Population's State of Health in Ukraine in 2013. Statistical and analytical handbook, MoH Centre of Medical Statistics, Kyiv, 2014.

[4] MoH of Ukraine, MoH Ukrainian Institute for Strategic Studies, Tobacco Control in Ukraine. 2nd National Report, MoH of Ukraine, MoH Ukrainian Institute for Strategic Studies, Kyiv, 2014.

[5] Statistics Service of Ukraine, Ukrainian Institute for Social Reforms, Statinformconsulting, UNICEF, USAID, Ukraine Multiple Indicator Cluster Survey (MICS) 2012, Statistics Service of Ukraine, Ukrainian Institute for Social Reforms, Statinformconsulting, UNICEF, USAID, Kyiv, 2013.

care services, enhancement of educational and preventive work with parents-to-be, and awareness-raising on the means of contraception and their availability. In particular, according to a survey among women of reproductive age in the framework of MICS 2012, half of woman (53.6 percent) reported using some sort of contraceptive method in their life, and 48.9 percent of them practiced modern methods, whereas 31.9 percent used conventional ones.[6] More than half of respondents (58.2 percent) had undergone an abortion once; 37.2 percent had done so two or three times; and somewhat less than 5 percent four times or more.

The abortion rate in Ukraine is higher than in advanced countries of the world. To improve the situation, a number of legislative provisions and regulatory legal acts concerning the provision of comprehensive health care in cases of unwanted pregnancy were developed in 2009–2013. In addition, a relevant clinical protocol was implemented, and the organizational Order No. 423 of 24 May 2013, 'On approval of the procedure for provision of comprehensive health care to a pregnant woman during unwanted pregnancy, of primary accounting record forms, and of instructions on their completion' was drafted. The Order, considering most WHO recommendations on this matter,[7] was approved by the Ministry of Justice of Ukraine. However, unsafe abortion remains an important problem for Ukraine, with considerable economic and social consequences. There is an urgent need to adopt the concept of safe abortion and comprehensive health care in all regions of the country. A number of measures are being implemented in Ukraine to reduce the number of unwanted pregnancies to the average European level and to terminate pregnancies solely with safe methods. Preventive and educational work requires special attention – in particular, among youth, low-income population groups, rural residents, migrants, ethnic minorities etc.

Efficient family planning and women's empowerment, along with improving the quality of care provided prior to pregnancy, during pregnancy and between pregnancies, can decrease the rates of abortion, premature delivery, delivery complications and maternal mortality. The work of the primary contact – particularly the family doctor's role in this field – needs to be improved. The growing prevalence of chronic non-infectious diseases (CNIDs), such as diabetes and arterial hypertension, and a related high risk of maternal death, including as a result of premature delivery, require special attention – in particular, using antenatal diagnostics and treatment of CNIDs.

It is necessary to raise awareness of the principles of an individual's responsibility for their own health (both general and reproductive) and parenthood in Ukrainian society, beginning with the abandonment of risky sexual behaviour, conscious conception, and women's adoption of a healthy lifestyle during pregnancy. It is also reasonable to continue work on the integration of psychological and behavioural measures into the antenatal care system, to reduce the premature delivery rate and improve maternal and child health, which includes the introduction of programmes aimed at promoting a responsible attitude to people's own health – particularly among pregnant women – supervising pregnant women's working conditions, preventing domestic violence etc.

[6] Ibid.

[7] World Health Organization, Safe abortion: technical and policy guidance for health systems. Second edition, World Health Organization, Department of Reproductive Health and Research, Geneva, 2012.

GOAL 6

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

TARGETS AND INDICATORS

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

2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2015
Indicator 6.1. Number of people newly diagnosed with HIV per 100,000 population														
12.9	14.4	18.2	21.0	25.7	29.3	34.5	38.1	41.2	43.2	44.7	46.2	45.5	47.2	49.1
Indicator 6.2. Growth rates of HIV-infection, %														
...	+11.6	+26.4	+15.4	+22.4	+14.0	+17.7	+10.4	+8.1	+4.9	+3.3	+3.6	–1.6	+ 4.6	+4.0
Indicator 6.3. Number of people died of AIDS per 100,000 population														
1.0	1.5	2.3	3.8	5.5	7.7	8.8	9.8	11.2	11.7	12.3	12.6	12.5	11.5	8.0
Indicator 6.4. Mother-to-child HIV transmission rate, %														
...	27.8	10.0	10.0	8.2	7.7	7.1	6.2	6.3	4.7	4.9	3.73	...	...	2.0
Indicator 6.5. Number of people diagnosed with tuberculosis for the first time (including tuberculosis of respiratory organs) per 100,000 population														
60.4	69.5	76.0	77.8	81.2	84.4	83.4	80.1	78.0	72.9	68.5	67.3	68.2	67.9	67.5
Indicator 6.6. Number of tuberculosis deaths per 100,000 population														
22.3	22.7	20.5	21.8	22.7	25.3	22.3	22.6	22.4	18.2	16.6	15.2	15.1	14.2	15.0

The table presents actual data of the State Statistics Service of Ukraine and the Ministry of Health of Ukraine till 2013 and target values for 2015 (established in 2010).

Box 6.1. Decreasing the growth rate of HIV infection

Ukraine is at a critical stage of combating the HIV epidemic. Currently, the number of people newly diagnosed with HIV per 100,000 population is lower than the target value for 2015. In absolute terms, it is 21,631 officially registered new cases of HIV infection in 2013; however, according to estimates, this figure is 12,207 cases. Such a considerable difference can be explained by the fact that about half of all officially registered new cases are when people were infected much earlier but their HIV infection was revealed only when they approached relevant institutions. Some progress has been achieved in reducing the rate of mother-to-child HIV transmission.

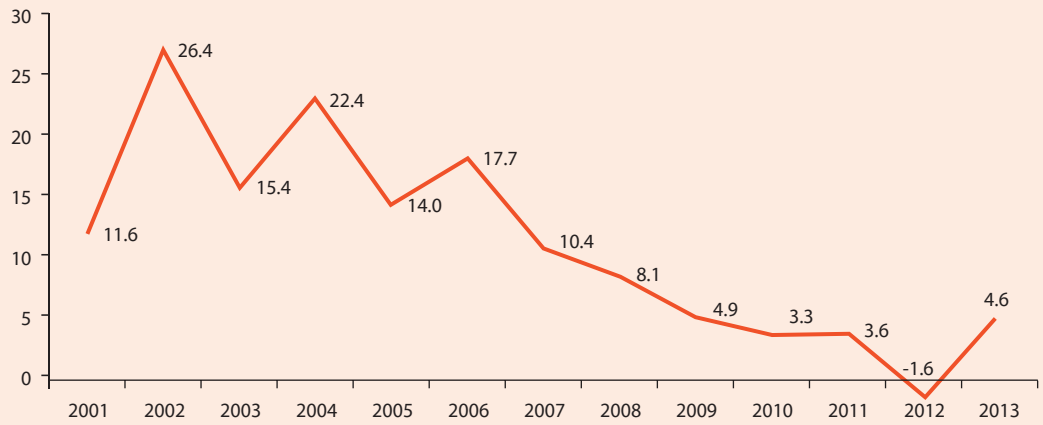
The scale of the HIV epidemic in Ukraine remains considerable. As of 1 January 2014, more than 245,000 cases of HIV infection among Ukrainian citizens were registered in the country. Since the epidemic started, over 65,000 people have been diagnosed with AIDS, and almost 32,000 have died of AIDS-related diseases.

The number of people newly diagnosed with HIV slightly increased in 2013 compared with the previous year (to 47.2 cases per 100,000 population). The decrease in HIV incidence (by 1.6 percent), registered for the first time over the entire period of the epidemic in Ukraine in 2012, unfortunately, did not occur in 2013 (see Figure 6.1). Indeed, a 4.6 percent rise in HIV incidence was recorded, as a result of testing coverage being expanded in 2013 at the expense of local budgets. The highest HIV incidence in 2013 was registered in Odesa, Dnipropetrovsk, Mykolaiv and Donetsk oblasts (between 114.8 and 83.9 cases per 100,000 population).

Mortality from HIV-related diseases was 11.5 per 100,000 population in 2013. Since 2008 the level of mortality has stabilized due to the implementation of large-scale antiretroviral therapy (ART): as of 1 January 2014, 53,163 patients were receiving ART at MoH and NAMS health care institutions (compared to 40,350 on 1 January 2013), and another 2621 adult patients were receiving it in State Penitentiary Service facilities. However, despite the considerable increase in the number of patients receiving ART (+31.8 percent), the expansion of the ART programme is lagging behind the rate of growth of the number of people in need of it. ART coverage of HIV-infected active injecting drug users is failing to reach a satisfactory level (both because of their low interest in ART and due to the insufficient availability of substitution maintenance therapy). In 2013, 27 percent of newly diagnosed HIV cases were registered among injecting drug users.[1]

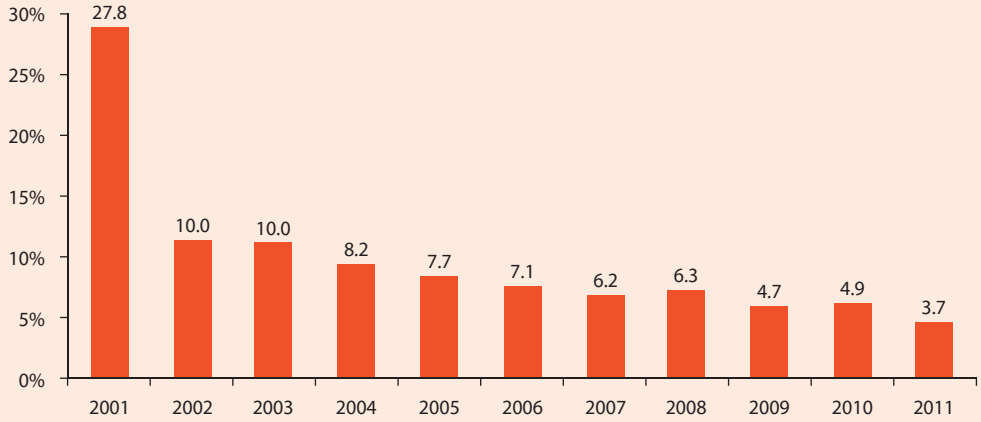
A growing proportion of cases of heterosexual HIV transmission and an increase in the number of HIV-infected women of child-bearing age are causing a gradual rise in the number of children born to HIV-infected women (3898 in 2013). At the same time, implementation of the measures envisaged by the mother-to-child HIV transmis-

Figure 6.1. Dynamics of HIV rates among Ukrainian citizens, 2000–2013, %



[1] MoH of Ukraine, Ukrainian Centre on Control of Socially Dangerous Diseases , HIV Infection in Ukraine. Information newsletter, MoH of Ukraine, Ukrainian Centre on Control of Socially Dangerous Diseases, Kyiv, 2014.

Figure 6.2. Rate of mother-to-child HIV transmission in Ukraine, 2001–2011, %



sion prevention programme was highly successful. Since 2003, voluntary HIV testing coverage of pregnant women has invariably exceeded 95 percent. The preventive ART coverage of women diagnosed with HIV infection during pregnancy increased from 9 percent in 1999 to 96 percent in 2011. In 2013, measures to prevent mother-to-child HIV transmission covered almost 100 percent of HIV-positive pregnant women. This activity resulted in a substantial decrease of over 85 percent in the mother-to-child HIV transmission rate: from 27.8 percent in 2001 to 3.7 percent in 2011[2] (see Figure 6.2).

Reducing the vertical HIV transmission rate in Ukraine to that of developed countries (below 2 percent) requires additional efforts. In particular, it is necessary to adopt a targeted integrated approach to preventive work among pregnant risk groups (in particular, injecting drug users) whose children are more likely to be born with HIV.[3] It is necessary to strengthen preventive work among pregnant injecting drug users, considering regional differentiation of the vertical HIV transmission rates as well as specific regional characteristics and practices. Generally, it is important to apply continuous efforts to raise people's awareness, especially among women of child-bearing age, on how HIV is transmitted from mother to child, and on prevention opportunities.

During 2013, work took place in Ukraine to improve the legislative framework for combating HIV/AIDS; in particular, several draft laws were developed: the Law of Ukraine on Approval of the State-wide Target Social Programme of Counteraction to HIV/AIDS for 2014–2018, the Law of Ukraine on Amending the Law of Ukraine on Counteracting the Spread of Diseases Caused by Human Immunodeficiency Virus (HIV) and on Legal and Social Protection of People Living with HIV and Some Legislative Acts of Ukraine etc. The MoH Order No. 104 of 8 February 2013 approved the criteria for determining groups at high risk of HIV infection.

The new state-wide five-year programme is aimed at consolidating and strengthening the positive achievements made in the country as a result of many years of systemic efforts applied by public and non-governmental organizations and international partners to reduce the incidence of HIV/AIDS and HIV/AIDS-related mortality. This objective will be achieved by providing high-quality and affordable medical services – in particular, to members of groups at high risk of HIV infection – and treatment, care and support services to people living with HIV.

Box 6.2. Women's awareness on the risks of mother-to-child HIV transmission

Results of MICS 2012[4] showed that, among the Ukrainian population of reproductive age, 90.5 percent of women are aware of mother-to-child HIV transmission during pregnancy, delivery and through breast milk. Only a half of women (50.6 percent) knew about all three ways of mother-to-child HIV transmission, whereas 9.2 percent of women were not aware of any of these ways.

[2] Most children born to HIV-infected mothers are freed from maternal HIV antibodies after 18 months – i.e. they will not be HIV-positive.

[3] According to serologic test data, the mother-to-child HIV transmission rate among female injecting drug users was three times higher than the overall rate, reaching 11.7 percent.

[4] Statistics Service of Ukraine, Ukrainian Institute for Social Reforms, Statinformconsulting, UNICEF, USAID, Ukraine Multiple Indicator Cluster Survey (MICS) 2012, Statistics Service of Ukraine, Ukrainian Institute for Social Reforms, Statinformconsulting, UNICEF, USAID, Kyiv, 2013.

In 2013 the HIV Infection in Ukraine Information System Concept[5] was approved as a foundation for establishing a system of computer-aided collection, storage, processing and transmission of data on HIV, which will ensure information support for the activities to counteract the epidemic by collecting data about people infected with HIV in Ukraine, carrying out analytical work on the monitoring of the spread of HIV infection, assessing the efficiency of treatment and preventive programmes etc.

At present, it is necessary to strengthen the political will to respond to HIV/AIDS (at national, regional and local levels), secure proper financing for programmes and ensure high-quality management with improved coordination between social and health care authorities.

It is time to modernize the existing system of public procurement that fails to ensure a continuous and stable supply of test systems, antiretroviral medicines and other means, which results in a decreased level of coverage, integration and quality of services. It is important to emphasize that any interruption in treatment leads to higher risks of complications or death for patients, on the one hand, and to greater treatment costs, on the other.

Awareness-raising activities require improvement to expand their coverage of children and youth – particularly to prevent the spread of risky sexual practices, which increase vulnerability to HIV infection, in the youth environment. It is necessary to further improve access for members of risk groups to the preventive and treatment services provided by state and non-governmental organizations as well as to targeted interventions based on previous surveys of the needs of certain social groups, involving medical and social workers, psychologists and volunteers. In addition, stigmatization of and discrimination against HIV-positive people in society generally and on the part of service providers (including medical staff, law enforcement officers and social workers) should be reduced.

A sustainable positive trend in TB morbidity and mortality has been observed since 2006. Between 2005 and 2013, morbidity has been reduced by almost 20 percent, and mortality has decreased by almost 44 percent (see Figure 6.3). In terms of mortality, which has declined by 6 percent compared with the previous year to 14.2 deaths per 100,000 population, Ukraine has even managed to achieve an indicator value lower than the target for 2015.

As of 1 January 2014, 47,594 patients with active TB were under supervision in TB facilities. In 2013 the highest incidence of all forms of active TB was recorded in the south-east regions of Ukraine, where the penitentiary system has effective TB facilities.

Box 6.3. Ukraine has made significant progress in combating TB

Efficient implementation of measures envisaged by a series of national programmes to counteract tuberculosis (TB) ensured a substantial impact on the epidemic and reduced prevalence in Ukraine. According to WHO estimates, the country's success in combating the TB epidemic moved Ukraine out of the group of 22 countries with the highest TB burden.[6]

Despite the achievements, a shift in the epidemiological profile of TB incidence towards a greater number of patients with treatment-resistant forms resulted in the increased number of infectiously dangerous and incurable cases of drug-resistant TB. Ukraine is one of 18 countries with the highest rate of multidrug-resistant TB among 53 countries in the European region. The number of multidrug-resistant TB cases in the country increased from 3329 in 2009[7] to 9035 in 2013 (to a considerable extent, this occurred due to timely detection using modern methods of diagnostics).

It is a cause for concern that health care facility staff accounted for 1.5 percent of the people diagnosed with TB for the first time in 2013; in particular, physicians and nursing staff accounted for 0.9 percent (274 persons). This indicates insufficiently effective measures of infection control for TB in the country's health care institutions. Other reasons include unsatisfactory logistical conditions of a great number of TB facilities and a lack of compliance of facility premises and equipment with the facility's stated procedures (including insufficient provision with infection control means), which contributes to the spread of nosocomial infections.

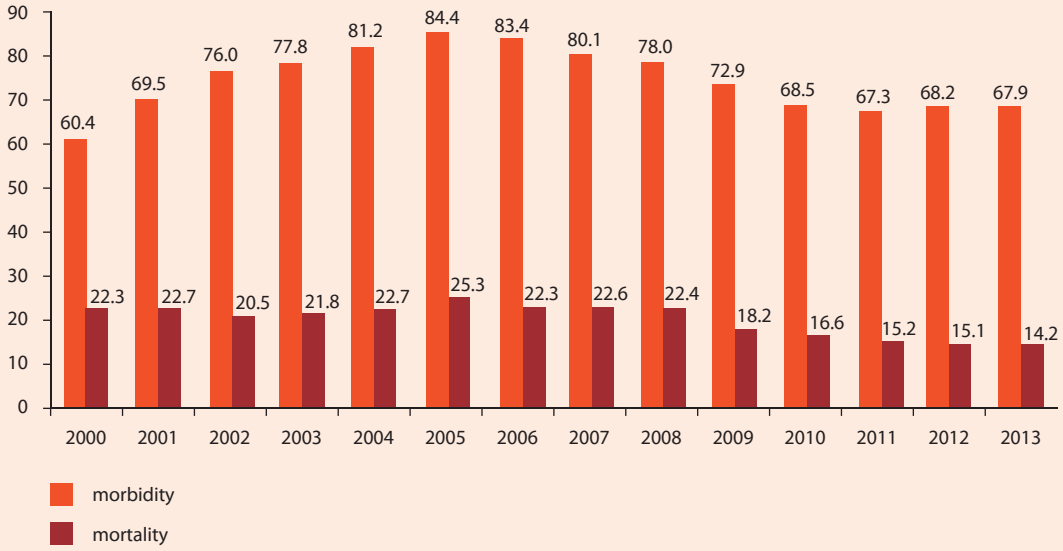
The changes in the mortality rate occurred to a great extent as a result of a change in the structure of patients diagnosed with TB for the first time. The incidence of active TB combined with HIV was 10.5 cases per 100,000 population in 2013 (+1 percent compared with 2012), and mortality among this group is much higher

[5] Order of the State Service of Ukraine on HIV/AIDS and Other Socially Dangerous Diseases, No. 89 of 19 November 2013.

[6] World Health Organization, Global Tuberculosis Report 2013, World Health Organization, Geneva, 2013, available at: http://apps.who.int/iris/bitstream/10665/102241/1/WHO_HTM_TB_2013.15_eng.pdf.

[7] Official data on the number of patients with multidrug-resistant TB were not available until 2009.

Figure 6.3. Dynamics of tuberculosis morbidity and mortality in Ukraine, 2000–2013, per 100,000 population



than among HIV-negative TB patients. Amid the stabilization and improvement of the TB epidemic, an annual rise in the incidence of TB/HIV co-infection is being recorded (see Figure 6.4).

The issue of TB prevention among people living with HIV who are registered at AIDS centres remains problematic. For example, in 2013, 63 percent of patients diagnosed with TB/HIV co-infection for the first time knew their HIV status and were on the records of the AIDS service when TB was diagnosed, and only 73 percent of HIV-positive people were covered with preventive treatment (isoniazid). It is a positive sign that a large number (up to 85 percent) of newly diagnosed TB cases were tested for HIV in 2013. This progress was promoted by considerably improved cooperation between specialists at TB facilities and AIDS centres in the provision of comprehensive health care to patients with HIV/TB co-infection.[8]

The majority (more than 70 percent) of people becoming infected with TB are from socially disadvantaged population groups. Analysis of the social structure of newly diagnosed TB cases in 2013 shows that unemployed people of working age account for 56 percent, pensioners for 12.9 percent, persons of no fixed abode for 3 percent, and persons who returned from places of confinement for 1 percent. Among newly diagnosed TB patients of accounting categories I and III,[9] patients with alcohol abuse account for 15.1 percent, and injecting drug users for 4.5 percent.

Health care for TB patients has now been standardized, relying on evidence-based information about medical best practices. A regulatory framework has been created for streamlining the work of specialized institutions and improving the management of anti-TB drugs. Centralized procurement procedures for anti-TB drugs and consumables have been introduced. Due to a saving in budget funds in 2013 (UAH26 million), a reserve supply of first-line anti-TB drugs has been created.

Ensuring access to modern methods of TB diagnostics is a considerable achievement in Ukraine. All regions of the country are provided with laboratory equipment and consumables for accelerated TB diagnostics using liquid media; molecular genetic TB diagnostics were introduced, allowing for the timely detection of TB cases, including multidrug-resistant TB. With technical support from the WHO, an epidemiological survey on drug-resistant TB was commenced in Ukraine for the first time in March 2013,[10] aimed at obtaining reliable representative information about the resistance of TB to anti-TB drugs.[11]

To control treatment of patients and to strengthen the pharmacological management system, active implementation of the e-TB Manager electronic register of patients was taking place in 2013.

Reform of the TB care provision system is continuing by integrating the phthisiatric service

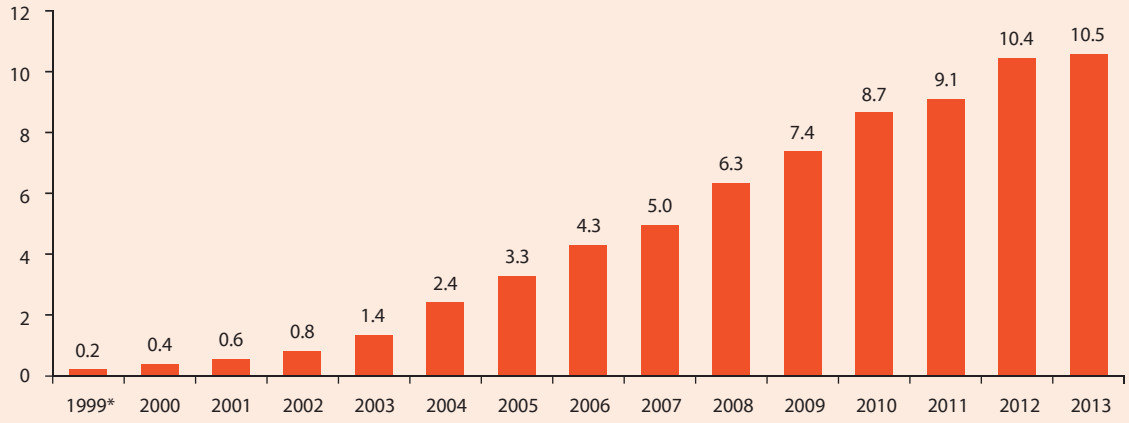
[8] MoH of Ukraine, Tuberculosis in Ukraine. Analytical and statistical handbook, MoH of Ukraine, Kyiv, 2014.

[9] Patients diagnosed with pulmonary or extrapulmonary TB for the first time.

[10] Joint MoH/NAMS Order No. 233 of 26 March 2013, 'On improvement of the organization of epidemiological surveillance for drug-resistant tuberculosis'.

[11] Results of the survey are expected in the first quarter of 2015.

Figure 6.4. Incidence of TB/HIV co-infection in Ukraine, 1999–2013, per 100,000 population



** Official statistical reporting on incidence of TB/HIV co-infection was introduced in Ukraine in 1999.*

into primary and secondary treatment and prevention health care facilities: a draft political proposal 'Development and reformation of approaches to provision of TB medical care to the population (A new system for provision of medical aid to TB patients)' has been developed and is now under public discussion.[12]

In the framework of the State-wide Social Target Programme of Counteraction to TB for 2012–2016, a number of measures have been taken, aimed at developing a modern network for laboratory TB diagnostics; improving the quality of medical services for the diagnosis and treatment of vulnerable population groups; ensuring the diagnosis and treatment of patients with multidrug-resistant TB and TB/HIV co-infection; strengthening the role of primary health care in TB control; and developing an information campaign for social mobilization to combat TB.

As of 1 January 2014, 103 TB dispensaries were functioning in Ukraine, including 80 dispensaries with inpatient departments (15,174 beds), where more than 58,000 patients underwent treatment during the year, including almost 23,000 rural residents. Health care was also provided in the MoH system by 36 TB hospitals for adults (5255 beds), where almost 15,000 patients underwent treatment, including almost 6000 rural residents; by three TB hospitals for children (250 beds), where 937 patients underwent treatment during the year; and by 570 outpatient polyclinics with phthisiatry rooms. In 2013, there were also 36 health resorts for adult TB patients and 53 for children with TB.[13]

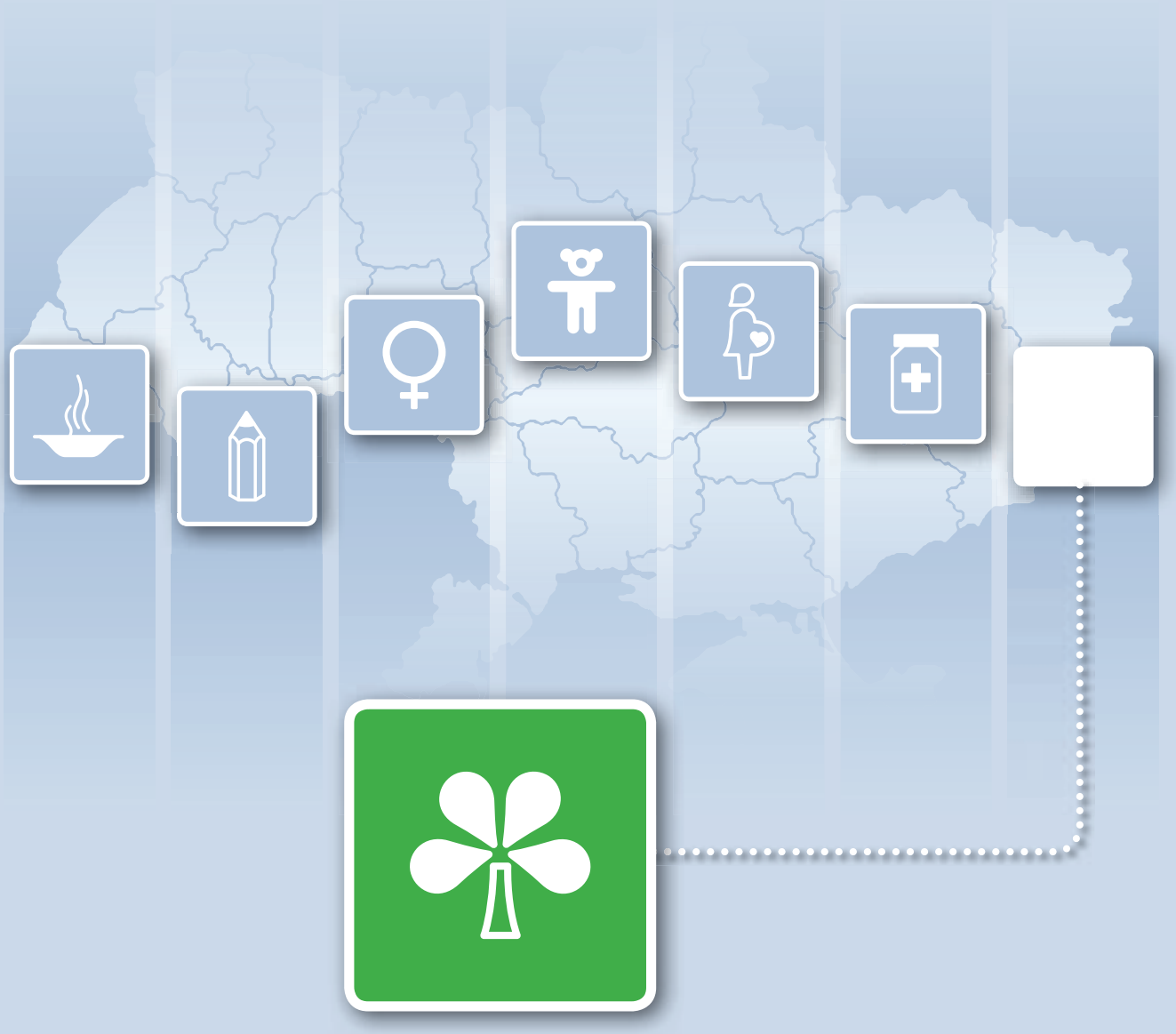
It is necessary to continue to reform TB services to provide everyone in need with access to adequate continuous treatment by implementing alternative mechanisms for financing TB facilities calculated on the medical services provided rather than per bed; increasing both domestic and donor financing, including from the resources of the Global Fund to Fight AIDS, Tuberculosis and Malaria, to eliminate all existing resource gaps; improving the work of diagnostic services, particularly the microbiological service; streamlining the network of inpatient facilities; reorganizing the bed space with the establishment of departments for drug-resistant TB and palliative and hospice care; providing social and psychological support to patients; ensuring compliance with the requirements of infection control for TB in health care facilities etc.

In addition, it is necessary to ensure 100 percent coverage of ART for patients with co-infection and to increase the coverage of preventive isoniazid treatment for persons living with HIV.

Key measures required to identify persons with TB and to ensure their treatment and care as well as to improve coverage of overlooked cases (lost for medical supervision) should include the extension of services with support from civil society institutions, social workers, volunteers etc., and improved cooperation with primary health care facilities and accounting.

[12] Draft proposal 'Development and reformation of approaches to provision of TB medical care to the population (A new system for provision of medical aid to TB patients)', available at: http://www.moz.gov.ua/ua/portal/Pro_20140813_0.html.

[13] MoH of Ukraine, Tuberculosis in Ukraine. Analytical and statistical handbook, MoH of Ukraine, Kyiv, 2014.



GOAL 7

ENSURE ENVIRONMENTAL SUSTAINABILITY

TARGETS AND INDICATORS

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

2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2015
Indicator 7.1. Share of the urban population with access to a centralized water supply, % of overall urban population													
88	88	88	87	87	87	87	87	93.2	...	93.4	...	...	90
Indicator 7.2. Share of rural population with access to a centralized water supply, % of overall rural population													
...	...	...	26	27	...	...	26	22.1	...	22.2	...	...	30
Indicator 7.3. Volume of emissions of pollutants into atmosphere from stationary sources, million tonnes per year													
4.05	4.07	4.09	4.15	4.46	4.82	4.81	4.52	3.93	4.13	4.40	4.30	4.30	4.70
Indicator 7.4. Volume of emissions of pollutants into atmosphere from mobile sources, million tonnes per year													
1.99	2.02	2.10	2.17	2.15	2.20	2.57	2.68	2.51	2.54	2.50	2.48	2.40	3.20
Indicator 7.5. Volume of reused water disposals into surface water reservoirs, million cubic metres per year													
10136	9613	9098	8697	8553	8484	8579	8342	7381	7817	7725	7788	7440	8500
Indicator 7.6. Forest cover and ratio of lands covered with forests, % of overall area of the territory of Ukraine													
15.6	15.6	15.6	15.6	15.6	15.6	15.6	15.7	15.7	15.9	15.9	15.9	16.0	16.1
Indicator 7.7. Share of area of nature reserves, biosphere reserves and natural national parks, % of overall area of the territory of Ukraine													
1.6	1.7	1.7	1.7	1.8	1.8	1.8	1.9	2.0	2.77	2.77	2.8	2.8	3.5
Indicator 7.8. Share of area of territories and objects of the nature reserve fund, % of overall area of the territory of Ukraine													
4.2	4.5	4.5	4.57	4.65	4.73	4.95	5.04	5.4	5.7	5.9	6.05	6.08	9.0

The table presents actual data of the State Statistics Service of Ukraine till 2013 and target values for 2015 (established in 2010).

Ukraine has managed to achieve a certain amount of progress in meeting the targets for environmental sustainability. The emission and disposal of pollutants into the environment has been reduced significantly; however, these processes have been considerably influenced by lower economic growth rates.

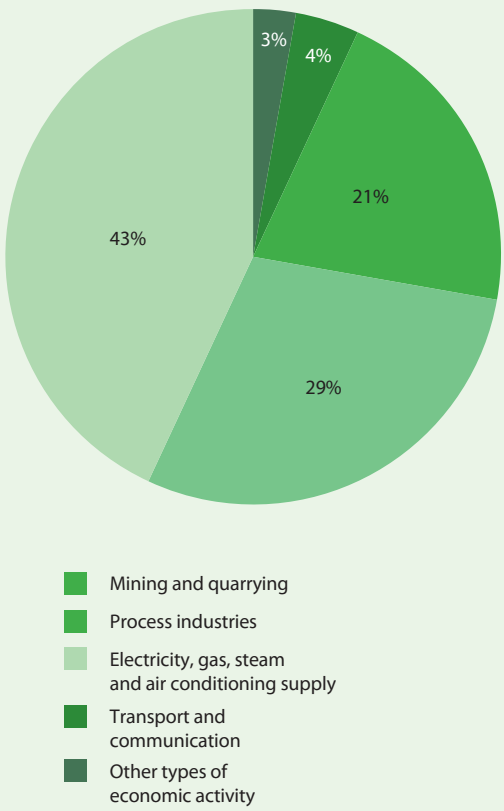
The task of providing Ukraine's population with good-quality and safe drinking water remains critical. A substantial disparity persists in Ukraine between urban and rural residents as regards access to a centralized water supply. In 2013 the proportion of the population with a centralized water supply remained unchanged in urban areas (about 93 percent). At present, only about 22 percent of the rural population use centralized water supply systems, while the others use local sources of drinking water. Man-made chemical contamination of watersheds and directly of ground and underground water has been leading to a significant decline in the quality of drinking water. The problem of access to drinking water is of national importance because its quality is deteriorating due to the contamination of fresh water sources, substandard technical conditions and the deterioration of water disposal and supply systems, and the use of outdated water treatment technologies. The issue of limited funding also remains a problem.

Air pollution remains one of the most critical environmental problems in Ukraine. In 2013 there was no growth in the production output of core industries, which ensured a stabilization of the emissions of pollutants into the atmosphere from stationary sources at the level of 4.3 million tonnes. In terms of economic activities, the largest volumes of pollutants are emitted by enterprises in the production and distribution of electricity, gas and water, as well as in the processing and mining industries.

The density of emissions from stationary sources remains stable (about 7.2 tonnes of pollutants/km^2 of the country's territory). Differences in the levels of air pollution depend on the location of powerful enterprises emitting large volumes of pollutants. Air pollution in 2013 was most acute in Dnipropetrovsk and Donetsk oblasts, where numerous metallurgical, fuel and energy enterprises are situated. The adverse effect of the anthropogenic impact is amplified because of worn-out production equipment, insufficient supply of waste disposal plants, breaches of environmental laws, and insufficient adoption of low-waste resource- and energy-saving technologies.

A significant contribution to air pollution is made by mobile sources – automobile, rail, air and water transport and production machinery – the emissions from which amounted to 2.49 million tonnes in 2013, of which more than 90.5 percent were emissions from automobile transport.

Figure 7.1. Emissions of pollutants and greenhouse gases into the atmosphere from stationary sources of pollution, 2013, thousand tonnes



In general, air pollution is caused by the growing man-made burden on the air; by the failure of polluting enterprises to take, within prescribed time-frames, measures to reduce pollutant emissions to achieve maximum permissible and technological norms of emissions; and by the operation of technically outdated vehicle fleets.

The rates of pollution of surface water reservoirs have decreased: for example, 7.440 billion m^3 of sewage was discharged into reservoirs in 2013, compared to 7.788 billion m^3 in 2012. The largest discharge of contaminated waste water is recorded at enterprises in ferrous metallurgy, the energy and coal industry, and housing and utility services. The main causes of contami-

nated waste water discharge into surface water reservoirs, like in previous years, include: a lack of centralized water disposal systems in most settlements in the country; the low quality of reused water treatment; and the poor condition of operating treatment plants. In 2013, high levels of contamination were most often recorded in the rivers of the Dnipro, Danube and Siversky Donets basins, the rivers of the Azov Sea and Zakhidny Bug (about 75 percent of all contaminated waste water in Ukraine was produced in just four oblasts: Donetsk, Dnipropetrovsk, Luhansk and Odesa). The degradation of surface water generally takes place due to the discharge of residential, utility and industrial waste water directly into water bodies and through city sewerage systems; the flow of pollutants into water bodies from surface run-off from built-up areas; and discharge from farmland as a result of soil erosion at water intake sites.

Forests occupy a relatively small area in Ukraine; nevertheless, they are the major stabilizing component of natural landscapes (through their impact on the hydrological regime, wind and water soil erosion, and important biochemical cycles of ecosystems). The forest cover of Ukraine continues to grow, although slowly: it was 16 percent of the country's territory in 2013.

To ensure the population's access to quality drinking water through a centralized water supply, it is necessary to implement reforms in the housing and utility sectors. It is also necessary to provide adequate funding for programmes aimed at developing the centralized water supply system in settlements using imported or low-quality drinking water, as well as plants for the final purification and distribution of drinking water. To achieve this objective, it is reasonable to design and take measures to stabilize the operation of water supply and water disposal enterprises and to improve standardization and certification in the field of drinking water supply.

To address the problems concerning air pollution, it is necessary to implement new systems of regulation of industrial emissions and technical control of pollutant emissions into the atmosphere, based on the best available technologies and management methods (taking into account the economic availability of these methods). At enterprises, it is reasonable to implement pilot projects on monitoring the level at which pollutant emissions are released into the air, and to install advanced systems for their treatment. It is also necessary to introduce a package of measures for the regulation of internal combustion engines, switching to alternative fuels, the use of exhaust gas converters, and implementation of environmental norms for motor petrol and diesel fuel of Euro-3 and Euro-4 levels.

To stabilize the volume of waste water disposal into surface water reservoirs and ensure a gradual decrease in their pollution, it is necessary to shift to a resource-effective economic model, which assumes the application of economic mechanisms to encourage enterprises to adopt resource-saving and environmentally safe technologies. This will ensure a reduction in water losses in economic activities and a decrease in the water intensity of production. In addition, measures should be taken to upgrade fixed assets in the water management sector and the housing and utility sectors, sewage treatment facilities etc.

Increasing the area of forests requires the development of plans to create new forests, which should be integrated into the development programmes of individual regions. Such plans should be developed on the basis of a detailed and comprehensive study of land and include the maps of areas designated for afforestation. It is also necessary to arrange the processes for state accounting, inventory and monitoring of their condition, as well as to design a mechanism of funding support for afforestation programmes. To enlarge the natural reserve fund, it is necessary to introduce the principles of environmentally balanced nature management; conduct economic assessment of ecosystem services; take an inventory of land plots and water bodies where the territories and facilities of the nature reserve fund are situated; and improve the quality of data about their area and boundaries.

An important task is to inform the general public about the condition of the environment and about the possible negative consequences of its degradation, especially from the perspective of its impact on human health. The general population should be involved in decision-making on environmental matters, particularly at the local level.