MILLENNIUM DEVELOPMENT GOALS IN THE REPUBLIC OF SERBIA
MONITORING FRAMEWORK

CONTENTS

INTRODUCTION

At the Millennium Summit held in New York in September 2000, our country, together with189 other signatory countries, adopted a Millennium Declaration which specifies basic values on which international relations in the 21st century should be based: liberty, equality, solidarity, tolerance, respect for nature and the division of responsibility. The promoted Millennium Development Goals, arising from the Declaration, include the fight against poverty, ensuring universal primary education, the promotion of gender equality, the reduction of child mortality, the improvement of maternal health, the fight against serious diseases, environmental protection, as well as the building of global partnerships for development.

On the basis of official documents, available strategies, databases, analyses, projects, experts' experiences and assessments, the MDG Task Force members have drafted a Review of the Implementation of the UN Millennium Development Goals in the Republic of Serbia. The Government of Serbia adopted the Review on May 19, 2005. In September, on the occasion of the 60th anniversary of the United Nations, the UN Secretary General presented this document as a part of the UN Millennium Development Goals Progress Report for 2000-2005. The Review sought to inform the public and to ensure social mobilization, and at the same time to have a role in identifying and linking national, regional and local goals.

The Millennium Development Goals need to be adjusted to specific citizens' needs and problems, both at a national and at a local level. Hence, on October 22, 2004, the Government of Serbia set up a Task Force for monitoring the implementation of goals and plans from the UN Millennium Declaration. This is a multi-sectoral Task Force, composed of the representatives of Government Ministries, the Statistical Office of the Republic of Serbia, the Standing Conference of Towns and Municipalities, the Poverty Reduction Strategy Implementation Team, the EU Integration Office, the Institute for Public Health "Dr Milan Jovanović-Batut" and UN agencies in the Republic of Serbia.

MDG Task Force's activities were aimed at defining national development goals to be reached by 2015, in active cooperation with the NGO sector, professional associations, business and media, as well as at preparing information for a campaign through which the citizens would become aware of the Millennium Development Goals. Special groups have been established to focus on the identification of national MDGs and targets. The UN Millennium Development Goals have been nationalized through an extensive consultation process, which directly involved around one hundred persons. Of the relevant activities that were carried out in this process, we may point to the following:

- The workshop, "Capacity Building to Adapt the UN Millennium Development Goals to the National Context", Kanjiža, June 13-15, 2006;
- A final workshop within the process of nationalization of the Millennium Development Goals in the Republic of Serbia, Beška, December 5-7, 2006;
- A press conference held at the Government of Serbia to present the process to the public, Belgrade, October 23, 2006;
- Regional presentations held by groups working on specific MDGs (October-November 2006).

The National Millennium Development Goals and targets presented in this document are the result of the work of the MDG Task Force and groups within the process of nationalization of the UN Millennium Development Goals in the Republic of Serbia.

BOX 1. NATIONAL MILLENNIUM DEVELOPMENT GOALS AND TARGETS

MDG 1: Halve the total population poverty rate and eradicate hunger

Target 1: By 2015, reduce the unemployment rate of the economically active population by at least 50%
Specific Target 1: Reduce the unemployment rate of the young by at least one third
Specific Target 2: Reduce the unemployment rate of persons with disabilities by at least 20%
Specific Target 3: Reduce the unemployment rate of women by over 45%

Target 2: By 2015, halve the total population poverty rate
Specific Target 1: Combat the chronic poverty of the Roma, with poverty rate reduction of at least 30%
Specific Target 2: Halve the poverty rate of refugees and internally displaced persons

Target 3: By 2015, eradicate hunger
Specific Target 1: The number of persons unable to work shall constitute at least two thirds of those entitled to family support allowance
Specific Target 2: Conduct a survey to identify families in the Republic of Serbia that suffer from hunger.

MDG 2: By 2015, ensure universal primary education

Target 1: Increase the coverage of children with primary education
Specific Target 1: That 100% boys and girls enroll in primary education
Specific Target 2: That 98% boys and girls complete primary education
Specific Target 3: Reduce the dropout rate of children upon their promotion to the 5th grade to less than 1%
Specific Target 4: By 2015, that 70% of children (3-7 years of age) be included in preschool education, with special emphasis on children from vulnerable groups (children in rural areas, the Roma children, children with special needs)
Specific Target 5: Double the number of preschool institutions with a balanced geographical distribution

Target 2: Acquiring professions, promotion of the life-long learning concept and access to higher education
Specific Target 1: That 95% of pupils complete some form of regular secondary education
Specific Target 2: By 2015, achieve 100% literacy of young people between 15 and 24

Target 3: Improve the quality of education
Specific Target 1: Improve the quality of primary education

Target 4: Establish additional databases for monitoring and evaluating the achievement of the national goal and targets

MDG 3: Promote gender equality and empower women

Target 1: By 2015, halve economic inequalities between women and men (in poverty, employment, unemployment, participation in trade unions, promotion at work, wages)

Target 2: By 2015, increase the representation of women at all levels of political decision making to at least 30%

Target 3: By 2008, complete the creation of systemic foundations for achieving gender equality (plans for the implementation of the Gender Equality Law, NPA and specific strategies)

Target 4: By 2015, develop the system for the protection of female victims of violence and the system for the prevention of violence against women

MDG 4: Reduce child mortality rate

Target 1: Between 2000 and 2015, reduce on average by half the under-five mortality rate

Target 2: Between 2000 and 2015, increase the coverage of women with antenatal and postnatal health care by one third at least
Specific Target 1: Increase the coverage of women during the first trimester of pregnancy to 85% by 2015
Specific Target 2: Increase the coverage of women attended by a polyvalent nurse at least once during pregnancy to 95% by 2015
Specific Target 3: Increase the average number of visits by a polyvalent nurse to the new mother and newborns in the first five days after childbirth to five by 2015

Target 3: Between 2000 and 2015, halve the death rate of children under 19 from external causes of death

Target 4: Between 2005 and 2015, increase the coverage of children exclusively breastfeeding from childbirth to the sixth month of life from 15% to 30%

Target 5: Between 2000 and 2015, improve mandatory immunization coverage of children to 99%

MDG 5: Improve maternal health

Target 1: By 2015, reduce the maternal mortality ratio to 4.9

Target 2: By 2015, maintain and enhance the reproductive health of women by maintaining the fertility rate at a current levels, reducing the abortion rate by half and doubling the proportion of women who use modern contraceptive methods

Target 3: Between 2000 and 2015, reduce the mortality rate among women of childbearing age by one third

MDG 6: Combat HIV/IADS, tuberculosis and other diseases

Target 1: By 2015, reduce the spread of HIV

Target 2: Enhance the control of tuberculosis through the implementation of DOTS and the 95% coverage of successfully treated persons

Target 3: Between 2000 and 2015, increase life expectancy by two years on average and reduce the proportion of the population which assess their health as poor or very poor

Target 4: Between 2000 and 2015, reduce high-risk behavior by 10% on average

Target 5: By 2010 establish centers for prevention health services in all health centers in the Republic of Serbia

Target 6: By 2010, establish mechanisms for monitoring the health of children with special needs and adults living with disabilities

MDG 7: Ensure environmental sustainability

Target 1: Integrate sustainable development principles in national documents, stop the loss of natural resources and encourage their revitalization
Specific Target 1: Adopt and implement national programs, strategies and laws governing the area of sustainable development and environmental protection in the Republic of Serbia by 2015
Specific Target 2: Increase land area covered by forest to 32% of the total territory of the Republic of Serbia by 2015

Specific Target 3: Increase the land area protected to maintain biodiversity to 10% of the total territory of the Republic of Serbia by 2015

Specific Target 4: Reduce the number of households that use solid fuels to 25% of the total number of households in the Republic of Serbia by 2015

Specific Target 5: Increase energy efficiency and usage of renewable energy sources

Specific Target 6: Reduce air pollution

Target 2: Reduce the proportion of the population without adequate supply of drinking water, access to the sewage infrastructure and organized community waste collection

Specific Target 1: Increase the proportion of households with access to the public water supply network to 98% in urban areas and 65% in rural areas by 2015

Specific Target 2: Increase the proportion of households covered by the public sewage systems to 65% by 2014 and increase the proportion of households covered by the public sewage systems in big towns (population over 100,000) to 100% by 2015

Specific Target 3: Increase the proportion of the population covered by the community waste collection system to 70% by 2015

Target 3: Improve housing conditions for poor inhabitants of unsanitary settlements

Specific Target 1: Increase the number of constructed social flats for poor and vulnerable social groups.

MDG 8: Develop global partnership for development

Target 1: Dynamic and sustainable GDP growth based on assumptions established by the National Investment Plan, the Strategy for Promotion and Development of Foreign Investments and the Strategy for Economic Development until 2012

Target 2: Increase access to new technologies to a considerably larger number of citizens of the Republic of Serbia

Target 3: Increase investments in the development of human resources by around 70%

Target 4: Increase the share of exports of goods and services in GDP to around 55%

Target 5: Reduce the share of foreign debt in GDP to around 10%

MILLENNIUM DEVELOPMENT GOALS IN THE REPUBLIC OF SERBIA

MDG 1: HALVE THE TOTAL POPULATION POVERTY RATE AND ERADICATE HUNGER

BOX 2. POVERTY MEASURING

One of the goals of the Government of Serbia is to create a solid statistical basis for the permanent and reliable measurement of poverty. Tracking poverty rates according to the category of settlement (urban/rural), region, district, gives decision-makers an insight into information on the basic demographic and regional characteristics of poverty.

However, our assessment is that the coverage and structure of urban and rural areas in relation to the categories of individual households living there, in the existing databases that are used for these purposes, are not very well defined. Namely, these are households that could have opposite characteristics if the property and income they generate were taken into account.

Moreover, more detailed information on the poverty of vulnerable groups within demographic groups, regions, administrative districts, municipalities and households represents an important source of data for identifying specific forms of poverty, as well as for defining specific strategic goals for solving these forms of poverty, the achievement of which goals would facilitate social inclusion of the most vulnerable groups.

The indicators of poverty measurement, as specified in the Poverty Reduction Strategy Paper (PRSP), are based on the results of the Living Standard Measurement Survey (LSMS) conducted in May 2002 at the request of the Government of Serbia and with expert assistance of the World Bank. In the period after 2002, two phases can be distinguished in the development of activities pertaining to poverty measurement statistics. The first phase refers to the conducting of the LSMS using the same method and methodology as in 2002. The second phase started with the 2004 decision that poverty statistics should be based on the data of the Household Expenditure Survey (HES) that is conducted on a regular basis by the Statistical Office of Serbia (as opposed to the LSMS that was conducted by a private research agency). In this way, full national ownership and necessary long-term continuity in the creation of poverty measurement databases are ensured and contribution made to the capacity building of the Statistical Office of Serbia. To facilitate this process, in February 2005, the Government of Serbia authorized the Deputy Prime Minister to set up the Poverty Measurement Task Force, which task was to do a comprehensive analysis of methodological and empiric characteristics of the LSMS and the HES, and to propose methodological solutions for establishing poverty indicators based on the HES.[1]

The Statistical Office of Serbia, with assistance of the Poverty Measurement Task Force and the World Bank, is preparing procedures and methodologies, but their work has not been officially finished yet. The first results of their work were presented at the Second National Conference on Poverty Reduction in the Republic of Serbia. These presented results are based on an alternative approach

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1 *Report on the Implementation of the Poverty Reduction Strategy in the Republic of Serbia*, Government of Serbia 2005.

to defining the method for specifying the poverty line and the method for calculating the number of consumption units.[2]

For now, the Statistical Office of Serbia and the Task Force have experimental results of poverty measurement indicators based on HES 2005 results, which they are further adjusting with World Bank experts. The Task Force has defined three different minimum consumer baskets for setting the poverty line, depending on the definition applied. All three definitions start from two basic criteria: (1) a minimum number of calories which an adult needs to intake every day to stay alive (2,280 Kcal a day – FAO) and (2) the structure of consumption of the poorest households (consumption by households of the first and the second decile). The first and the second definitions take into account the equivalence scale, as well – the number of consumption units per household, recommended by EUROSTAT.[3] In the third definition, the Engel method is applied for calculating the equivalence scale, which takes into account household structure and the age of children.

For the results of poverty monitoring to be as comparable as possible with the results on the basis of which the Poverty Reduction Strate gy Paper was made, in our opinion, the third definition of the poverty line should be used. According to that methodology, the poverty line in the Republic of Serbia in 2005 was RSD 5,381 per month per consumption unit (calculated applying the Engel method), i.e. USD 2.7 daily according to the official RSD/USD exchange rate in 2005 (USD 2.4 a day per consumption unit calculated by the Engle method[4] in 2002, also according to the official RSD/USD exchange rate in 2002). Numerous additional indicators given in the presentation of the Statistical Office of Serbia, "Experimental Poverty Measurement in the Republic of Serbia", also indicate that the best link between poverty indicators given in the PRSP is achieved by using the Task Force's methodology 3.

In that respect, we are of the opinion that the Statistical Office of Serbia should also do the calculation of minimum consumer basket according to EUROSTAT's equivalence scale (methodology 1), which would represent the second of the two official poverty lines that would be used for the needs analyses and the design of poverty reduction measures.

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2   "Experimental Poverty Measurement in the Republic of Serbia", Methodology and Data, Statistical Office of Serbia, the Second National Conference on Poverty Reduction in the Republic of Serbia, Government of Serbia, Bela Crkva, September 20, 2006.

3   According to this scale, the head of household has the weight of 1, every additional adult household member 0.7 and children 0.5.

4   *Poverty Reduction Strategy Paper*, Government of Serbia, 2003.

1. TRENDS IN DEVELOPMENT

Chart 1. 1. GDP, employment and productivity

Annual growth rate, %
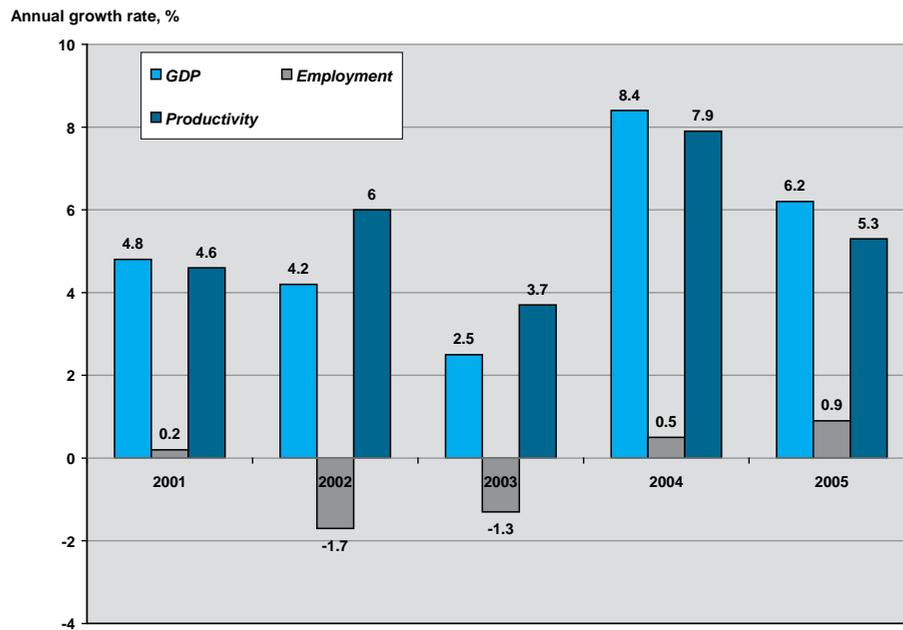
In 2003-2005, the economy grew at a very dynamic rate of 5.7% on average per year, in real terms. The total employment was maintained at approximately an unchanged level. Economic productivity was permanently up, varying from year to year subject to the pace of real growth in gross domestic product.

2. LABOR MARKET TRENDS

Since 2001, year after year, a serious reform process has led to gradual establishment of criteria for the functioning of a market economy. Significant structural changes have been achieved in the labor market. Employment in the private sector has registered intensive growth, while the number of employees in the socially owned and public sector has declined.

Chart 1. 2.   Employees by company ownership 2005 (LFS) Republic of Serbia, excl. Kosovo and Metohija
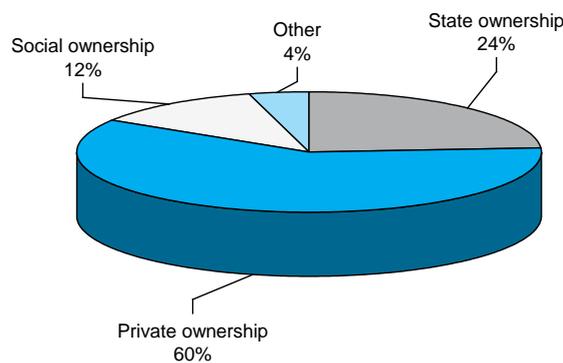
This was contributed to by simultaneously run processes of restructuring and privatization in all segments. One of the significant characteristics of the Serbian transition is a very quickly and successfully completed restructuring and privatization of the banking and overall financial sector. This was the basic assumption for the relatively successful continuation of restructuring and privatization of socially-owned enterprises. In 2002-2005, 1,844 enterprises underwent privatization. In 2005, privatized companies had 247,113 persons on their payroll, i.e. 12% of the total number of employees in that year. Privatized companies have become a solid core of the Serbian economy since they have been the drivers of production, productivity and export growth.

Since 2001, a much friendlier environment for the development and operation of small and medium-size enterprises (SMEs) and private entrepreneurship has been created compared with the past. There were 74,736 SMEs operating in the Republic of Serbia in 2005, which employed 810,862 persons[5]

The SME development has enabled the transition of the labor force from socially-owned enterprises, which has undergone the process of restructuring and privatization, towards the private SME sector. This further allowed total employment to be maintained at approximately the same level, with slight yearly variations. However, the SME development has not been dynamic enough to ensure the employment of all those who lost their jobs in the process of restructuring and privatization, and, moreover, of new generations coming out from the education system. For this reason, the high registered unemployment rate inherited from the 1990s has been gradually increasing: in 2002, this rate was 27.1% and in 2005 29.2%.[6]

Chart 1. 3. Employment in SME in Serbia

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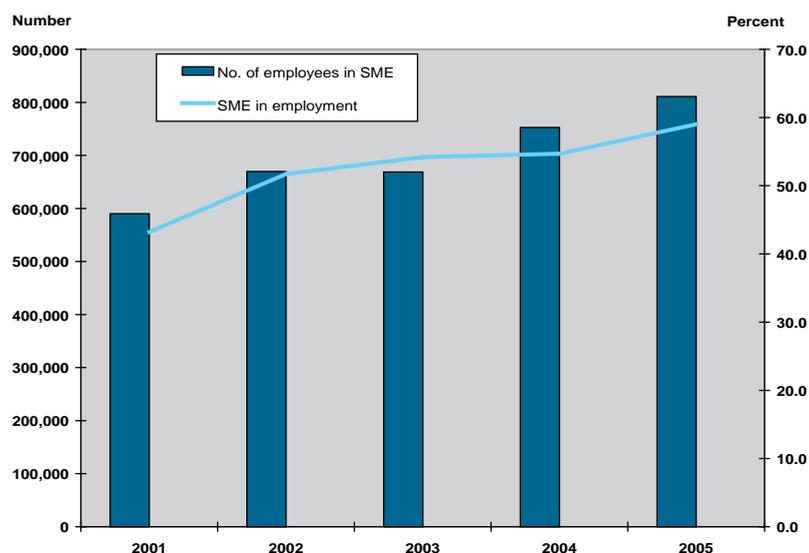
5   *Revised Memorandum on the Budget and Economic and Fiscal Policies for 2007 with Projections for 2008 and 2009*, Official Gazette of RS, no. 101/06.
6   Total employment includes farmers paying social insurance. However, it should be stressed that the rise in the registered unemployment in 2003 was due to the adoption of the new Law on Pension and Disability Insurance, according to which farmers may insure only the head of household, which resulted in significant decline in the number of insured farmers compared with the period prior to the adoption of this Law, when all farmers were obliged to pay contributions for pension and disability insurance.

Chart 1.4. Unemployment rates
Republic of Serbia excl. Kosovo and Metohija

Percent

| | 2001 | 2002 | 2003 | 2004 | 2005 |

Legend:
— Registered unemployment rate
— Unemployment rate according to LFS
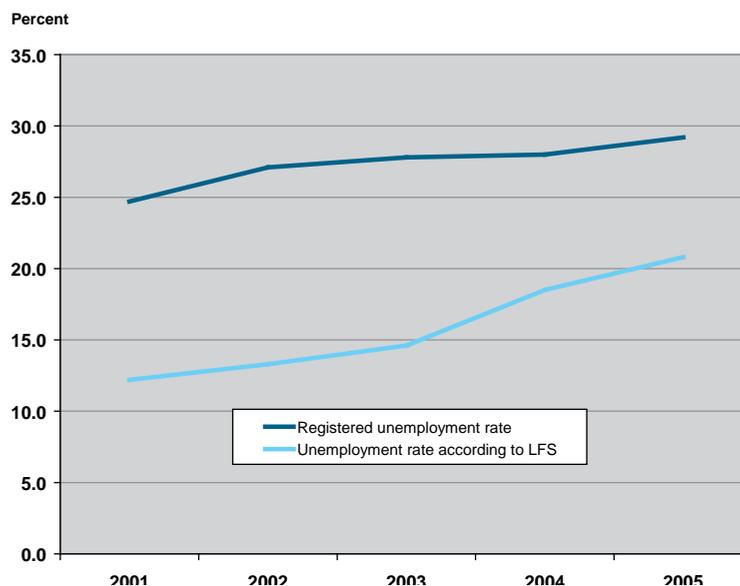
A reason for concern is the fact that the unemployment rate according to the LFS for 2004 and 2005 grew at a faster pace compared with the registered unemployment rate, although the former is much lower than the latter. This indicates, firstly, that measures taken to reduce labor in the informal sector have yielded results in terms of a decline in the number of persons who employers hire without registering them, and secondly, that the problem of unemployment has been sharpened following corrections in the legal system and the intensification of market demands for an increase in knowledge-based productivity and competitiveness. Moreover, unemployment rise relative to previous years, as reported by the 2004 and 2005 LFS, was affected by the adjustment of the calculation methodology to EUROSTAT definition, which took place in 2004.

TARGET 1:

By 2015, reduce the unemployment rate of the economically active population by at least 50%

The process of restructuring and privatization is expected to be completed by 2008. After that, the prevailing factor in the labor market will be open unemployment. Increase in the rate of investments from domestic sources and the inflow of foreign direct investments (FDI) will provide conditions for creating new jobs and more rapid employment growth, especially in those less developed areas that record high unemployment rates at the moment. It is expected that (1) the implementation of Government measures for promoting entrepreneurship, opening new SMEs and creating a more favorable environment for their work and (2) the implementation of active labor market measures and programs by the National Employment Service and private job brokering agencies, would contribute to the reduction of the unemployment rate of the economically active population by at least 50%.

The most vulnerable categories of the unemployed are: young people, long-term unemployed persons, persons with disabilities, the Roma, refugees and internally displaced persons (IDPs). The Task Force has decided for the implementation and monitoring of three specific targets:

Specific Target 1: Reduce the unemployment rate of the young by at least one third

Specific Target 2: Reduce the unemployment rate of persons with disabilities by at least 20%

***Specific Target 3:*** Reduce the unemployment rate of women by over 45%

3. CHARACTERISTICS OF POVERTY

Dramatic decline in economic activity during the previous decade had an enormous impact on the increase in the number of the poor until 2000. Moreover, quite unfavorable social and economic developments in the Republic of Serbia during the 1990s induced the emergence of new vulnerable groups, such as refugees and IDPs who found shelter in the Republic of Serbia.

Since 2002, the average annual inflation rate has been significantly reduced. In 2001-2005, the average real wage grew at the rate of 15.3% on average per year. In the first years of democratic government, wages grew at a much faster pace than productivity. This was necessary, because the results of researches conducted in that period[7] indicated a need to increase citizens' living standards in order to ensure their support for reforms. This especially applied to people employed in the public sector, whose average wage in 2000 was below the national average, although more than half of employees in this sector were persons with college and university education. Since 2004, wage policy has been aimed at adjusting growth in real wages to productivity growth.

Chart 1.5. Trends in real wage and productivity
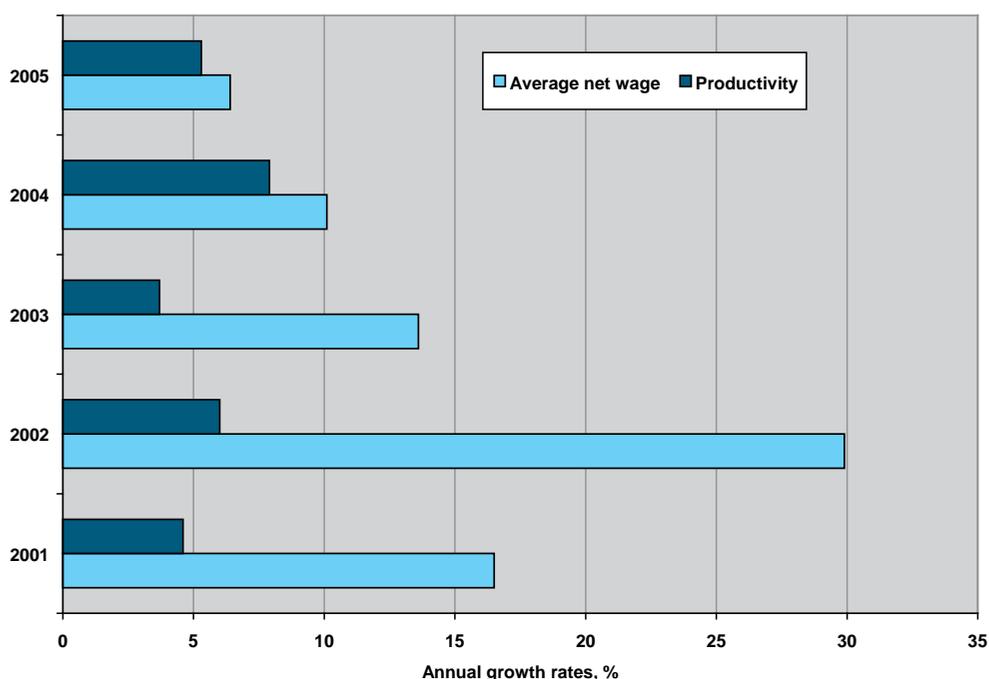
Other citizens' incomes also registered growth in real terms. Disposable means for personal consumption grew due to the grounds of the repayment of debts to citizens incurred before October 2000 and as a result of the increased supply of consumer and mortgage loans.

Starting from poverty measurement methodology as described earlier, it may be concluded that the total poverty rate in the Republic of Serbia was considerably lower in 2005

(6.5%) in comparison with 2002 (10.6%) and 2003 (10.5%)[8].

Statistical data show that area differences in poverty are permanently present between rural and urban areas, because there are inevitably

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7 Index of Subjective Economic Situation, G17 Institute, calculated on the basis of the G17 Poll on the Population's Income and Opinions, showed that the situation in the first half of 2001 was critical. G17 Institute (as of October 2005, the Economic and Social Policy Institute), G17 Economic Review, Belgrade, August 2001.

8 *Poverty Reduction Strategy Paper*, Government of Serbia, 2003; *Report on the Implementation of the Poverty Reduction Strategy Paper*, Government of Serbia, 2005

more poor persons in rural areas. However, it is important to stress that the number of the poor declined both in urban and rural areas in 2005 compared with 2002 and 2003.

The analysis of poverty according to the type of area implies an adequate definition of an area. Statistical definition of rural settlements practically does not exist in the Republic of Ser-

bia today. It is therefore necessary to establish generally acceptable criteria for defining rural areas.[9] It is expected that the Republic of Serbia would accept one of the internationally recognized classifications of rural areas. This is also a necessary condition for defining a set of indicators for monitoring other statistical indicators of rural economy and resources.

Chart 1.6. Poverty rates by area Republic of Serbia excl. Kosovo and Metohija
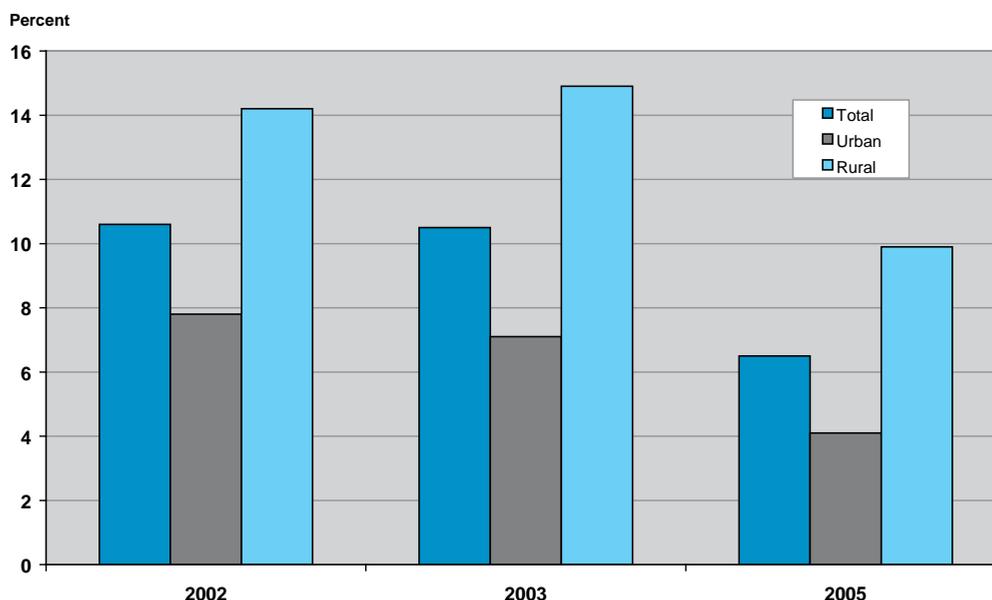
If we observe the structure of the poor according to the main activity of household members, there are primarily pensioners (29.9%), unemployed (23.2%) and employed (19.7%) among the poor, followed by individual farmers (10.8%), while other categories (homemakers, 4.0%, unable to work 5.0% and others 7.4%) take a considerably smaller share.

However, it is interesting that the proportion of the poor, observed according to age, is larger among the population younger than 65 (6.9%) then among those older than 65 (5.7%). As we have seen, in the total number of the poor according to the main activity of household members, the employed and unemployed account for 42.9%. This could explain the main factor creating a higher poverty rate among the population younger than 65 in comparison with those older than 65. The most important factor affecting poverty of the employed and unemployed is an individual's educational level. According to educational levels, two thirds (66.7%) of the total number of poor have education

levels of up to primary school (10.1% without school, 28.3% with incomplete primary school and 28.3% with complete primary school), slightly below one third (31.0%) are persons with secondary education (6.8% one/two-year vocational secondary education, 16.7% three-year secondary education and qualified workers, 7.0% four-year secondary education and 0.4% gymna-

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9 In Serbia, the division of settlements into urban, rural and mixed areas was applied in the 1953, 1961 and 1971 Census, and the criteria for classification were the size of the settlement and the ratio of farmers to total population. The division into urban and other settlements in the Republic of Serbia in the 1981 and 2002 Census is based on municipal decisions, by which municipalities themselves grant the status of a town to one settlement. It is enough that a settlement has a general urban plan, and by the decision of the assembly of the municipality on which the territory is located, it may be pronounced an urban settlement. All settlements that are not declared urban are classified as other, and are automatically considered rural. Thus, some municipalities (e.g. Bogatić, Vladimirci, Golubac, Žabari, Gadžin Han, Doljevac, Preševo), in spite of having rather larger territory, do not have an urban part, but are considered entirely rural, while other municipalities of similar or smaller size are considered urban. Statistical criteria are obviously not respected, which is a considerable methodological restriction. The most comprehensive data on rural areas in the Republic of Serbia are given in the Census of Population, Households and Flats and the Census of Agriculture, that are simultaneously conducted. This practically means that basic indicators on rural areas in the Republic of Serbia today can be observed only from a time distance of ten years.

sium), while 1.3% have college and 1.1% university education.

The structure of the poor, according to these educational levels, corresponds to the same structure of the number of employed and unemployed persons. Thus, in 2005, the proportion of employees up to the level of complet-

ed secondary school constituted 82.8% (primary school 26.7% and secondary school 56.1%). In the structure of the total number of the unemployed, however, the proportion of the unemployed up to the level of secondary school was 89.0% (primary school 21.0% and secondary school 68.0%).[10]

Table 1: Structure of the poor by education level, main activity of household members and age

Education level	Percent	Main activity of household member	Percent	Percent	Percent
Without school	10.06	Employer	0.39	Up to 65	6.9
Incomplete primary school	28.27	Employee	19.66	65 and older	5.7
Primary school	28.33	Individual farmer	10.84		
One/two-year vocational school	6.79	Self-employed	0.49		
Secondary –three-year and qualified	16.74	Unpaid, assisting member			
Secondary – four-year and high qualified	7.02	Unemployed	23.21		
Gymnasium	0.41	Homemaker	3.98		
College	1.27	Pupils/student			
Faculty	1.11	Pensioner	29.94		
Master-specialization		Unable to work	4.98		
PhD		Other	6.50		

Source: Statistical Office of Serbia

However, here we should certainly note that there are a relatively high proportion of poor pensioners younger than 65. At the end of 2005, more than half of all old-age pensioners (556,295 persons) at the Republican Pension and Disability Fund of the Employed were younger than 66 (51.9%), while 58.9% of the total disability pensioners were also younger than 66. These are obviously people who have used privileges for retirement during the 1990s and in the first half of this decade, when the process of transition intensified. However, these are also pensioners who had a much shorter insurance period at the moment of retirement and those whose wages during their service were very small, as well as survivors (26.9% of 1,239,573 pensioners of the Republican Pension and Dis-

ability Fund of the Employed in 2005-end) who inherited their pensions which, according to the law, account for a much smaller number than do personal pensions. However, the pension is a sort of income that is acquired in old age based on previous work and insurance paid during the years of service. Therefore, this income may not be increased outside criteria set by the Law on Pension and Disability Insurance. A state care for poor pensioners should be implemented within the social welfare system through financing certain programs at a local level that would be aimed at improving the material position of those pensioners who are in the poverty zone. The NGO sector should also take an active part in the implementation of programs aimed at poor pensioners.

10 *Labor Force Survey*, Statistical Office of Serbia, October 2005

TARGET 2:

By 2015, halve the total population poverty rate

Poverty reduction in the next ten years, besides dynamic and knowledge-based economic growth, requires a significant increase in the social inclusion of vulnerable groups, in particular persons with disabilities, the Roma, refugees and IDPs. It is necessary to stress that national statistics do not posses databases on the above-listed vulnerable groups. Also, vulnerable groups should be given the opportunity to register and to obtain personal documents so that they may exercise their civil rights.

Specific Target 1: Combat the chronic poverty of the Roma

The Roma in the Republic of Serbia are a socially vulnerable group. According to the 2002 Census, there are around 108,000 Roma in the Republic of Serbia, although Roma organizations claim that their actual numbers could be five times higher.[11] The poverty rate of the Roma based on expenditures and the poverty line of USD 2.15 a day is 26%.[12] Research findings show that in the Roma community, many households live in poverty from generation to generation, i.e. in conditions of so-called chronic poverty. For this reason, the fight against poverty in this population is much more difficult because parents who are uneducated and unemployed could hardly make their children accept different patterns of behavior that would ensure them

an exit from chronic poverty. The unemployment rate of the Roma is 39%, which is considerably higher than the average unemployment rate. It is necessary to include the Roma in the regular education system, as well as in active labor market programs and measures. In this way, conditions would be created for the larger employment of the Roma and, on that basis, for the improvement of their living standards. It is necessary to improve housing and health conditions for the Roma. All of these measures would lead to a decline in the poverty rate of the Roma by at least 30%.

Specific Target 2: Halve the poverty rate of refugees and IDPs

There are 139,180 refugees and 207,506 IDPs from Kosovo and Metohija registered in the Republic of Serbia. The poverty rate of refugees and IDPs, based on expenditures and the poverty line of USD 2.15 a day, is 15%. The unemployment rate of this category of population is 32%.[13] This population is also faced with the problems pertaining to health and housing. It is expected that the implementation of projects in the area of employment, health and housing, as well as those involving the return and integration of refugees and IDPs, would enable their poverty to be halved.

TARGET 3:

By 2015, eradicate hunger

The Republic of Serbia does not have data on the number of families that suffer from hunger. However, debates at a local level have shown that in undeveloped regions, there are families faced with hunger. It is therefore necessary to examine this problem as soon as possible.

Among the persons entitled to family support allowance, the unemployed constitute the majority. Conditions should be provided for greater employment, which would enable an increase in the proportion of persons unable to work within the total number of family support allowance beneficiaries. The employment of those household members who are able to work and who are entitled to family support al-

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11 *Under Risk: Social Vulnerability of Roma, Refugees and Internally Displaced Persons in Serbi*a, UNDP, Belgrade, 2006
12 Ibid.

13 Ibid.

lowance at the moment, with their training for performing better paid jobs, would lead to the eradication of hunger in the Republic of Serbia by 2015.

Specific Target 1: The number of persons unable to work entitled to family support allowance should be two-thirds of the total number of family support allowance beneficiaries

Specific Target 2: Conduct a survey to identify families in the Republic of Serbia that suffer from hunger

MDG 2: BY 2015, ENSURE UNIVERSAL PRIMARY EDUCATION

Education is in close connection with other Millennium Development Goals, especially with poverty reduction[14]. No country has ever achieved permanent and rapid development without previously reaching the adult literacy rate of at least 40%; there is a 50% smaller likelihood that young people (between 15 and 24) who have completed primary education would get HIV infected than those without primary education; the likelihood of educated mothers vaccinating their children is 50% higher than for those without primary education, etc. Primary education is at the same time a human right and an important instrument for improving the quality of life and environment.

TARGET 1:
Increase the coverage of children with primary education

Specific Target 1: That 100% of boys and girls enroll in primary education

Specific Target 2: That 98% of boys and girls complete primary education

The completion of primary education is one of the priority targets of the MDG 2, because, after nearly sixty years of compulsory primary education[15], 22.3% of the citizens of our country have not completed primary school (Census 2002). In order for all boys and girls to complete primary education by 2015, it is necessary that new generations complete primary school almost in full and that all of those who have dropped out of the system be encouraged to return and complete primary education. The ratio of boys and girls in primary education is quite balanced (0.95, SORS, 2005).

Because of the way in which these statistics are calculated (data are obtained based on school year and not by monitoring the generation of pupils), the primary school completion rate seems rather high, i.e. higher than it actually is (according to certain analysis, this rate is estimated at between 85% and 90%). We cannot establish actual primary school completion rate because we do not have any data on the primary school dropout rate and on the number of the Roma children and children with special needs who never enter the system or who leave it before the end of primary school. In order to obtain actual data, it would be necessary to conduct an analysis of the primary education dropout rate (since the enrollment, promotion to the 5th grade until the end of primary school, with the disaggregation of data), as well as to monitor statistically one generation from the time of enrollment to the completion of primary school.

Specific Target 3: Reduce the dropout rate of children upon their promotion to the 5th grade to less than 1%

Promotion to the 5th grade is a turning point when children more frequently drop out

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14 Government of Serbia (2003), *Poverty Reduction Strategy Paper.*
15 Basic Law on Schooling passed in 1958.

from primary school, which to a significant proportion applies to children in rural areas and especially Roma children.

Specific Target 4: By 2015, that 70% of children (3-7 years of age) be included in preschool education, with special emphasis on children from vulnerable groups (children in rural areas, Roma children, children with special needs)

Preschool education has an important role in the prevention of failure at school and social exclusion[16]. An increase in the coverage of children with preschool education, in particular those between 3 and 7 years old, will enable a higher enrollment rate and a smaller dropout rate of children from primary education, especially socially and culturally underprivileged children, who do not receive enough encouragement to develop and who, for that reason, may lag behind and leave primary school. The importance of increased coverage of children with preschool education was also stressed in other documents of national importance (the Draft Law on Preschool Education and Upbringing, the General Basis of Preschool Program, the National Action Plan for Children, within the pro-natal policy of the Ministry of Labor, Employment and Social Policy).

**Chart 2.1. Proportion of children who complete primarz school**
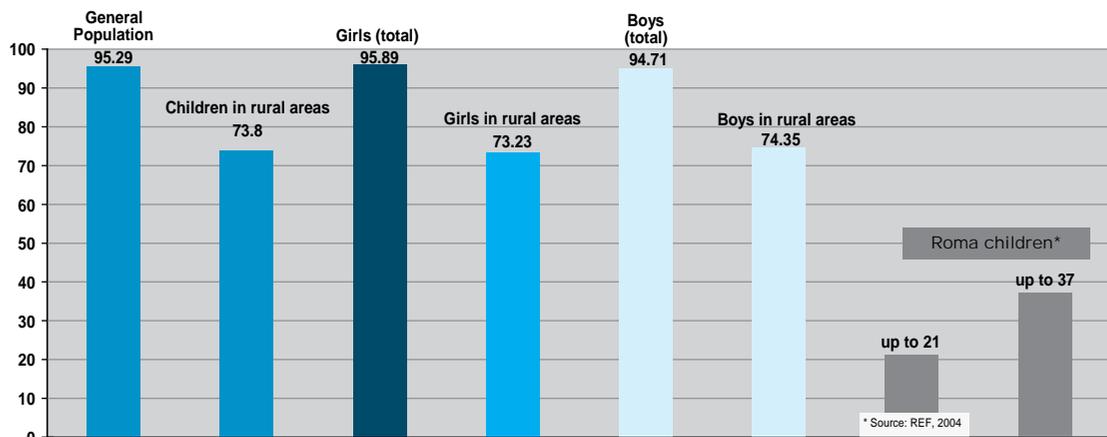
Specific Target 5: Double the number of preschool institutions with their balanced geographical distribution

The function of kindergartens should not be reduced only to help to working parents, because their main role is to *stimulate children's early development*. It is therefore important to cover children from rural areas and deprived environments, that is, those children who are at the moment, as a rule, outside these programs and institutions. The fact that **compulsory preschool preparatory program** has been introduced as of this year in order to prepare children for school and thus increase the probability of completing primary education speaks of how important this issue is. Key problems in preschool education include the insufficient coverage of children (especially of children from marginalized groups), the insufficient number of preschool institutions and especially their geographical distribution (see the map *The Number and Distribution of Preschool Institutions in the Republic of Serbia*). It is therefore an important target and an important investment to build preschool institutions, which number should be doubled by 2015, with even geographical distribution, in order to include groups at risk (children in rural areas and the Roma children) and support the idea of increased access to education for all children in the Republic of Serbia.

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16 For this reason, many countries, such as Sweden or Spain, have compulsory free preschool education, especially for groups at risk, such as immigrant children or children from other vulnerable groups.

The number and distribution of preschool institutions in the Republic of Serbia
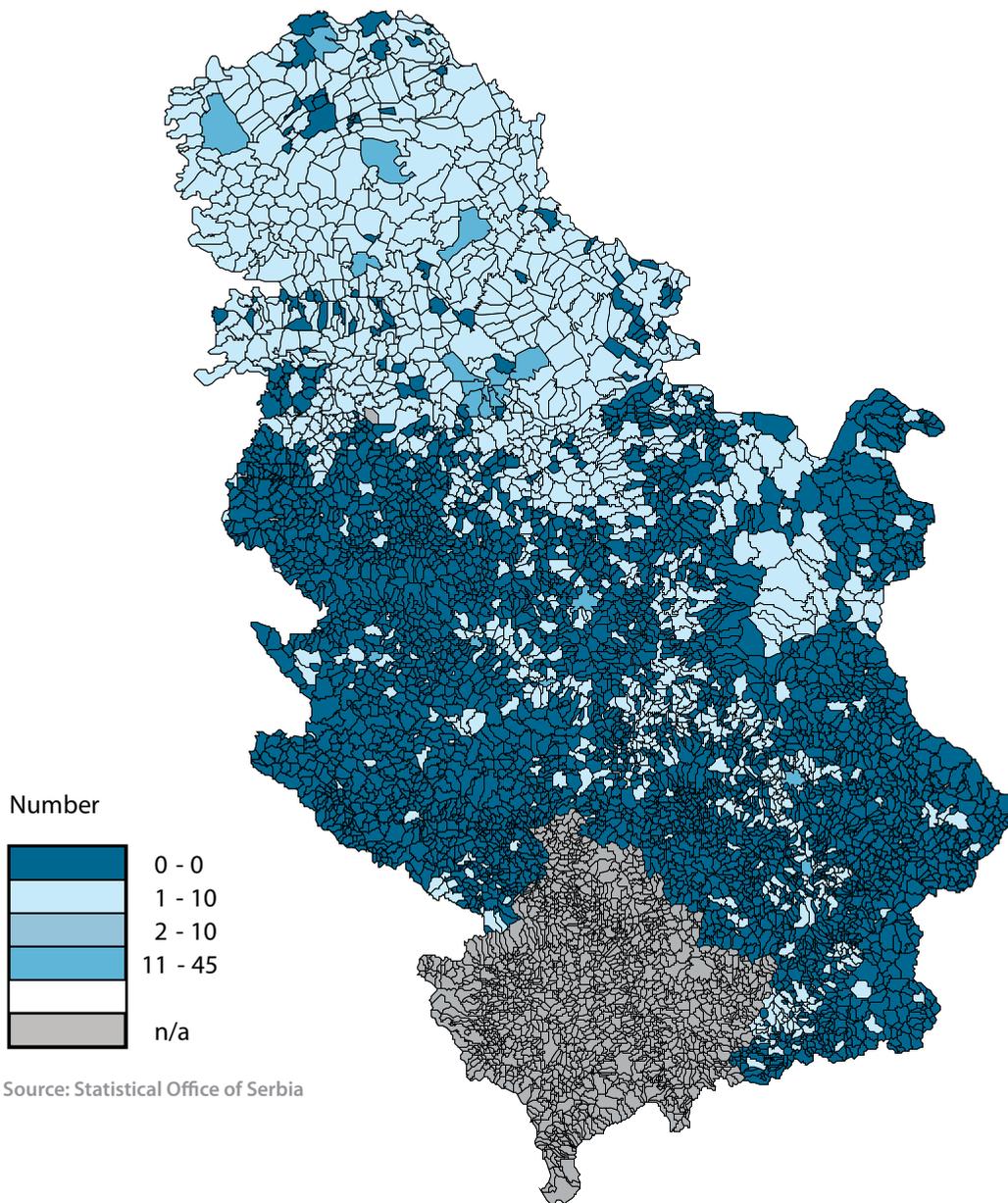
Number

■	0 - 0
■	1 - 10
■	2 - 10
■	11 - 45
□	
■	n/a

Source: Statistical Office of Serbia

TARGET 2:

Acquiring professions, promotion of the life-long learning concept and access to higher education

Specific Target 1: That 95% of pupils complete some form of regular secondary education

The majority of countries that have a developed education system and compulsory primary education are trying to **extend the MDG 2 from primary education** to secondary, secondary vocational and tertiary education, as well as to adult education programs. This is recommended also by the UN Millennium Project Task Force on Education and Gender Equality and Science Technology and Innovation; moreover, it

is in accordance with the Secondary Education Strategy, the Policy and Strategy of Vocational Education in the Republic of Serbia, the National Employment Strategy 2005-2010, the Fourth Guideline of the European Employment Strategy, the Policy of Adult Education Development in the Republic of Serbia and the Poverty Reduction Strategy Paper of the Republic of Serbia.

It is important that national targets in the area of education include the coverage with secondary education because (1) the implementation of the majority of MDGs requires human resources that have at least secondary education; (2) with a possibility of secondary education, parents' motivation to send a child to primary school grows; (3) especially for marginalized groups, researches show that post-primary education is needed to realize the real effect, i.e. benefit of education (especially for girls, where return to secondary education is considerably larger than return to primary education). The economic benefit of primary education is not sufficient; (4) in our country, there is a high percentage of persons without professional capacity. (46.7% of the population have primary school or less, Census 2002). Secondary education is important so that young people are able to enter the labor market and make better lives for themselves and their families, as well as to create conditions for life-long learning. The extension of secondary education should be in accordance with the demands for educated personnel in other sectors.

The structure of secondary education according to its duration has changed in the last five years in favor of four-year education. Girls opt significantly more for four-year secondary schools than boys. The supply, that is, the number of those seeking enrollment in secondary schools is 10% higher than the number of pupils wishing to enroll (not all educational profiles are filled), which raises the question of what the drop-out rate actually is, during the transition from primary to secondary school.

The promotion of acquiring secondary education is necessary on one hand in order to increase access to tertiary education and on the other, to stimulate all those who dropped out from secondary school to return and join "second chance" adult education programs. The education system should be flexible and use a variety of mechanisms to encourage those who have dropped out to return to the system, as well as passing participating students through the system. An effective method to create flexible adaptation to the needs of individuals and of the labor market is to develop and **strengthen an informal education system**, which could easily and quickly adapt to changes and demands.

Specific Target 2: By 2015, achieve 100% literacy of young people between the ages of 15 and 24

According to the trend of a considerable decline in illiterate young people between 15 and 24 years of age (1991-2002), the achievement of Specific Target 2 is realistic. However, special attention should be paid to the Roma population, because the illiteracy rates of the Roma of this age are still very high (male 35.5%, female 51.6%, Census 2002).

TARGET 3:

Improve the quality of education

Specific Target 1: Improve the quality of primary education

The previous targets focus on increasing children's access to and coverage with education (primary and secondary), while Target 3 aims **at improving the quality of education** in order to keep children at school and improve the results of such schooling so that it has a positive effect on economic and social areas. Children's enrollment in school and the indicators of school completion are not necessarily good and consistent predictors of educational outcomes. It is necessary to combine them with the indicators of the quality of education outcomes. According to the analyses, secondary school pupil's performance on international testing in mathe-

matics and science is in positive correlation with the country's economic development[17]. A labor force that possesses a better quality of knowledge and skills contributes to a higher level of economic development of the country.

The results that our pupils achieve on national or international tests are below those expected or required[18]. The improvement of educational quality is achieved primarily through the careful selection of the content to be learned (programs and curriculums) and innovation in the way in which knowledge is acquired (studying/teaching methods). Both these aspects are closely related to the nature of general educational goals and the educational policy that is pursued. There is no doubt that increasing access to quality education for all contributes to a society of equality and social inclusion,

but this leads to the question of the role of education in social reproduction. Since education is developed in a social context, shortcomings in education cannot be mechanically compensated for, nor can solutions be directly transplanted from one setting to another. Inadequate educational quality cannot be solved only by increasing investments in books, teachers' training and the like, for much more is necessary. It is necessary to strengthen the national commitment to education, the belief that it matters; to promote mechanisms for the local control of education; to include wider social groups in educational planning; to enhance information about how the educational sector functions and to permanently monitor the quality of pupils' accomplishments at different educational levels.

TARGET 4:

Establish additional databases for monitoring and evaluating the achievement of the national goal and targets

The child dropout rate from school: At the moment, we do not have data on the number and structure of children who drop out from primary and secondary education. To obtain this information, it is **necessary to conduct research** through which data will be collected and the actual rate of primary and secondary school completion identified. In accordance with these findings, measures could be proposed for the future collection and monitoring of these valuable indicators. Among the ten primary indicators of social inclusion in the European Union is the one stating that, "persons who leave school early, are not included in education or training"[19],

which expresses how important this is. Data on the number of such persons is at the same time a measure of the efficiency of the education system and a predictor of a future society's ability to cope with the problems of poverty and social exclusion.

Data on the Roma children: Data on the Roma children are linked with numerous problems, from the fact that their exact number is not known (we do not have data on the exact number of the Roma in the country) to the fact that schools do not keep records of pupils' national or ethnic background. Data obtained in some analyses show the size of the problem of the education of the Roma children: of 82,800 registered children, only 15,000 are covered by the system (around 20%); of all children in special school, 50-80% are Roma (MES, 2005); the dropout rate from school of the Roma children is very large, especially at the beginning of schooling: 30-40% of enrolled children do not pass to the 5th grade of primary school; 60-80% of children do not complete primary school (*Roma Education Fund, Needs Assessment Study, 2004*); a negligible number is included in preschool education, which is an opportunity for them to acquire the

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17 Hanushek,E.A. and Kimko, D.D. (2000), *Schooling, Labor Force Quality and the Growth of Nations*, American Economic Review 90 (5), 1184-208.

18 Havelka, N at al (1990), *Efekti osnovnog obrazovanja – obrazovna i razvojna postignuća učenika na kraju osnovnog školovanja*, Institute for Psychology, Belgrade; *A Comprehensive Analysis of the Primary Education System in FRY* (2001), UNICEF, Belgrade; *Nacionalno testiranje obrazovnih postignuća učenika III razreda osnovne škole* (2005), Institute for Education Quality and Evaluation, Belgrade; *PISA 2003: Results and Implications* (report for MES), Belgrade, 2004; *PISA 2003 Learning For Tomorrow's World.*

19 Definition of the indicator: the proportion of young people aged 18-24 who have ISCED level 2 (completed primary school) or less, who are not included in some form of vocational education and training (see Nolan, B. (2003): *Social Indicators in the European Union, paper for the Statistics* Users' Conference "Measuring Government Performance", London; Laeken Indicators – detailed calculation methodology, European Commission EUROSTAT, Doc.E2/IPSE/2003).

necessary basics and to learn the Serbian language in which the teaching is done. Because of the insufficient inclusion of Roma children in the education system and their early dropout from school, the vicious circle of extreme poverty of this population continues. Systematic collection of data on these children would undoubtedly help in planning interventions and the assistance they need.

Data on children with special needs: As far as available data are concerned, the situation is even harder with regard to children with special needs. There are no reliable data on the number of these children in the Republic of Serbia or on their number in regular primary and secondary schools. International standards say that there are 5-7% of such children in the population of children between 0 and 18 years of age, which would mean that their number could range around 78-110,000. There are no official data on children with problems and difficulties in development in regular schools, only data from research studies. They indicate that a considerable number of such children attend regular schools (e.g. in a research study conducted in 2002, in a sample of 97 regular primary schools, 8,099 children with some problem or difficulty were identified), but schools do not keep records on this number and thus, organized systematic support and assistance for these children do not exist.

At a time when the application of an inclusive approach in schools is extensively discussed, it is almost impossible to plan actions if we do not know the number of children and the kind of difficulty are in question. It is first necessary to make an official register of these children that would enable the monitoring and provision of adequate support. Moreover, we would then have basic data relative to which we could monitor other relevant indicators for this group of children.

Hence, for the purpose of adequate monitoring of the MDG 2, it is necessary to collect data that are currently not taken, either at all or systematically:

- **The child dropout rate from primary education** (by gender, ethnic background, region, health status),
- Availability of the school network to the needs of children from specific groups (in rural areas, the Roma, children with special needs)(???– a request to conduct a research,???)
- Proportion of children who complete primary school but do not continue education,
- Proportion of young people between 15 and 24 who participate in the "second chance" adult education programs (by gender),
- Total number of children with special needs,
- Data on the enrollment and completion of primary and secondary school by children with special needs,
- Data on the number of Roma children who enroll in the 1st grade of primary school,
- Data on the proportion of Roma children who complete primary school.

MDG 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

1. SITUATION AND TRENDS

With regard to the level of gender equality and activities towards its achievement in the Republic of Serbia, in the Review of the Implementation of the Millennium Development Goals that the Government of Serbia adopted in 2005, the MDG 3 has already been contextualized by establishing the following specific tasks:

1. Reduction of poverty differences between men and women
2. Reduction of gender inequality in the economy
3. Reduction of gender inequality in literacy and education
4. Reduction of gender inequality in political participation
5. Empowerment of women in the public sphere
6. Reduction of violence against women and children

From the moment of adoption of these recommendations by the Government to date, specific steps have been taken which place further implementation of the MDG into a new context. The **Gender Equality Law** is in parliamentary procedure, while the **National Plan of Actions for the Empowerment of Women and Gender Equality Promotion** (2007-2010) has been completed and entered the adoption procedure. Within the **Poverty Reduction Strategy Paper**, the gender aspect is defined through the link between the economic aspect of poverty and human rights dimension. In this document, the poverty of women is treated as multidimensional, i.e. as a **consequence of (1) general poverty and (2) gender specific**

poverty. Therefore the strategy for combating the poverty of women necessarily includes the Poverty Reduction Strategy Paper as a whole, as well as specific, additional measures for women, so that inequalities would not increase but decline. The PRSP points out the problem of **discrimination against women**; work done by women is often either not recognized or unpaid or underpaid. Specific measures are needed that would enable women to participate in the **benefits of development** towards **long-term reduction of gender inequalities**. The CEDAW Report for the Republic of Serbia was drafted, but due to circumstances in the former State Union, it has never been submitted, while the new state has opted for designing a new CEDAW Report.

A significant base of **knowledge and information** that documents the existence of economic inequalities and discrimination against women has already been formed in the Republic of Serbia. For example, UNDP has conducted a research on the position of women in the labor market in the Republic of Serbia[20], "Gender Barometer Serbia 2006"[21] has been created, which screens the situation of gender inequalities in the private and public sphere; the analysis of state institutions has been conducted as well, within a UNDP BH regional project. The analysis of legislation is conducted continuously, as well as the promotion of women's cooperatives and entrepreneurship, through different

20 The project of UNDP and Gender Equality Council of the Republic of Serbia (2006), *The Position of Women in the Labor Market of Serbia*.

21 Marina Blagojevic, *Gender Barometer Serbia 2006: Social Position and Quality of Life of Men and Women* (Altera MB, Budapest AWIN Belgrade). The project is funded by UNIFEM. The survey was conducted on the representative sample (20-50 years of age), 1,500 respondents.

projects (e.g. the Entrepreneurial Academy in Ki-kinda). Work on gender budgeting has started within a UNIFEM project.

At this moment, there is a range of parallel and mutually connected processes and projects, towards establishing a higher degree of gender equality, and consequently towards the achievement of the MDG 3. However, it is important to distinguish what the key processes are focused on, in order to avoid overlapping. The MDGs and their contextualization in the Republic of Serbia may play the role of a key platform around which different processes would concentrate and their synergy be enabled. While the PRSP centers on the economic dimensions of inequality, in particular in the area of employment, the NPA is focused on the achievement of gender equality in a larger number of areas with emphasis put on women. The Millennium Development Goals are **of a longer-term nature** (they refer to the period until 2015) and are broader than these two documents. The PRSP is a strat-egy for achieving the MDG 1. Moreover, the Millennium Development Goals include the entire development, i.e. once again, they focus on the **meaning of development**, of which an integral part should also be the achievement of gender equality. The MDG 3 is explicitly associated with gender equality and the empowerment of women, while the gender dimension should be cross-sectorally included in all other MDGs. In terms of contextualization of the Millennium Development Goals in the Republic of Serbia, this means that focus is put on gender equality (and not only on women) and on the empowerment of women in those areas in which this is needed and in such a way so as to enable **a long-term transformation of gender relations**.

The area of gender equality in the process of contextualization is defined both as a **separate** MDG and a **cross-sector goal** which is comprised by other MDGs. Specified here are only the targets that are not included in other MDGs.

TARGET 1:

By 2015, halve economic inequalities between women and men (in poverty, employment, unemployment, participation in trade unions, promotion at work, wages)

Typical for the present stage of development of the Republic of Serbia is the **escalation of discrimination** due to: an unregulated labor market; high competition for well-paid jobs; the increase of sexism and ageism; as well as the rise of sexual harassment[22] Although discrimination and sexual harassment at work are regulated by the law, problems in their implementation are widely present, resulting from, above all, the actual balance of power between the (un)employed and employers. A range of indicators clearly confirms economic inequalities between men and women. The unemployment rate of women is considerably higher than of men and it is on the rise (from 24.1% in 2004 to 27.4% in 2005). The rate of activity of women in the economically active age group (15 – 64) declined from 57.9% in 2004 to 56.2% in 2005.

In the labor market, there is a segregation of occupations according to gender (the Segregation Index is 29.3%) and women do jobs that are, as a rule, less paid and associated with public services. According to the UNDP survey (2006), women are faced with discrimination in finding a job and doing a job, as well as in promotion at work. Namely, according to the results of the econometric wage equation, average monthly earnings of women are 17% smaller than that of men, and this can be explained only with the different valuing of the same characteristics, i.e. gender discrimination.[23]

Economic inequalities in the labor area also produce great differences in the ownership of real property and the property of greater value (Chart 3.2). In the survey "Gender Barometer Serbia 2006", an emphasis was placed

22 Marina Blagojević, "Žene i muškarci u Srbiji (1999-2000): Urodnja-vanje haosa" in: *Srbija krajem milenijuma, razaranje društva, promene i sva-kodnevni život*, Belgrade: ISIFF, 2002, 283-314; The project of UNDP and Gender Equality Council of the Republic of Serbia (2006), The Position of Women in the Labor Market of Serbia

23 UNDP (2006), *The Position of Women in the Labor Market of Serbia*, p. 17. Differences arising from different education level and years of service are eliminated by this analysis.

on the economically active and younger population (20-50 years of age). A low level of ownership in general in this segment of the population may be explained by the fact that older generations dominantly possess the most valuable property (above all, real estate). It may be expected that inequality in ownership between men and women is even more present in older generations, especially if we eliminate the impact of mortality which is in favor of women in terms of inheritance because women live longer. The point is, however, that although women make very large contributions to the generation of family property because of the double and triple work they do (professional work, housework, informal economy), their labor still remains insufficiently visible and insufficiently recognized.

Chart 3.1. Unemployment rate in the Republic of Serbia for the population of 15 years of age and older (1995-2004)
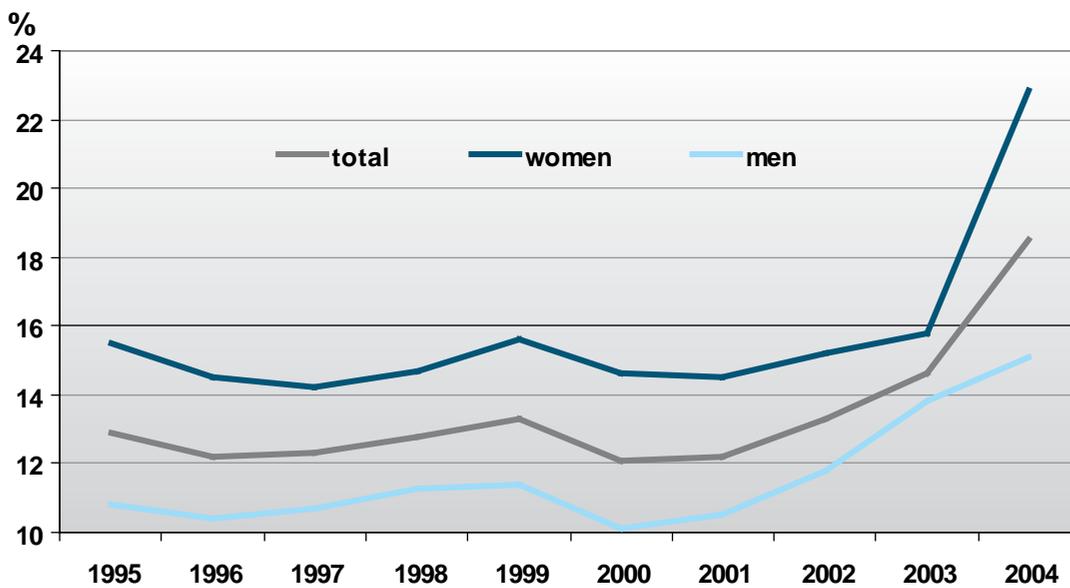
Chart 3.2. Percentage of respondents who are the owners or co-owners
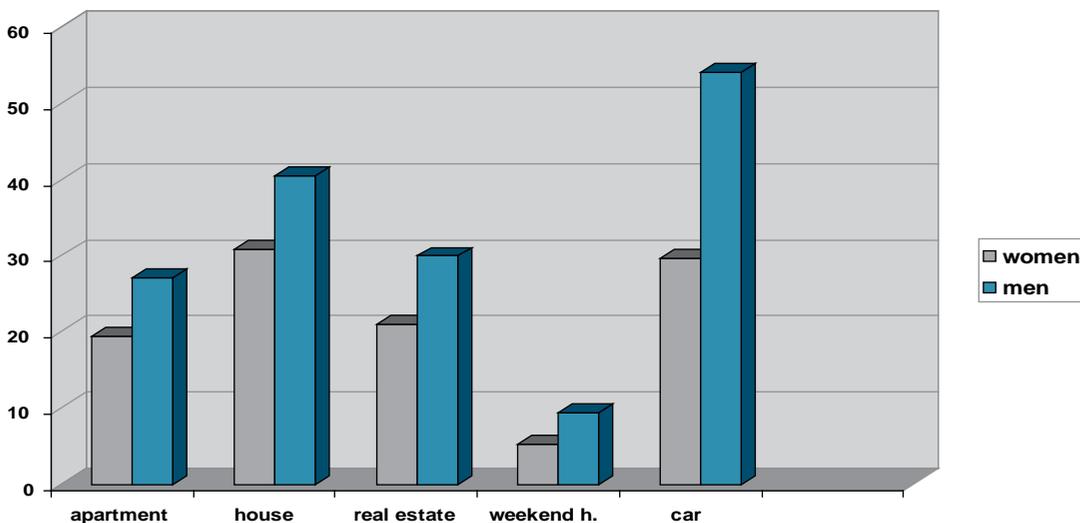
Source: *Gender Barometer Serbia 2006: Social Position and Quality of Life of Men and Women*

Women from **minority and/or vulnerable groups** are exposed to **multiple discrimination and marginalization**. These groups include the Roma, refugees and IDPs, single mothers, women with disabilities, elderly women, women in rural area, lesbians, women suffering violence. Although some of these groups have become more visible thanks to nongovernmental and international organizations, others, in spite of their size, remain out of the focus of NGOs, donors or social policy. This is the case with **women in rural areas**, who are mostly invisible, although they are faced with serious problems, such as restrictive patriarchal values, hard labor, economic dependence, violence, poverty and the like. On the other hand, the development of rural areas and agriculture to a great extent depends on the very female resources. **Single mothers** are another very numerous, but invisible category that is particularly vulnerable in transition. The **burden of biological reproduction** in the Republic of Serbia stands solely on the family, especially women, which directly produces the problem of insufficient reproduction of the population. The dramatically low birth rate is associated with poverty, insecurity and instability of marital relations, as well as with the unfavorable position of women in family and society.[24]

TARGET 2:

By 2015, increase the representation of women at all levels of political decision-making to at least 30%

The doors of **political decision-making** are still largely closed to women. After the 2000 elections, there were 10.8% of women in the National Assembly, while two women were Vice Chairpersons. In 2002, a woman was elected a Chairperson of the National Assembly. After the 2003 elections, the participation of women in the National Assembly remained equally low. Of six National Assembly's Vice Chairpersons, only one is a woman, while of seven MP clubs, only one has a woman at its head. There are many women among judges – around 50%, which may be explained by the fact that judges were underpaid for a long period of time and men shifted towards the more lucrative profession of lawyer. Since 2000, two women have been president of the Supreme Court of the Republic of Serbia. One of the relevant explanations for the low representation of women in political decision making is the fact that decisions are often made in **informal male groups** from which they are excluded, and not transparently and in institutions. In 2004, the Law amending and supplementing the Law on the Election of the Members of Parliament was passed, setting forth a mandatory 30% of candidates of the less represented gender and their even distribution on the election list, which has contributed to an increase in the representation of women at a local level.

TARGET 3:

By 2008, complete the creation of systemic foundations for achieving gender equality

Systemic grounds for achieving gender equality include the definition of adequate **normative and institutional** assumptions, as well as the adoption of some relevant state strategies that would adequately arrange certain areas (e.g. the empowerment of women living in rural areas and the definition of gender-sensitive population policy). To continue processes that have been started in the Republic of Serbia, it is necessary to pass plans for the implementation of the Gender Equality Law[25] and the NPA; to take

24 Marina Blagojević, *Roditeljstvo i fertilitet – Srbija devedesetih*, Institut za sociološka istraživanja, Filozofski fakultet, Beograd, 1997
25 The Gender Equality Law will probably be passed in the course of 2007, after which work on the creation of a plan for the implementation thereof could be started.

steps towards gender budgeting; to conduct a tax system analysis and a gender auditing of the work of all state institutions.

The Republic of Serbia is lagging behind other countries in the region in terms of **devising gender equality mechanisms**. Of gender mechanisms, the Republic of Serbia has the Parliamentary Committee for Gender Equality, the Gender Equality Council as a Government body, while in AP Vojvodina, which has progressed farthest in the institutionalization of gender equality mechanisms, there are the Secretariat for Labor, Employment and Gender Equality and the Provincial Gender Equality Office. In a certain number of municipalities in the Republic of Serbia, there are focal points for gender equality. In Vojvodina, there is a deputy for gender equali-

ty within the Provencal Ombudsman, while in 18 out of 45 municipalities, persons in charge of gender equality have been appointed. The Ombudsman Law provides that the Ombudsman, when transferring prerogatives to its Deputies, shall pay special attention so as to ensure appropriate specialization, including, inter alia, the area of gender equality. The **strengthening of institutional mechanisms**, their proper funding and capacity building (number of employed and appointed persons – focal points, knowledge, information, technologies) is necessary for the implementation of gender equality policies. At the same time, it is necessary to strengthen the partnership between NGOs and institutions, as well as budgetary support to this sector.

TARGET 4:

By 2015, develop the system for the protection of female victims of violence and the system for the prevention of violence against women

In the Republic of Serbia, every third woman has been the victim of physical and every other type of psychological violence.[26] War, transition and the escalation of crime led to an increase in violence in general, including violence against women and children. The strengthening of patriarchal values and the "crisis of masculinity", typical for transition, make a favorable value context for the strengthening of negative trends, including the commercialization of sex and the closely related trafficking in women. Various forms of violence against women, domestic violence, sexual violence, trafficking in women are very deeply mutually connected and what they have in common is that a woman is treat-

ed as an object and/or commodity. Institutional support for the victims of violence and prevention measures in the Republic of Serbia is still far beyond the needs. Domestic violence was sanctioned by the Criminal Law of the Republic of Serbia (2002) (Art. 118a), where it is treated as a crime for the first time, while the new Family Law (2005) treats violence against women as a social, and not as a personal problem of the woman involved, and defines measures for the protection of family members from the perpetrator. However, the implementation of these laws is blocked by ignorance, institutional inertia and patriarchal stereotypes.

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26 Vesna Nikolić Ristanović, *Porodično nasilje u Srbiji,* Viktimološko društvo Srbije, Prometej, 2002; Konstantinović Vilić S., Petrušić N., Krivično delo nasilja u porodici – pravna praksa u Republici Srbiji, Ženski istraživački centar za edukaciju i komunikaciju, Niš, 2002.

MDG 4:

REDUCE THE CHILD MORTALITY RATE

The monitoring of progress in the reduction of child mortality is one of the leading challenges for all countries[27]. Besides being the fourth goal of the Millennium Declaration, the reduction of child mortality is the first of a total of 27 goals of the World Child Summit and accompanying national action plans for children. In spite of considerable progress, even in the countries where child mortality was reduced by two thirds on average, the National Millennium Development Goals Progress Reports indicate that this problem is still present in rural areas, among people living under the accepted poverty limit and especially in the Roma sub-populations[28]. Children dying due to preventable causes is additionally contributed to by poverty, poor living conditions, the low educational level of mothers and sometimes social exclusion, negligence, violence against children, and insufficient access to antenatal and postnatal health care[29].

Based on initial grounds, the actual situation and the assessment of trends in the indicators of both the health status and the capacities of health and other systems to adequately respond in terms of the improvement of health, prevention and disease control, the MDG 4 has been adjusted to the specific situation in the Republic of Serbia. A total of five Specific Targets have been recommended for the millennium improvement of health through the reduction of child mortality, which ensure the monitoring of gender and area (urban/rural) disparities and which include vulnerable populations, such as the Roma, as well. Although in the Republic of Serbia it is possible to adjust and monitor progress in the achievement of targets since 1991, 2000 was nevertheless taken as a baseline year in the adjustment and definition of targets, bearing in mind better capacity of the monitoring system for the registration of disparities.

The achievement of the above-mentioned tasks shall be monitored through 15 indicators.

TARGET 1:

Between 2000 and 2015, reduce on average by half the under-five mortality rate

The majority of child mortality causes are preventable and treatable providing that there are funds. Thus, when infant mortality is concerned, these causes may pertain to neonatal conditions – congenital defects and SIDS (Sudden Infant Death Syndrome) as more frequent, but also to pneumonia and dehydration due to diarrhea, which have been registered in the Republic of Serbia only sporadically in recent years. Therefore, an adjusted Millennium Target with regard to under-five mortality should promote actions aimed at reducing observed disparities

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27 UN Millenium Project, *Investing in Development: A Practical Plan to Achieve the Millenium Development Goals*, New York: United Nations Development Programme, 2005.

28 UNICEF, *Progress for Children*, A Child Survival Report Card Vol. 1, 2004.

29 Wagstaff A., Claeson M., *The Millennium Development Goals for Health, Rising to the Challenges*, Washington: The International Bank for Reconstruction and Development, World Bank 2004.

and differences, by using four indicators for measuring progress in reduction (Chart 4.1).
- *Infant mortality* (including mortality in the first year of life),
- *Perinatal mortality* (including fetal mortality up to 28 completed weeks gestation or

1000 gm intrauterine weight and up to seven completed days of life),
- *Neonatal mortality* (including only death in the first 27 days of life) and
- *Under-five mortality* (death in the first five years of life).

Chart 4.1. Under five mortality in the Republic of Serbia
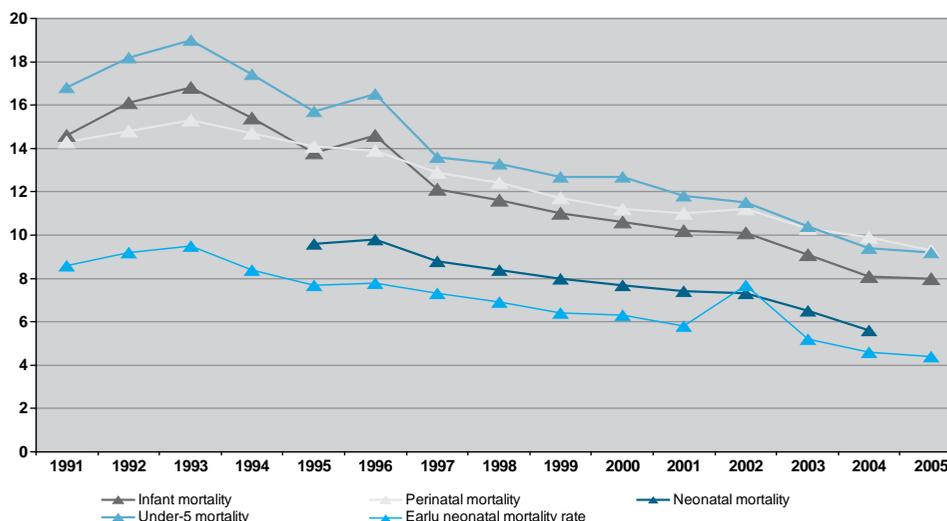
These mortality indicators are used not only as the indicators of the health status of children and the population as a whole, but also as the indicators of sustainable development in general.

Although child mortality in the Republic of Serbia is today higher than the EU average[30, 31], according to routine statistical data, there are reasons to expect that the proposed national millennium targets would be achieved by 2015: 4.5 infant deaths and 5 under-five deaths (on

1,000 livebirths) (Chart 4.2). However, in regards to vulnerable groups, what can be observed is a considerable inadequacy of the routine monitoring and reporting system for registering disparities and the size of gap. For example, infant mortality in the Roma population, according to the same statistics for 2005, is 8.7 and under-five mortality 10.3, which is far lower than expected, bearing in mind numerous factors contributing to the poor health status of this population.

30 UNDP, Europe and the CIS Regional MDG Report, National Millenium Development Goals: A framework for action, Bratislava: UNDP Regional Bureau for Europe and the Commonwealth of Independent States, 2006.

31 Public Health Collaboration in South Eastern Europe, Minimum Health Indicator Set for PH-SEE Countries, Trend Analysis for 1990-2004, Bielefeld: Institute of Public Health, 2006.

Chart 4.2. Child mortality rates in the Republic of Serbia – current situation and desired MDG by 2015
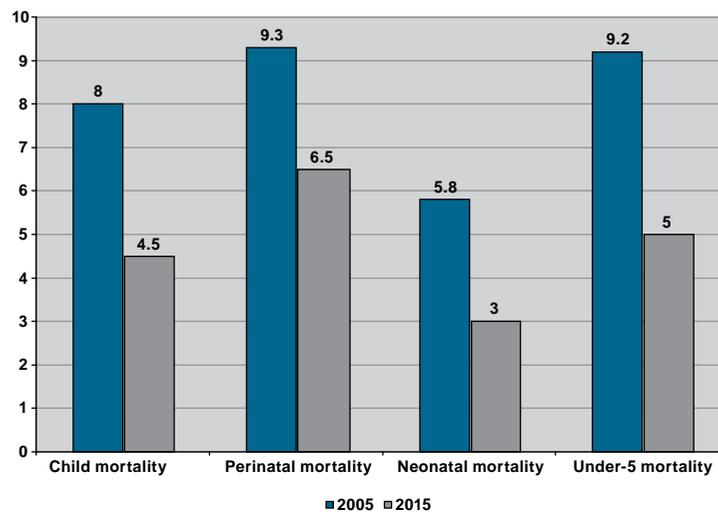
Recent researches done by UNICEF and UNDP point to very high social vulnerability and exclusion of the Roma, a large portion of whom live in poverty, are unemployed, with a low educational level, insufficient access to information and a distrust in institutions, which prevents them from using health services when they need them[32].

Therefore, the Group for the adjustment of the MDG 4 to the situation in the Republic of Serbia has decided to use the results of the Multiple Indicator Cluster Survey (MICS 3) conducted by UNICEF on the sample of households in the Republic of Serbia in 2005 as the source of data on child mortality in the Roma population. In the MICS 3, the infant mortality rate and under-five mortality rate of the Roma who live in Roma settlements are calculated based on an indirect estimation technique, the so called Brass method. Data used for the estimation are a) the average number of children ever born by women between 15 and 49 divided in five-year age groups and b) the proportion of children who died, also according to the five-year age groups of women. The Brass technique converts data into the probability of dying, taking into account at the same time the risks of dying to which children are exposed and the duration of exposure. According to the MICS 2005, the infant mortality rate in the Roma population is estimated at 26 on 1,000 livebirths, while the under-five mortality is estimated at nearly 29 on 1,000 livebirths. When these results are compared with the mortality rates of average children population as expressed in official routine statistics for 2005, a disturbing disparity could be observed immediately, since the mortality of the Roma children in Roma settlements is on average three times as high and far from the desired MDG set at 4.5 infant deaths and 5 under-five deaths on 1,000 livebirths for 2005

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32 UNICEF, The many faces of poverty. Research on child poverty in Serbia, Belgrade: UNICEF Belgrade 2004; UNDP, *At Risk: Social Vulnerability of Roma, Refugees and IDPs in Serbia*, Belgrade, UN Office, Development Porgram in Serbia, 2006.

TARGET 2:

Between 2000 and 2015, increase the coverage of women with antenatal and postnatal health care by one third at least

Since antenatal care includes a set of measures that are implemented before and during pregnancy aimed at preventing a mother's getting ill and at ensuring that she delivers a mature, healthy and eutrophic child, it is clear that a total coverage and quality of heath services in this area represent factors which considerably contribute to infant mortality decline. Particularly important is the examination and monitoring in the first trimester of pregnancy. Postnatal health care is a health care for women after childbirth, during the period of puerperium. It consists of the examination by medical doctor (obligatory six weeks after childbirth) and visits by a polyvalent nurse. The polyvalent nurse checks the progress of the newborn child, as well. Although the Republic of Serbia has adequate regulations that support both forms of health care[33], the National Guide to Antenatal Care, as well as adequate organizational forms within primary health care (counseling for adolescents, family planning counseling, counseling for pregnant women), the analysis of data shows that only a little more than half of pregnant women are included in the modern health care scheme during the first trimester of pregnancy, including attendance by the polyvalent nurse.

Although the Guide to Good Health Care recommends an average of five visits to a mother and a newborn, this figure stood at three in the Republic of Serbia in last ten years, with the exception of the year 2005 (4.3 visits on average). For the purpose of intensifying health service activities, as well as for the promotion of examinations of pregnant women among women of child-bearing age in the Republic of Serbia, the following indicators are recommended for monitoring progress in this area:

Specific Target 1: Increase the coverage of women during the first trimester of pregnancy to 85% by 2015

Specific Target 2: Increase the coverage of women attended by a polyvalent nurse at least once during pregnancy to 95% by 2015

Specific Target 3: Increase the average number of visits by a polyvalent nurse to the new mother and newborns in the first five days after childbirth to five by 2015

TARGET 3:

Between 2000 and 2015, halve the death rate of children under 19 from external causes of death

The death rate of children under 19 years of age in the Republic of Serbia, like in other transition countries, is most often due to external causes of death that are preventable and that include traffic accidents, injuries and poisoning. Although in the last ten years, the specific mortality rate for children under 19 due to external factors dropped from 23.5 deaths in 1991 to 15.3 in 2000 and 10.5 in 2005, its monitoring

is nevertheless stressed as important, especially bearing in mind the possibility of under-registration and the poor quality of the registration of this sample (classification under other or insufficiently defined cause)[34]. If we observe trends of this type of mortality in the Republic of Serbia so far, a real targeted value for 2015 would be 8.8 on 100,000 children under 19. The situation is far worse when we observe the prevalence of

33   Government of Serbia (2005), *Review of the Implementation of the UN Millennium Development Goals in Serbia.*

34   Atanasković-Marković Z., Bjegović V., et al, The Burden of Disease and Injury in the Republic of Serbia, Belgrade, Ministry of Health, 2003

the disability of children due to the same causes, a dimension of the problem that is not possible to determine because the routine reporting procedures do not exist. While data on possible congenital and other acquired disabilities may be indirectly obtained from the Health Insurance Fund database, the prevalence of disability among children as a consequence of accidents and injuries is completely unknown. Monitoring through periodical researches that would link different aspects of life of persons with disabilities is therefore recommended, with cooperation of relevant institutions (the Institute for Public Health "Dr Milan Jovanović-Batut" and the Statistical Office of Serbia).

TARGET 4:

Between 2005 and 2015, increase the coverage of children exclusively breastfeeding from child-birth to the sixth month of life from 15% to 30%

Breastfeeding implies the intake of breast milk only or breast milk and vitamins, minerals supplement or medications if necessary. Breastfeeding is an ideal nutrition for infants as it ensures proper growth and development, protection from infections and the maturation of the immune system; it is economical and safe. Infants who are fed naturally are at smaller risk of SIDS, diabetes, cancer and middle ear infection. Naturally fed infants face better psychomotor, emotional and social development; some links have been observed with higher intelligence level, too. Breastfeeding also has multiple advantages for mothers, in terms of lighter bleeding after childbirth, postponing new menstruation and the next pregnancy, and it is also associated with a lower risk of breast and ovarian cancer. Indirect benefits for society are indicated in numerous research studies, in particular in terms of lower health care expenditures (fewer visits to the doctor, less hospitalization, lower consumption of medications)[35]. Adapting the Millennium Development Goals, and taking into account the recommendations of the World Health Organization and UNICEF, a national target has been set to increase by 40% the coverage of children exclusively breastfeeding, starting from the 2005 figures when only 15% of the average population of mothers breastfed and 18% of Roma mothers did. To date, experience with regard to progress in promoting the good practice of breastfeeding, which has been supported for years by the National Committee for Breastfeed-

ing Promotion and maternity hospitals certified as "baby-friendly hospitals," shows that more ambitious goal could not be set for upcoming ten-year period. Although visible and very significant progress has been observed with regard to existing practices pertaining to breastfeeding in the Republic of Serbia, certainly as a result of many years of program activities and breastfeeding promotion, the existing coverage of exclusive breastfeeding until the sixth month of life is completely unsatisfactory. Positive effects are also expected from the International Code of Marketing of Breast Milk Substitutes, which was adopted by the Assembly of the Republic of Serbia in June 2005 in order to establish rules in the marketing of breast milk substitutes.

2005 was taken as a baseline year for monitoring indicators, due to the adjustment of data and inclusion of Roma women. The source of data is the MICS. The Institute for Public Health "Dr Milan Jovanović-Batut", with its network of institutions, is recommended as an institution to conduct periodical monitoring through the inclusion of a sample of households every five years. Besides monitoring, what should not be left out is increasing good programs with media promotion of breastfeeding, the elimination of misconceptions about breastfeeding, the increase in the responsibility of health workers and their obligation to advise mothers towards breastfeeding, as well as focusing on social mobilization and social inclusion.

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35 Petrović O., Popović D., *Životne poruke o zdravlju majke i detetea*, UNICEF, Beograd, 2003

TARGET 5:

Between 2000 and 2015, improve mandatory immunization coverage of children to 99%

Immunization is one of the greatest achievements in the area of public health in the 20th century and one of the most rapid and most effective measures for the prevention of illness and death, which today protects nearly two thirds of children in the world from serious infectious diseases. Relevant to the progress and sustainable development in the Republic of Serbia, immunization is proven to be the most important and economically most profitable measures of specific prevention. Following international documents, the Millennium Development Goals and the goals of the World Summit for Children, immunization is incorporated as a strategic target in the National Action Plan for Children which the Government of Serbia adopted in 2004[36]. The results of the extended immunization program in the Republic of Serbia, with UNI-CEF and WHO support, have led to high mandatory immunization coverage of children at a national level and to a dramatic drop in illness and death from basic infectious diseases in the last decade, while the actions of mass vaccination of children during the national days of immunization against poliomyelitis contributed to the popularization of this measure among the population of the Republic of Serbia[37]. However, although basic immunization coverage at a national level ranges around 97.7% in 2005 on average[38] according to routine statistics, recent researches show that the situation is far from this average in the population of Roma children. As little as 55% of this population is vaccinated. In the population of children from refugee and IDP families, as little as 62% are[39, 40].

Chart 4.3. Measles immunization coverage of children in the Republic of Serbia and desired MDG by 2015

Source: Statistical Office of the Republic of Serbia

— Measles immunization coverage of children   — Millennium goal
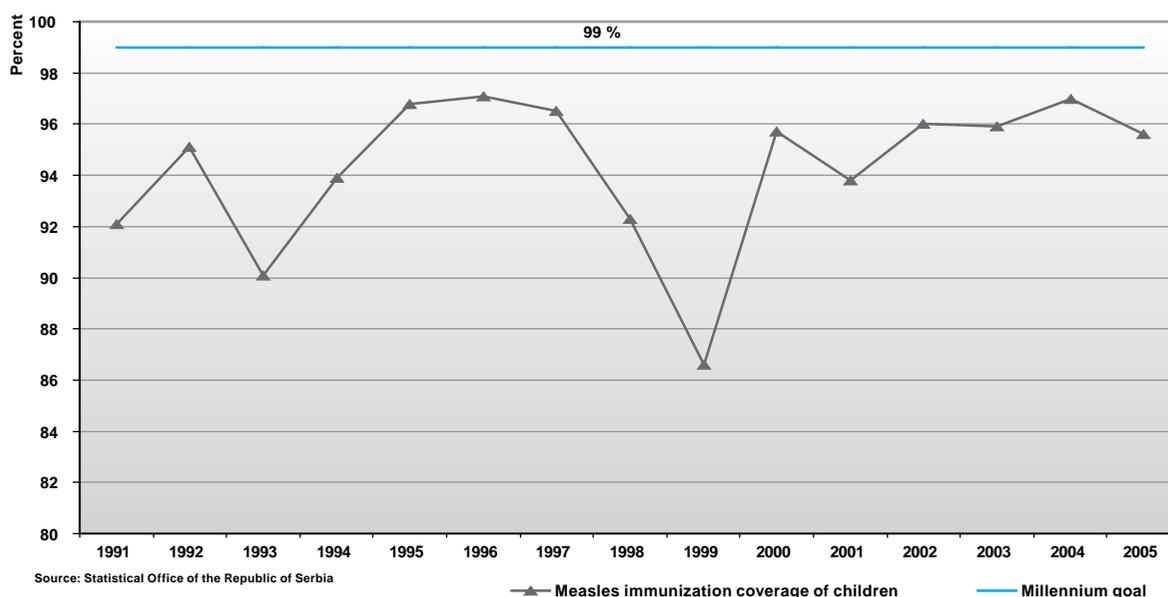
According to the recommendations of good practice and current UNICEF and WHO immunization guides, a child should receive, before the 12th month of life, the following vaccines: the BCG vaccine to be protected from tuberculosis, three doses of DTP for protection against diph-theria, tetanus and pertusis, three doses of the polio vaccine, the vaccine against measles, as

36 Government of Serbia (2004), *National Action Plan for Children.*

37 Petrović O., Popović D., *Životne poruke o zdravlju majke i detetea*, UNI-CEF, Beograd, 2003

38 Statistical Office of Serbia: Vital Statistics Database, 2005.

39 Government of Serbia, *Review of the Implementation of the UN National Development Goals in Serbia*, Belgrade: UN Agencies, DFID, Ministry of Labor, Employment and social Policy, 2005.

40 UNDP, *At Risk: Social Vulnerability of Roma, Refugees and IDPs in Serbia*, Belgrade, UN Office, Development Porgram in Serbia, 2006.

well as vaccines that protect against hepatitis type B and influenza virus type B[41]. The national calendar of immunization in the Republic of Serbia differs somewhat from these recommendations, since the vaccine against measles is given to children aged 12-15 months in the form of MMR vaccine (against measles, mumps and rubella). Also, mandatory vaccination against HVB was introduced as late as in 2004 and the vaccine against influenza virus type B in 2005. This was the reason why, in adjusting the millennium target, coverage with new vaccinations has not been taken into account, bearing in mind that their monitoring, as well as the implementation until high coverage, will be ensured by the set of indicators pertaining to the achievement of the goals of the World Summit for Children. Nevertheless, in adjusting the UN Millennium Development Goals, the timely measles immunization coverage so that it reaches 99% by 2015, has been maintained as the indicative measurement of success of the implementation of the national immunization program, and concerning Roma children, the indicator of immunization coverage for diphtheria, tetanus and whooping caught in the first year of life has been added.

In order to solve the difficulties in implementing a more precise way to monitor immunization, as well as carrying out the monitoring in vulnerable populations of children, it is recommended that the organization of periodical monitoring of data, conducted so far by UNICEF and based on a survey of sample households in the Republic of Serbia (MICS), should be taken over by the Institute for Public Health "Dr Milan Jovanović-Batut". In order to achieve the specific target of improving immunization coverage, necessary activities include social mobilization with the involvement of all important partners to implement the immunization program (health workers from health centers, public health institutes, private health institutions, teachers, politicians, nongovernmental and international organizations). In addition, it is necessary to adjust the work of the service to the needs of the community (mobile teams for the vaccination of Roma children), to continue good practices that currently exist (local "Immunization Days") and to establish a supervision system, especially in regards to whether health workers inform parents about the importance of immunization, when the immunization is scheduled and the possible harmful side-effects of vaccines, and whether the drop out rate is monitored and agreed procedures applied to avoid missed opportunities.

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41 UNICEF, WHO: *Immunization Summary 2006. A Statistical Reference. Data through 2004.* New York, Geneva: UNICEF-WHO 2006.

MDG 5:

IMPROVE MATERNAL HEALTH

Since maternal health is to a considerable extent linked with the health of women in childbearing years (age 15-45), it has been taken into consideration in adjusting the MDG 5 for the Republic of Serbia. The basic components of reproductive health have been analyzed: fertility (giving birth to live offspring), safe maternity (pregnancy and childbirth without endangering the mother's life or the life of a child), family planning (the prevention of unwanted pregnancies and abortions), as well as diseases typical for women in childbearing years[42]. It has been taken into account that the Republic of Serbia already has a National Strategy for the Development and Health of the Young, which also supports mechanisms for the monitoring and promotion of the reproductive health of adolescents. In addition, the National Strategy to Combat HIV/AIDS in the Republic of Serbia includes considerable elements regarding the reproductive health of women including the use of modern contraceptive methods and protection from sexually transmitted diseases.

The achievement of targets specified within the MDG 5 will be monitored through nine indicators.

TARGET 1:

By 2015, reduce the maternal mortality ratio to 4.9

Maternal mortality denominates the dying of women in their child-bearing years due to complications in pregnancy, childbirth and puerperium (the first six weeks after childbirth), while the maternal mortality ratio, which measures deaths on 100,000 livebirths, has been accepted as a more stable indicator. The most common complications that lead to death are infection, massive bleeding after childbirth or abortion, other complications of abortion and pregnancy – eclampsia and post-delivery sepsis. This is also the indicator which registers mortality as an undesirable event, and is therefore also important for monitoring the overall quality of health care provided to women in their childbearing years.

However, there are numerous problems in the very quality of maternal death records, which is indicated also by the observations of experts in the Republic of Serbia. Thus, sometimes, such deaths are registered under another cause, especially if, before pregnancy, the woman had a chronic health condition diagnosed, and in some cases if the mother was referred from a maternity hospital to another institution due to complications, and her death occurred in that other institution. Moreover, it is estimated that as many as 10% of maternal deaths occur after the 42nd day after childbirth[43], in which case such death is not registered as maternal death, resulting in under-registration.

42 Wagstaff A., Claeson M., *The Millennium Development Goals for Health, Rising to the Challenges*, Washington: The International Bank for Reconstruction and Development, World Bank, 2004.

43 Deneux-Tharaux D., Berg C., Bouvier-Colle MH., Gissler M., Harper M., Nannini A., Alexander S., Wildman K., Breart G., Buekens P., *Underreporting of Pregnancy-Related Mortality in the United States and Europe*, Obstet Gynecol 2005, 106:684-92.

Chart 5.1: Maternal mortality in the Republic of Serbia and desired Millennium Development Goal by 2015
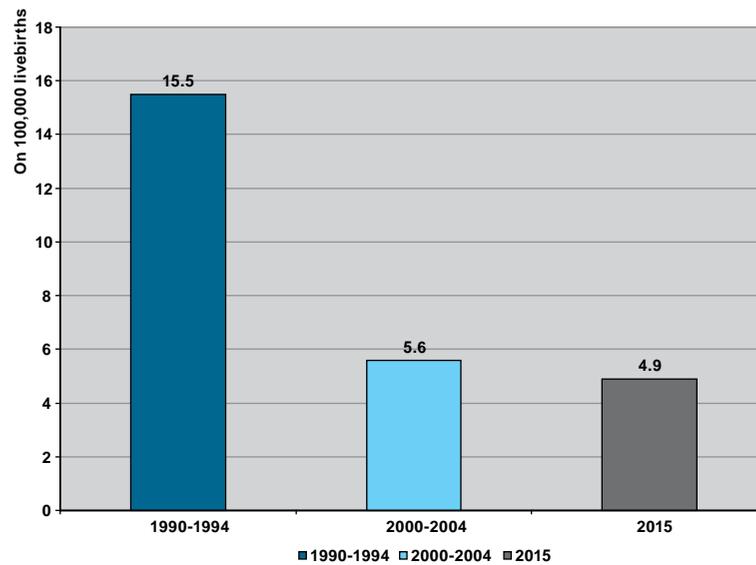
If we compare a five-year average at the beginning of the period specified for the millennium monitoring of maternal health (1990-1994) with the five-year average according to the latest available data (2001-2005), it is visible that the maternal mortality ratio was considerably reduced from 13.88 to 6.48, and it is therefore realistic to reach the proposed national target of five maternal deaths due to complications in pregnancy, childbirth and puerperium on 100,000 livebirths (Chart 5.1). The analysis of a series of maternal mortality ratios has not shown territorial differences, but it should be borne in mind that this is a rare event, for which reason it is more difficult to register disparities.

Besides the proportion of childbirths attended by skilled health personnel, which is very high in the Republic of Serbia, being more than 99% since 2002 (as much as 99.5% in 2005), certain prerequisites for the reduction of maternal mortality are still unsatisfactory, such as the coverage of women with antenatal health care[44]. Also, the proportion of women from the Roma population who give birth with attendance of skilled health professionals is somewhat lower – 93.3% according to the UNICEF survey. The proportion of women in childbearing years who visit a gynecologist on a regular basis is still low – as little as 39.2%. Therefore, besides continuing to monitor the maternal mortality rate in the Statistical Office's databases, it is also necessary to monitor the above-mentioned indicators that show how many women use specialized health care services, on the basis of the database of the Institute for Public Health "Dr Milan Jovanović-Batut". In addition, the UNICEF survey should be institutionalized at this Institute, with the monitoring of indicators pertaining to the proportion of childbirths by Roma women that are attended by skilled health professionals.

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44 See Chapter: *MDG 4:Reduce Child Mortality.*

TARGET 2:

By 2015, maintain and enhance the reproductive health of women by maintaining the fertility rate at current levels, reducing the abortion rate by one half and doubling the proportion of women who use modern contraceptive methods

A usual aspect of the health of women in childbearing years refers to fertility and family planning. After analyzing the fertility data of the last 15 years, what could be observed is the reduction by double in the number of livebirths on 1,000 women in childbearing years. For this reason, suggested national targets for the Republic of Serbia are the following: monitoring the general fertility rate of women in childbearing years in order to maintain it at the level of 26 livebirths on 1,000 women aged 15-49 by 2015, as well as monitoring the rate of total fertility so that it achieves 1.5 live births per woman.

Instead of adequate family planning through modern contraceptives (condom, pill, intrauterine spiral, diaphragm, local chemical contraceptives), abortion is a frequently chosen procedure for preventing undesired pregnancy, with numerous consequences that reflect both in sterility and in other conditions of reproductive health. Adolescent pregnancy bears many risks for both mother and child, in terms of a larger incidence of miscarriages, premature childbirths and stillbirths, with children with congenital defects being born more often. Moreover, minor pregnant women are especially prone to using tobacco, alcohol and narcotics. Surveys on the population of young people indicate high abortion rates, reporting that 40% of young women have been pregnant at least once, and that 20% had had one or more abortions. Unfortunately, a negative effect of the development of private health practice is a considerable under-registration of abortions, so that the actual level of the use of abortion to terminate pregnancy is not possible to determine, without the introduction of tight controls in reporting on this procedure from private gynecological clinics. For this reason, the monitoring of the abortion rate in the population of women aged 15-19, especially adolescents, is anticipated here, with a projected plan of activities that would ensure its decrease by 2015. Also, to stimulate and monitor the effects of activities per-

taining to the usage of modern contraceptives among reproductively active women, the institutionalization of the MICS is recommended. The results of this UNICEF survey indicate that a very low proportion of women – 33%, used modern contraception in 2005, while within the national target, this indicator is expected to double. The National Family Planning Center of the Institute for Public Health "Dr Milan Jovanović-Batut" has released several monographs, publications, brochures, leaflets and other educational materials addressing family planning, reproductive health and health care for women, children and youth in the last ten years. At the same time, seminars and other forms of continuous popular education were organized, gathering more than 1,000 doctors of primary health care (pediatricians, gynecologists, general practitioners) and more than 900 visiting polyvalent nurses from the Republic of Serbia. The promotion of reproductive health of youth in the Republic of Serbia, besides the formulation of the National Strategy for Development and Health of the Young, has been improved since 2005 by also creating material on adequate behavior and the protection of reproductive health. Two manuals have been drafted for teachers, workshops have been organized and special manuals have been made for parents and for primary school pupils "A Guide to Growing up More Easily" and "Let's Save the Health of Secondary School Children" (Institute for Health of Mother and Child). In June 2006, NGOs set up the Reproductive Health Association, while in 2005 an informative brochure for media under the title "Reproduction of the Population and Reproductive Health" was published. However, the private health sector has remained outside these efforts. In order to intensify prevention activities, besides the existing documents, which indirectly stimulate the application of family planning methods, it is necessary to start work on designing and implementing the Strategy for the Promotion of the Health of Women in Child-Bearing Years.

TARGET 3:

Between 2000 and 2015, reduce the mortality rate among women of childbearing age by one third

To improve the health of women in childbearing years, it is important to reduce mortality that could be prevented thanks to early diagnosis, timely treatment and rehabilitation for certain health conditions. Therefore, the adjusted millennium monitoring of the health of women aged 15-49 in the Republic of Serbia should cover the monitoring of mortality rates attributed to all causes of death, which should be reduced from 130 in 2000 to 96 in 2015. The monitoring of a series of these mortality rates shows that it has been in decline since 2000, and in 2005 it amounted to 110 deaths in the above-mentioned age group. Through the analyses of the structure of the causes of death, as opposed to the average population, where the mortality rate caused by cancer is smaller by half, while cancer itself as a cause of death ranks second, it can be observed that, among women of childbearing years, cancer has been a leading cause of mortality, with 41.4% in 2005. It is followed by vascular diseases at 21% and deaths from injuries, poisoning and the consequences of external factors at 13.1%. All three of these causes are recommended in the extended list for millennium monitoring, both within the structure of causes of death and through specific rates (Table 5.2), but in a

mandatory framework, it is certainly necessary to monitor and reduce the cancer mortality rate from 50.3 to 35.3 on 100,000 women of child-bearing age.

Analyzing disparities in the series of data on the mortality of women in child-bearing age, it has been observed that no area (urban/rural) differences exist, but what is present are clear disparities in the mortality rate due to all causes of death between the average population of women and Roma women, for whom this rate stood at as much as 243 in 2002 and has been specially calculated for the needs of this report. Unfortunately, additional research is needed to identify the leading causes of death among Roma women of childbearing age. Although data on the causes of death are registered according to national background at the Cancer Register of the Institute for Public Health "Dr Milan Jovanovic-Batut" and the Statistical Office of Serbia, for the specification of this indicator – rate, an adequate denominator nevertheless does not exist. Although the number of the Roma women in childbearing years is obtained through census, the estimates of population according to national background are not calculated for other years.

Chart 5.2. Mortality rates of women in childbearing years in the Republic of Serbia and desired targets by 2015
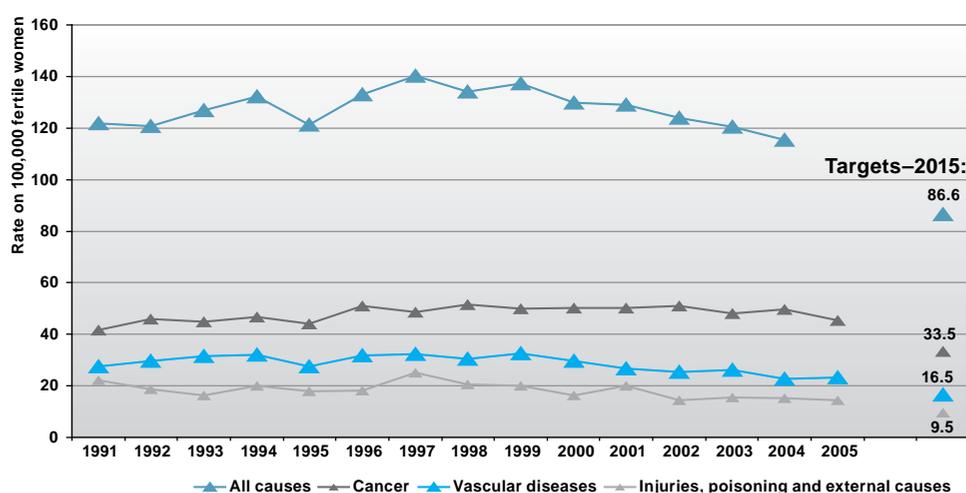
The observation of capacities and activities of the health service in the prevention of early deaths of women is conducted through

the series of indicators which are suggested for monitoring in the Poverty Reduction Strategy Paper, and this should be taken into account.

MDG 6:

COMBAT HIV/AIDS, TUBERCULOSIS AND OTHER DISEASES

The observing, monitoring and support of UN Millennium Development Goal 6 in the Republic of Serbia required considerable adjustments in order to take into account national particularities, starting from the fact that investing in health is one of the bases of sustainable development in the Republic of Serbia, that some diseases, such as malaria, are reduced to individual imported cases, while diseases associated with risk factors (smoking, alcohol consumption, inadequate diet, unprotected sexual intercourses) dominate in the national pathology and increase the burden of society[45]. A total of six national targets have been defined, which monitoring involves the analysis of 20 indicators.

In adjusting targets, the existing national documents have been taken into account, which specify certain tasks and their monitoring through indicators, and therefore the monitoring of the MDG 6 includes these very essential targets, while for a range of those complementary to reaching this goal, one is referred to the existing strategies: the National Strategy for Combating HIV/AIDS in the Republic of Serbia (2005-2010), the Program for TB Health Protection with the Directly Observed Treatment Strategy (DOTS) and the PRSP. Also, the frameworks of the European integrations have been observed, especially those pertaining to social inclusion.

TARGET 1:

By 2015, reduce the spread of HIV

This target arises out of the UN Declaration of Commitment on HIV/AIDS, which the Republic of Serbia signed in 2001, the targets set for fighting against HIV infection as defined in the UN Millennium Development Goals and the Action Plan of "The State of the World's Children" Summit, as well as from the National Strategy for Combating HIV/AIDS in the Republic of Serbia, which the Government of Serbia adopted in early 2005. With minor variations, all these documents support key targets in combating HIV infection which pertain to the promotion and support for prevention activities, enabling access to quality and substantial health services, the fight against the stigmatization and discrimination against persons living with HIV and support for diagnostics and treatment in the area of HIV in-

fection, including the prevention of mother-to-child HIV transmission.

In suggesting this target, the starting point was the fact that the epidemiologic situation of HIV infection in the Republic of Serbia is not fully known, but on the basis of the registration of HIV positive and infected persons, it may be concluded that both prevalence and incidence are low. By the end of 2005, 2,014 HIV infected persons were registered in the Republic of Serbia altogether, of whom 1,297 are already sick and 896 have passed away[46]. Although the main route of transmission altogether is still injected drug use with contaminated equipment (44% of all registered cases), the proportion of sexual transmission has been on the rise in recent years, while injecting drug use route is in

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45 Atanasković-Marković Z., Bjegović V., Janković S. et al, *The Burden of Disease and Injury in the Republic of Serbia*, Belgrade, Ministry of Health: 2003.

46 Institute for Public Health of Serbia "Batut", HIV/AIDS database for 2005.

stagnation (Chart 6.1). The number of newly infected young people in the Republic of Serbia is growing. While in 2004, eight new cases were registered among persons aged 15-24, this figured increased to 12 in 2005.

In our country, targets within the MDG 6 have been adjusted to the actual situation and possibilities, while indicators have been selected in such a way so that they could enable the monitoring of the basic situation across years, at the same time referring to the existing strategy which monitors the HIV/AIDS control in detail, both through national resources and through the UN Global Fund Project which the Republic of Serbia successfully continues until 2012. After an in-depth analysis, the specific target of the re-

duction of the spread of HIV includes the reduction of the incidence of AIDS patients from 10 infected on population one million in 2000 to five in 2015, and the halving of the AIDS death rate from 6.4 in 2000 to 2.8 on population one million in 2015. In order to focus preventative activities on young people, the monitoring of behavior in terms of using condoms by this population during high-risk sexual intercourse has been introduced, as well as that the condom prevalence rate should increase from 33% in 2000 to 80% in 2015. The monitoring of knowledge, as well as of other indicators related to HIV/AIDS is conducted in detail within the National Strategy for Combating HIV/AIDS in the Republic of Serbia.

Chart 6.1: HIV/AIDS in the Republic of Serbia by exposure route and the year of diagnosis
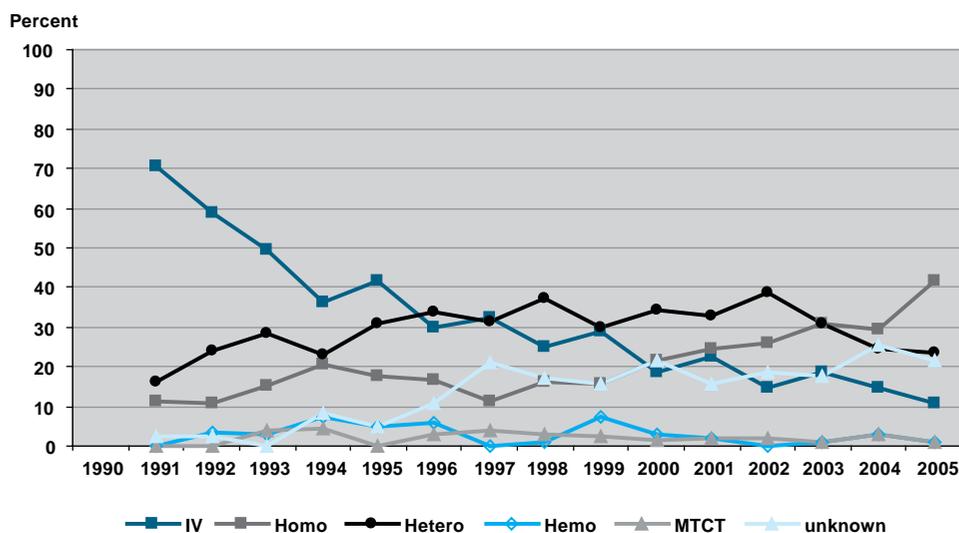
The survey of the multiple indicators of the health of children and women conducted by UNICEF (MICS) represents a successful basis for the institutionalization of periodical monitoring

of HIV/AIDS control for indicators that are not included in routine health statistics. The Institute for Public Health "Dr Milan Jovanovic-Batut" has been suggested to be the institution in charge.

TARGET 2:

Enhance the control of tuberculosis through the implementation of DOTS and the 95% coverage of successfully treated persons

This target is aimed at reducing the burden of tuberculosis in the Republic of Serbia through the full implementation of the Directly Observed Treatment Strategy (DOTS) in such a way so as to reduce the incidence from 32 newly infected on population 100,000 in 2005 to 23

newly inflected in 2015. How realistic this goal is, is reflected, besides the estimated improvement of standards and quality of life, also in health care capacity building in terms of the education of health workers for the implementation of DOTS, the purchase of equipment for microbiol-

ogy laboratories and anti-tuberculosis clinics and the purchase of first-line anti-tuberculosis drugs. All activities on the prevention of tuberculosis have been intensified and supported by the Republican Committee for Tuberculosis which runs the UN Global Fund Project for the control of tuberculosis in the Republic of Serbia through the implementation of DOTS and the coverage of high-risk populations by the end of 2008. It is anticipated that the indicator of coverage of successfully treated newly registered tuberculosis patients will increase from 69% in 2005 to 95% in 2015. As far as the improvement of control in high-risk populations and the prevention of resistant tuberculosis are concerned, basic activities pertain to active search for the infected, health education and distribution of food packages and hygiene kits to high-risk populations and the education of health workers in correctional institutions. Special attention in monitoring would also be aimed at the cases of multi-

resistant tuberculosis, which are difficult to treat with standard therapy, and for which adequate medications still do not exist in the Republic of Serbia. However, monitoring the success of treatment of multi-resistant tuberculosis, bearing in mind a small number of cases, will be a target of activities within the National TB Register at the Institute of Pulmonary Diseases of the Clinical Center of Serbia.

The sources of data for two indicators for monitoring the success in achieving the MDG 6 are the National TB Register of the Institute for Public Health "Dr Milan Jovanovic-Batut" and the Institute for Pulmonary Diseases. High coverage of the implementation of DOTS treatment will be achieved by establishing a system of monitoring the work of microbiology laboratories and clinics, introducing a computerized system for collecting, processing and distributing data pertaining to tuberculosis and developing a popular education strategy.

TARGET 3:[47]

Between 2000 and 2015, increase life expectancy by two years on average and reduce the proportion of the population which assess their health as poor or very poor

Life expectancy, as one of the primary indicators in light of European integrations in the Republic of Serbia during the last decade, has been in stagnation, increasing slower than expected (women – from 74.1 in 1991 to 75.68 in 2004, men – from 68.44 to 69.91). In comparison with the EU average, this indicator is lower by five years.

Life expectancy at birth for both sexes is expected to increase by at least two years by 2015. Finally, it should be borne in mind that chronic noninfectious diseases (cardiovascu-

lar diseases, cancer, injuries and poisoning) are an essential health threat in the Republic of Serbia[48], and fighting it is one of the priorities in the millennium development in order to reach the target in regards to the life expectancy of Serbia's population. Since it is necessary to reduce standardized death rates attributed to leading diseases, such as vascular diseases, cancer, injuries, poisoning and other external factors by 10% on average between 2000 and 2015, these are at the same time indicators suggested for millennium monitoring (Chart 6.2).

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48 Atanasković-Marković Z., Bjegović V., Janković S. Et al, The Burden of Disease and Injury in the Republic of Serbia, Belgrade, Ministry of Health, 2003.

47 Indicators of Social Inclusion (Leaken).

Chart 6.2. Standardized death rates due to leading causes of death in the Republic of Serbia
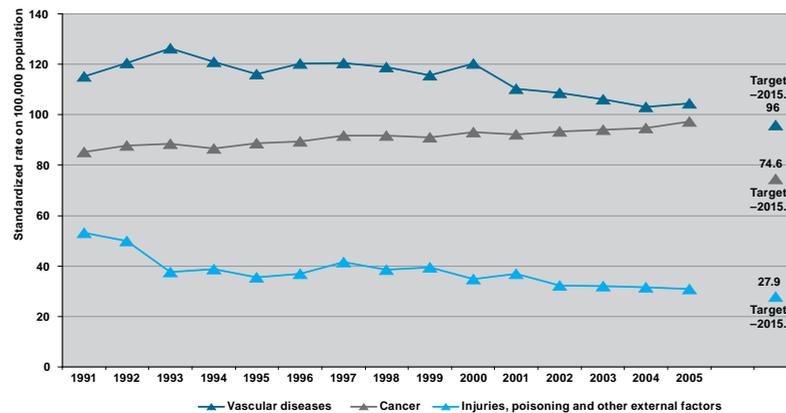
TARGET 4:

Between 2000 and 2015, reduce high-risk behavior by 10% on average

A high prevalence of risky lifestyles (smoking, alcohol, inadequate nutrition, insufficient physical activity) in the Republic of Serbia has been proven in numerous individual surveys, and for this reason, this target has emerged as an imperative, especially bearing in mind that the routine periodical monitoring of the prevalence of serious health-threatening risk factors still does not exist. For achieving other health-related MDGs, as well, it is necessary to reduce risky behaviors in terms of smoking, the consumption of alcohol and drugs, as well as to reduce the consequences of inadequate nutrition, in particular obesity.

All mentioned risk factors should be monitored in children and adult populations so as to be reduced by 10% by 2015 starting from 2000 as the baseline year for monitoring. Data on smoking are based on the Global Youth Tobacco Survey, conducted in the Republic of Serbia in 2003 by the Health Ministry's National Committee for Smoking Prevention, and for all the others – the survey on the health status of the population in 2000 conducted by the Institute for Public Health "Dr Milan Jovanovic-Batut". In late 2006, the second health status monitoring was completed, while the Global Youth Tobacco Survey is yet to be organized. Upon accepting a five-year interval for monitoring, the responsibility for these surveys of large samples of households, as well as for databases for the needs of national reporting, should be assumed by the Institute for Public Health "Dr Milan Jovanovic-Batut".

TARGET 5:

By 2010 establish centers for preventive health services in all health centers in the Republic of Serbia

Bearing in mind a need to strengthen the capacity of the health system to promote heath, prevent specific diseases, diagnose them early and refer them to timely treatment and rehabilitation, it is also suggested to monitor the establishment and development of centers for preventive health services within health centers. As a new functional form of health centers in the Republic of Serbia, starting from 2005, these centers are being established with the European Union's and the European Agency for Reconstruction's support. Up until now, 27 centers have been established, while all health centers are expected to organize such centers by 2010 with the support of national resources. These centers should work on the improvement and

reintegration of preventive activities, the recognition and early detection of vascular diseases, diabetes and cancer at a primary and secondary health care level, with strengthening institutional capacities. The centers should also empower health professionals to apply leading good prevention practices through continuous educa-

tion, as well as by increasing the level of popular knowledge on risk factors leading to diseases. Social inclusion and mobilization of the entire community for the improvement of health and healthy lifestyles is what these centers are focused on.

TARGET 6:

By 2010, establish mechanisms for monitoring the health of children with special needs and adults living with disabilities

Since the health of persons with disabilities represent a significant, but insufficiently examined problem in the Republic of Serbia, besides establishing mechanisms for their monitoring in all relevant segments (education, employment, social welfare), it is also necessary to develop relevant strategies and support for their implementation. In order to achieve the target

suggested here, which pertains both to adult persons with disabilities and children with special needs, it is suggested to initiate and institutionalize a research study for the needs of periodical five-year monitoring, with the cooperation of the education, health care and social welfare sectors.

MDG 7:

ENSURE ENVIRONMENTAL SUSTAINABILITY

Five basic areas may be distinguished at the moment that are, in the field of environmental protection and sustainable development, dealt with by national strategic documents and development policies and in which progress in the achievement of the Millennium Development Goal 7 may be expected and monitored[49]:

- Protection of waters and ensuring the quality of drinking water and conditions for sanitation,
- Protection of air,
- Protection of forests and biodiversity,

- Energy efficiency,
- Waste management.

Moreover, there are two other areas of relevance for the achievement of targets pertaining to sustainability and the protection of the environment, which are not sufficiently covered by the existing strategic documents. These are:

- Enhancement of the system of management and monitoring in environment, and
- Sustainable housing.

TARGET 1:

Integrate sustainable development principles in national documents, halt the loss of natural resources and encourage their revitalization

The new legal framework for environmental protection was adopted in the Republic of Serbia in 2004 in the form of the Environment Protection Law, the Law on Strategic Assessment of Impact on Environment, the Law on the Assessment of Impact on the Environment and the Law on Integrated Prevention and Control of Pollution, which governs integrated environmental management in order to ensure the prevention and control of environmental pollution and the protection and sustainable use of natural resources. The legal framework in the area of waters is specified by the Law on Waters, which regulates the protection of water, the protection from the harmful effect of water, the usage and management of water, as well as of goods of

common interests, the conditions and manner of water management operation, the organization and financing of water management activities, and the supervision of enforcement of this Law. The Law pertains to all surface and ground waters, including drinking water, thermal and mineral water. It also regulates border waterways, cross-border waterways and inter-republic waterways that lie within the borders of the Republic of Serbia. A strategic document in the area of waters is the Water Management Basis of the Republic of Serbia, according to which the maintenance and development of the water regime should provide the most appropriate and the most suitable technical, economic and environmental solutions for consistent water management, protection from the harmful effect of waters and the use of waters. To maintain progress in achieving the MDG 7, of utmost impor-

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49 MDG Task Force, *Report on Summary Analysis of the Existing Laws and Strategies in Serbia with the Proposal for Specific Targets and Indicators of the MDG 7 Adjusted to National Context*, working material, 2006.

tance in the upcoming period will be the adoption of the National Environment Protection Program, the Strategy of Sustainable Development of the Republic of Serbia and the National Strategy of Sustainable Use of Natural Resources and Goods, further implementation of the Poverty Reduction Strategy Paper and the National Strategy of the Republic of Serbia for Serbia and Montenegro's Accession to the EU, a consistent application of existing legislation in the area of environmental protection and urgent adoption of the Waste Management Law, the Nature Protection Law and the Air Protection Law. In order to define and monitor the indicators, of utmost importance will also be the implementation of projected measures in "sectoral" strategies (the Forestry Development Strategy, the Agriculture Development Strategy, the Energy Development Strategy, the Housing Policy of the Republic of Serbia, the Spatial Plan of the Republic of Serbia, the National Strategy of Economic Development of the Republic of Serbia 2006-2012 and the Strategy for the Development of Tourism). An area for which it is still not possible to estimate with certainty the impact on achieving the MDG 7 is economic development. The National Strategy for Sustainable Development, as the basic strategic document that covers the scope of the MDG 7, still does not exist[50]. Since the drafting of this Strategy is underway, for success in achieving the MDG 7, it is necessary to ensure the synergy of the National Strategy for Sustainable Development and its coordination with adopted specific targets and indicators of the MDG 7 at a national level.

As one of the significant natural resources of the Republic of Serbia, forests and land area covered by forest constitute more than one quarter of the territory of the Republic of Serbia. Forests are important for the protection of biodiversity in the Republic of Serbia. On the other hand, forests and land area covered by forest are exposed to great pressure, above all from the development of transportation, agriculture, construction and uncontrolled activities in forest economy and tourism, but also from the poor management of the forest fund. Uncontrolled forest cutting is highly present in the Republic of Serbia.

Although the Republic of Serbia may be considered a country with a very high degree of biodiversity, the percentage of protected natural resources is insufficient, at only 4.6% in 2000. The system of laws and bylaws governing biodiversity and the protection of nature is inconsistent and requires revision and harmonization with EU directives. Work on designing a comprehensive national strategy for biodiversity started in 2006.

The loss of natural resources in the Republic of Serbia is linked also with the unfavorable structure of energy sources that are used for heating in winter. The use of solid and fossil fuels (heating wood to a greater extent and coal to a lesser one) in households is still the dominant way of heating (in 2002, 60% of households). This way of heating households, with unfavorable consequences on forests, also has an enormous impact on the quality of air in the Republic of Serbia. Such an unfavorable structure of energy consumption is to a great extent related to poverty aspects.

Energy intensity in the Republic of Serbia[51] in 2002 was three times the world average[52], while the supply of energy per GDP unit (PPP) was more than twice as low as the world average. Energy efficiency is low in all sectors. Energy produced from renewable energy sources constitutes less than 5% of the total energy produced, and even this holds only if the energy comprises primary electric power produced from large hydroelectric power plants.

One of the consequences of this unfavorable structure of energy production, but also of other significant factors (industrial pollution, pollution from mobile sources etc.) is considerable air pollution in the Republic of Serbia. The emission of carbon dioxide per capita in absolute amounts is 14% higher than the world average[53], while per GDP unit, carbon dioxide emissions are four times the world average! Also significant is air pollution by nitro oxides, soot and other substances.

Efficient achievement of this target requires the implementation of a range of activities and specific targets:

Specific Target 1: Adopt and implement national programs, strategies

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50 National Strategy for Sustainable Development is expected to be adopted in mid 2007.

51 Data for Serbia and Montenegro.
52 UNDP (2004), *Stuck in the Past: Energy, Environment and Poverty in Serbia and Montenegro.*
53 Ibid.

and laws governing the area of sustainable development and environmental protection in the Republic of Serbia by 2015

Specific Target 2: Increase land area covered by forest to 32% of the total territory of the Republic of Serbia by 2015

Specific Target 3: Increase the land area protected to maintain biodiversity to 10% of the total terri-

tory of the Republic of Serbia by 2015

Specific Target 4: Reduce the number of households that use solid fuels to 25% of the total number of households in the Republic of Serbia by 2015

Specific Target 5: Increase energy efficiency and usage of renewable energy sources

Specific Target 6: Reduce air pollution

TARGET 2:

Reduce the proportion of the population without adequate supply of drinking water, access to the sewage infrastructure and organized community waste collection

At the beginning of this century, there were 153 public water supply systems that covered 69% of households in the Republic of Serbia. There is a great disparity in the coverage by public water supply networks between urban and rural areas. The quality of drinking water in the Republic of Serbia is generally unsatisfactory, although significant regional disparities are present (the main problem in the territory of AP Vojvodina pertains to physical and chemical parameters of drinking water, while in the territory of Serbia without AP, bacterial contamination is the leading problem). The water supply network is old, inadequately maintained, with huge losses in the system.

Only every other household in the Republic of Serbia has access to the sewage network, while the situation in rural areas is quite unsatisfactory (22%). The sewage systems have been inadequately maintained for an even longer period of time, and without proper investments. Of the total quantity of sewage liquid waste, only 5.3% are drained to recipients with adequate filtration. Only 28 towns in the Republic of Serbia possess a system for the purification of community liquid waste, and only five of these are operational.

Waste management in the Republic of Serbia is inadequate. Only 60% of generated community waste (from households and other sources) is collected in an organized way, mostly in towns, while in rural areas, there is no organized waste collection. The system of organized

collection and storage of community waste covers 55% of households. Community waste is stored at community dumps (183 in the Republic of Serbia), which are as a rule without sanitary conditions for modern waste storage. A negligible portion of community waste is stored at sanitary dump stations. There are a great number of illegal dumps that are without any control. A particular problem is dangerous waste, which is not separated at source, is not collected separately and is not stored with any treatment.

To achieve this target, it is necessary to accomplish the following specific tasks:

Specific Target 1: Increase the proportion of households with access to the public water supply network to 98% in urban areas and 65% in rural areas by 2015

Specific Target 2: Increase the proportion of households covered by the public sewage systems to 65% by 2014 and increase the proportion of households covered by the public sewage systems in big towns (population over 100,000) to 100% by 2015

Specific Target 3: Increase the proportion of population covered by the community waste collection system to 80% by 2015

TARGET 3:

Improve housing conditions for poor inhabitants of unsanitary settlements

The housing situation in the Republic of Serbia has all characteristics of the housing sector in transition countries: the Republic of Serbia is a country of poor private flat owners. One of the rare areas that were radically reformed after 1990 (with the transition to a multiparty system) is ownership in the housing sector. In 1990-1993, nearly 98% of apartments in the Republic of Serbia were privatized. From then on, there have been no fundamentally new legal or financial mechanisms, regulatory measures or market-oriented systems in the area of housing in the Republic of Serbia. Also, there have been no attempts to strategically plan this area at the government level. In spite of an evident shortage of flats and the deterioration of housing standards, according to the data available up through mid-2005, in spite of isolated attempts to solve the extremely inadequate housing situation of refugees and IDPs through donors' programs, no serious activities have been taken to establish any financial or other initiative to make flats more available to citizens. The housing area has been left to the market, which is mostly not sufficiently regulated, while the state has taken the position of non-interference, and often of indifference towards this issue.

In accordance with the proclaimed universality of human rights, the right to housing imposes an obligation to the community to provide quality, healthy and safe housing to all citizens. This implies a range of activities and measures that regulate the housing market. Among the most important, certainly, are the programs of accessible, i.e. social housing (flats constructed with considerable support from budget and in accordance with defined construction standards guaranteeing certain minimum standards of housing, but do not exceed a given standard that the state is ready to support: flats owned by the public or non-profit sectors; flats whose prices, i.e. rents, are set at real costs or are regulated in some other way; and housing primarily targeting poor households, but not excluding other low-income or medium income beneficiaries). At this moment, there is no strategic or legal framework in the Republic of Serbia that defines available, i.e. social housing[54], and con-

sequently no obligation of specific actors to improve the current policy regarding available and adequate housing.

Illegal construction is typical for the whole territory of the Republic of Serbia and has been present for a long time. The situation is characterized mainly by the construction of structures for individual housing, both on land that is planned and equipped for housing construction and on land that is not. No clear patterns of illegal construction in the Republic of Serbia could be drawn, whether in terms of the proportion of this kind of construction in terms of the number of built structures or in terms of the structure's location relative to its position in a town.

The most vulnerable category of population in the Republic of Serbia in terms of the quality of and access to housing is the Roma. A greater portion of the Roma population, whether living in towns or in rural areas, lives in extremely poor housing conditions. The settlements in which the Roma predominantly live are very poor and unsanitary, with unregulated legal status, insufficient and non-functional infrastructure, under-standard housing conditions and a high density of objects and inhabitants. Moreover, the majority of the Roma does not possess adequate ownership documentation for their homes and land. In the worst situation are the Roma displaced from the territory of AP Kosovo and Metohija, a situation that is deteriorating as a result of the unsolved problem of permanent residence.

Besides the Roma, problems pertaining to access to housing also hit the category of refugees and IDPs, as well as the category of the population living under poverty line.

Specific Target 1: Increase the number of constructed social flats for poor and vulnerable social groups.

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54 Draft Law on Social Housing is in procedure. This Draft Law defines social housing as a category, which justifies the monitoring of specific indicators within the MDG 7.

MDG 8:

DEVELOP GLOBAL PARTNERSHIP FOR DEVELOPMENT

Successful achievement of the Millennium Development Goals implies dynamic GDP growth by 2015 and a sustainable development based on the efficient use of available resources. For the Republic of Serbia, this means that it is necessary to intensify the development of partnership, above all at local and national levels, between the private, state and NGO sector. Also, it is necessary to develop international partnerships more rapidly.

Chart 8.1. GDP, FDI and the share of foreign debt in GDP
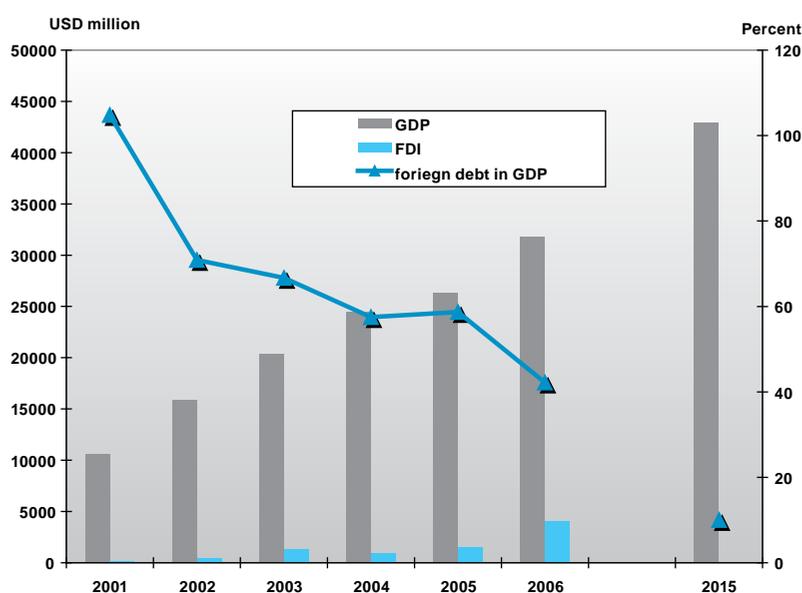
The Republic of Serbia aspires to become a member of the European Union. In that respect, the Strategy for Accession of the Republic of Serbia to the EU is based on the provision of optimal instruments and modes of cooperation in mutual interest. It is therefore of utmost importance to continue as soon as possible accession negotiations with the European Union. To that end, the Republic of Serbia should continue reforms towards: the completion of market institutions; the creation of an even friendlier climate for SME development and operation; encouraging employment in order to consider-ably reduce the currently very high unemployment rate; directing investments (foreign and domestic) to less developed regions in order to ensure their faster development and higher employment rates. On the other hand, the European Union is interested in putting financial aid to the Republic of Serbia to projects pertaining to: employment promotion, entrepreneurship promotion, more rapid development of the private sector and completion of the privatization process, public administration and civil society institutions building, infrastructure improvement,

the development and application of new technologies and improvement of legislation.

The Republic of Serbia has an interest in developing partnerships with other countries, in particular with the UN Member States. International partnership will enable the Republic of Serbia to achieve dynamic growth in employment and productivity, the reduction of inter-regional disparities in development and quality economic growth based on knowledge and competition. This requires the achievement of the following national targets.

TARGET 1:

Dynamic and sustainable GDP growth based on assumptions established by the National Investment Plan, the Strategy for Promotion and Development of Foreign Investments and the Strategy for Economic Development until 2012

The Republic of Serbia's strategic commitment in the upcoming period requires a considerable increase in competitiveness which would lead to a rise in direct foreign investments and export. This is the basis for achieving sustainable high GDP growth. The National Investment Plan contains clearly defined commitments pertaining to the construction of economic and social infrastructure for the improvement of the business environment, raising the rate of employment, achieving even regional development, improvement of the quality of life of all citizens of the Republic of Serbia and poverty reduction.[55] Activities that should be implemented and sources of finance necessary for achieving this target are defined in these documents. The Strategy for Promotion and Development of Foreign Investments[56] clearly indicates Serbia's commitment to a free market economy, the protection of competition, the elimination of monopolies and considerable reduction of bureaucracy in the economy. The basic goal of this document is to attract the direct foreign investments necessary for ensuring permanent and long-term economic development. These documents define activities that should be carried out and identify funds necessary to achieve this target.

TARGET 2:

Increase access to new technologies to a considerably larger number of citizens of the Republic of Serbia

The growth of the private sector will have a key role in the intensification of economic development, in particular through the development of small and medium-size enterprises. The SME sector is expected to be the driver of new investments and new jobs and of improving the competitiveness of the domestic economy. This, however, requires the introduction of new technologies in all areas of life and work. On the other hand, the use of new technologies requires an increase in citizens' and employees' knowledge. Therefore, encouraging the inflow of direct foreign investments that bring high technology and advanced knowledge is of high importance for achieving this target. This would lead to an increase in both corporate and government R&D investments. This would affect an increase in access to new technologies to a considerably larger number of citizens of the Republic of Serbia. In 2005, every fifth citizen of the Republic of Serbia had access to a personal computers of some sort. By 2015, it should be expected that the Republic of Serbia will have more PCs of later generations than citizens.

55 *Memorandum on the Budget and Economic and Fiscal Policies for 2007 with Projections for 2008 and 2009*, Ministry of Finance, 2006; *Strategy of Economic Development until 2012*, Government of t Serbia, 2006.

56 The Strategy for Promotion and Development of Foreign Investments adopted on March 9, 2006.

TARGET 3:

Increase investments in the development of human resources by around 70%

In developed countries, the ratio of productivity and GDP growth is directly connected to the development of human resources. The structure of population in the Republic of Serbia according to education level is characterized by a dominant share of people up to the level of secondary education (87.7% in 2005, LFS), while as little as 12.3% has college or university education (5.0% with college and 7.3% higher). In the structure of employees according to education level, only 11% has higher education, while this education level is reported by only 5.3% of unemployed persons. Moreover, a great number of unemployed persons with secondary, college and higher education do not have adequate competences and skills that are demanded in today's labor market.[57] A modern labor market demands a flexible labor force, whose knowledge adjusts to the requirements of the modern organization of labor. This, on the other hand, requires an efficient system of formal and informal education, life-long learning and the implementation of active labor market programs aimed at increasing the employability level of active job seekers. Therefore, what needs to be accomplished in the Republic of Serbia is to speed up education reform and adopt all development strategies in this area. Moreover, it is necessary to considerably increase the share of expenditures for formal education within the gross domestic product from 3.2% in 2005 to 5.5% in 2015.

TARGET 4:

Increase the share of exports of goods and services in GDP to around 55%

An increase in the share of exports of goods and services in GDP is one of the main strategic directions of development of the Serbian economy. A strong incentive to export would contribute to the acceleration of the Stabilization and Association Process with the EU, as well as the process of accession to the WTO. This should be considerably contributed to by bilateral and multilateral economic cooperation with countries in the region. Also, it is necessary to develop cooperation and partnership between domestic and foreign companies on sound economic grounds. Through the development of clusters, the strengthening of sectoral advantages in exports and of the position on existing and new markets should be ensured. This would be contributed to also by the improvement of infrastructure in the country, the modernization of the system of standards, better access to export loans, the strengthening of institutions that support export, the adjustment of customs tariffs and the gradual reduction of customs rates. In 2005, the export of goods and services in GDP constituted 25%[58]. Starting from projections of GDP trends and GDP per capita in 2015, it is expected that the share of exports of goods and services in GDP would increase to around 55%.

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57 *National Action Plan for Employment 2006-2008*, Government of Serbia, 2006.

58 Statistical Office of the Republic of Serbia, the National Bank of Serbia.

TARGET 5:

Reduce the share of foreign debt in GDP to around 10%

In 2005, foreign debt accounted for 59% of Serbia's GDP, half the proportion in 2000 (117.6%).[59] The Republic of Serbia has adopted the Strategy for Foreign Debt Management. In the upcoming period, the system of information for managing public internal and foreign debt will be created. According to the plan of repayment of foreign debt and projected GDP, it may be expected that the share of foreign debt in GDP by 2015 will be around 10%.

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59   The National Bank of Serbia.

CONCLUDING REMARKS

The Republic of Serbia started intensive reforms as late as 2003. The first strategic documents, including the Poverty Reduction Strategy Paper, were passed in 2003. The Government of Serbia adopted, in 2005, the Review of the Implementation of the Millennium Development Goals in the Republic of Serbia. In this document, it is stressed that the Millennium Development Goals have to be adjusted to the specific needs of citizens, both at a national and at a local level, and that the activities in the upcoming period shall be aimed at defining national goals that would be achieved by 2015 with active cooperation of the nongovernmental and private sector.

During 2006, the process of examining the implementation to date of the Millennium Development Goals in the Republic of Serbia was completed, as well as the process of defining national MDG and targets and projecting quantitative values for 2015 based on the list of selected indicators. The national goals and targets are measurable, they are supported by developmental strategies and action plans and it is possible to monitor their achievement.

Researches show that considerable changes have been carried out in legal regulations and in the democratization of the society since 2001. Since these are the initial years of transition, it has been concluded that relatively dynamic growth in gross domestic product has been achieved, as have a high growth in productivity and real wages, while maintaining the level of employment at approximately the same level with slight annual variations. The high deficit in the state budget, registered at the beginning of the process of intensive transition, has been transformed into a surplus after only three years, as a result of reforms implemented in the fiscal system and total public finance. The share of foreign debt in GDP is more than halved. The cumulative inflation growth has been reduced to below 10%. Internal debts, which the former regime accumulated towards citizens by failing to regularly pay out for social insurance and social welfare entitlements and by freezing foreign currency saving deposits in the early 1990s, are

regularly serviced now. A great number of socially owned companies have undergone privatization. On the other hand, the number of SMEs considerably increased, as well as employment therein. The new Constitution has been adopted, guaranteeing democratic freedoms and rights, revoking social ownership and opening wide possibilities for the development of the private sector and market and for a knowledge-based competitive economy open for partnership at all levels.

The development of the private sector in recent years has lead to stricter criteria of quality and competitiveness in the economy. The exports of goods and services are growing at a very intensive pace. The wage span according to education level also increased.

Positive trends in the implementation of reforms and in development have affected a decline in the number of the poor. There are both employed and unemployed among the poor, but the poorest citizens have an education level completed up to primary school.

Preschool education in the Republic of Serbia has an important role in the successful completion of primary school and the continuation of schooling of highly vulnerable groups. The improvement of quality of the education system and the institutionalization of the life-long learning concept are very important tasks for the Republic of Serbia. For their successful achievement, considerably higher investments in the development of human resources should be made, both from state and private resources.

The Republic of Serbia has a great potential for promoting gender equality. Women possess significant resources (education, technological literacy, foreign language literacy, readiness for life-long learning, a very high level of cooperation in the NGO sector and institutions on all gender equality issues) that will be increasingly prominent with increases in the level of economic development and the enhancement of partner and democratic relationships in society. The devising of gender mechanisms and the creation of systemic foundations for gender mainstreaming of all institutions are the prereq-

uisites for any deep transformation of gender in-equalities.

The Republic of Serbia needs a much better health system. A more rapid development of the health system would lead to a considerable reduction of child mortality, especially in the Roma community, in the improvement of the health of women in childbearing years, in more efficient protection of citizens from infectious diseases and in the improvement of the overall health of population.

Strategic principles of sustainable development are incorporated in the most important national strategic policies. It is important to stop the loss of biodiversities and encourage their revitalization, reduce the proportion of population without adequate supply of drinking water and access to the sewage network, ensure organized collection of community waste and improve housing conditions for the poor inhabitants of unsanitary settlements.

Reforms implemented to date have affected a decline in corruption and an improvement in development management. Considerable progress has been achieved in the building of institutions as well, which represents a good basis for more rapid development of partnership between the private, state and civil sector at local, national and international levels. With further intensive and sustainable economic growth, it is expected that an increase in the efficiency in the areas of education, health care, employment and the more rapid development of underdeveloped regions will also occur.

In general, the Millennium Development Goals in the Republic of Serbia link strategies and national action plans adopted thus far, creating a bridge between the vision of distant future and economic policy measures to those that the Government takes in the short run.

Annexes

MDG 1: HALVE POVERTY RATE AND ERADICATE HUNGER

Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
Target 1: By 2015, reduce the unemployment rate of the economically active population by at least 50%	Total unemployment rate	2005	21.8	2015	10.0	Labor Force Survey, SORS[60]
	Unemployment rate - women	2005	27.4	2015	15.0	Labor Force Survey, SORS
	Unemployment rate - men	2005	17.6	2015	10.0	Labor Force Survey, SORS
	Unemployment rate - youth	2005	47.7	2015	26.0	Labor Force Survey, SORS
	Unemployment rate – persons with disability	2005	74.5	2015	60.0	EAR
	Unemployment rate - Roma	2005	32.0	2015	25.0	UNDP
	Unemployment rate – refugees and IDPs	2005	39.0	2015	25.0	UNDP
Target 2: By 2015, halve the total population poverty rate	Poverty rate – total population	2002	10.6	2015		Living Standard Measurement Survey
	Poverty rate – urban areas	2002	7.8	2015		Living Standard Measurement Survey
	Poverty rate – rural areas	2002	14.2	2015		Living Standard Measurement Survey
	Poverty rate – Roma	2005	26.0	2015		UNDP
	Poverty rate – refugees and IDPs	2005	15.0	2015		UNDP
Target 3: By 2015 halve the proportion of people who suffer from hunger	Proportion of unemployed in the total number of family support allowance beneficiaries	2005	62.0	2015		Ministry of Labor, Employment and Social Policy
	Proportion of those unable to work within the total number of family support allowance beneficiaries	2005	35.0	2015		Ministry of Labor, Employment and Social Policy
	Share of food expenditures within total household budget	2005	37.1	2015		DevInfo
	Children under 5 who fall below minus two standard deviations from the median weight for height	2005	3.3	2015	1,0	DevInfo
	Under-five children who are obese	2005	15.3	2015	8.4	DevInfo

60 Statistical Office of the Republic of Serbia

Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
MDG 2: BY 2015, ENSURE UNIVERSAL PRIMARY EDUCATION						
	Proportion of children who enroll in PS	2005	95.6	2015	100	SORS
	Proportion of children who enroll in PS - boys	2005		2015	100	SORS
	Proportion of children who enroll in PS - girls	2005		2015	100	SORS
	Proportion of children in rural areas who enroll in PS	2005	81.82	2015	100	SORS
	Proportion of children in rural areas who enroll in PS - boys	2005	82.15	2015	100	SORS
	Proportion of children in rural areas who enroll in PS - girls	2005	77.72	2015	100	SORS
	Proportion of children who enroll in PS - Roma	2004	82.5-89.6	2015		Roma Education Fund
	Proportion of children who enroll in PS - children with special needs	2005	n/a[2]	2015		
	Proportion of children who complete PS	2005	95.29	2015		SORS
	Proportion of children who complete PS - boys	2005	94.71	2015		SORS
	Proportion of children who complete PS - girls	2005	95.89	2015		SORS
	Proportion of children in rural areas who complete PS	2005	73.80	2015		SORS
Target 1: Increase the coverage of children with primary education	Proportion of children in rural areas who complete PS - boys	2005	74.35	2015		SORS
	Proportion of children in rural areas who complete PS - girls	2005	73.23	2015		SORS
	Proportion of children who complete PS - Roma	2004	21-37.00	2015		Roma Education Fund
	Proportion of children who complete PS - children with special needs		n/a	2015		
	Proportion of children who pass to 5th grade	2005		2015		SORS
	Proportion of children who pass to 5th grade - boys	2005		2015		SORS
	Proportion of children who pass to 5th grade - girls	2005		2015		SORS
	Proportion of children in rural areas who pass to 5th grade	2005		2015		SORS
	Proportion of children in rural areas who pass to 5th grade - boys	2005		2015		SORS
	Proportion of children in rural areas who pass to 5th grade - girls	2005		2015		SORS
	Proportion of children who pass to 5th grade - Roma	2004	50.00	2015		Roma Education Fund

61 Data not available

Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
	Proportion of children who pass to 5th grade - children with special needs		n/a	2015		
	Proportion of children included in pre-school education (PSE)	2005	32.02	2015		SORS
	Proportion of children included in PSE - boys	2005	32.10	2015		SORS
	Proportion of children included in PSE - girls	2005	31.94	2015		SORS
Target 1: Increase the coverage of children with primary education	Proportion of children in rural areas who are included in PSE	2005	17.58	2015		SORS
	Proportion of children in rural areas who are included in PSE – boys	2005	17.60	2015		SORS
	Proportion of children in rural areas who are included in PSE – girls	2005	17.56	2015		SORS
	Proportion of children included in PSE - Roma	2004	1.00	2015		Roma Education Fund
	Proportion of children included in PSE – children with special needs	2001	1.00	2015		Comprehensive Analysis of the Education System in FRY, UNICEF, Belgrade, 2001
	No. of preschool institutions in RS	2005	1873	2015	3500	SORS, DevInfo
	Proportion of children who graduate from regular secondary school (SS)	2005	85.68	2015	95.00	SORS
	Coverage of children by SS (from 1st to 4th grade of SS – age 15-18)	2005	76.42	2015		SORS
	Net secondary school enrollment rate	2004/5	72.40	2015		SORS, according to: Ministry of Education and Sport
Target 2: Acquiring professions, promotion of the life-long learning concept and access to higher education	Enrollment in the 1st grade of SS right after the completion of PS	2005/06	95.40	2015		Ministry of Education and Sport
	Proportion of Roma children who enroll in some form of secondary education (3/4-year)	2004	8.30	2015		Roma Education Fund
	Proportion of children with special needs who enroll in some form of secondary education (3/4-year)		n/a	2015		
	Proportion of total pupils in 4-year secondary education	2005/06	77.10	2015		Ministry of Education and Sport
	Proportion of pupils in gymnasiums	2005/06	24.20	2015		Ministry of Education and Sport
	Proportion of pupils in 4-year VET schools	2005/06	53.00	2015		Ministry of Education and Sport

Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
	Proportion of total pupils in 3-year secondary education	2005/06	22.90	2015		Ministry of Education and Sport
	Proportion of boys in 4-year secondary education	2005/06	69.30	2015		Ministry of Education and Sport
	Proportion of boys in gymnasiums	2005/06	19.50	2015		Ministry of Education and Sport
	Proportion of boys in 4-year VET schools	2005/06	49.80	2015		Ministry of Education and Sport
	Proportion of boys in 3-year secondary education	2005/06	30.70	2015		Ministry of Education and Sport
	Proportion of girls in 4-year secondary education	2005/06	84.80	2015		Ministry of Education and Sport
	Proportion of girls in gymnasiums	2005/06	28.70	2015		Ministry of Education and Sport
	Proportion of girls in 4-year VET schools	2005/06	56.10	2015		Ministry of Education and Sport
	Proportion of girls in 3-year secondary education	2005/06	15.20	2015		Ministry of Education and Sport
	3-year secondary education graduation rate	2003/04	25.00	2015		SORS / Ministry of Education and Sport
Target 2: Acquiring professions, promotion of the life-long learning concept and access to higher education	4-year secondary education graduation rate	2003/04	50.60	2015		SORS / Ministry of Education and Sport
	Proportion of Roma children who complete some form of secondary education (3/4-year)	2004	6.2% (of 8.1% covered)	2015		Roma Education Fund
	Proportion of children with special needs who complete some form of secondary education (3/4-year)		n/a	2015		
	Proportion of part-time secondary school pupils	2004/05	2.70	2015		Ministry of Education and Sport
	Proportion of youth who go to tertiary education right after the completion of secondary school (3/4-year)	2005/06	79.50	2015		Ministry of Education and Sport
	Proportion of literacy among youth between 15 and 24 years of age	2002	99.36	2015	100	DevInfo (Census)
	Proportion of literacy among youth between 15 and 24 years of age - male	2002	99.39	2015		Census, SORS
	Proportion of literacy among youth between 15 and 24 years of age - female	2002	99.32	2015		Census, SORS

Goals/targets	Indicator	Baseline Year	Baseline Value	Target Year	Target Value	Source
Target 2: Acquiring professions, promotion of the life-long learning concept and access to higher education	Proportion of literacy among youth between 15 and 24 years of age - Roma		n/a	2015		
	Proportion of literacy among youth between 15 and 24 years of age – without primary school	2002	5.70	2015		Census, SORS
	Data on the results of the assessment of primary school 3rd grade pupils in the Republic of Serbia– mathematics	2004	Average 500	2015		Institute for Education Quality and Evaluation
	Data on the results of the assessment of primary school 3rd grade pupils in the Republic of Serbia– Serbian language	2004	Average 500	2015		Institute for Education Quality and Evaluation
	Data on the results of the assessment of primary school 4th grade pupils in the Republic of Serbia– mathematics		n/a	2015		Institute for Education Quality and Evaluation
	Examination of primary school pupil's performance in mathematics (TIMSS)	2004	477	2015		Institute for Research in Pedagogy, Ministry of Education and Sport
Target 3: Improve the quality of primary education	Examination of primary school pupil's performance in science (TIMSS)	2004	468	2015		Institute for Research in Pedagogy,, Ministry of Education and Sport
	Program for International Student Assessment – mathematics (PISA 03)	2004	437	2015		Institute for Philosophy, Faculty of Philosophy, Belgrade, Beograd, OECD and Ministry of Education and Sport
	Program for International Student Assessment – science (PISA 03)	2004	436	2015		Institute for Philosophy, Faculty of Philosophy, Belgrade, Beograd, OECD and Ministry of Education and Sport
	Program for International Student Assessment – reading (PISA 03)	2004	412	2015		Institute for Philosophy, Faculty of Philosophy, Belgrade, Beograd, OECD and Ministry of Education and Sport

MDG 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
Task 1: By 2015, halve the economic inequalities between men and women	Proportion of women among the poor[62]	-	-	2015	0	SORS
	Proportion of women employed in non-agricultural activities	2005	25.5	2015	40	SORS
	Proportion of women among the unemployed	2005	54.0	2015	51	National Employment Service
	Proportion of children covered by preschool education	2005	39.2	2015	70	SORS
	Proportion of women in trade unions	2002	40.0[63]	2015	45	Trade unions
	Proportion of women in decision-making positions in trade unions	2002	5.5	2015	30	Trade unions
	Wage gap between men and women	2004	17.0	2015	5	SORS
	Proportion of women among entrepreneurs [64]	2006	25.0 (company founders)	2015	40	Serbian Business Registers Agency
	Number of newly employed Roma women (annual average)	-	-	2015	1000	National Employment Service
	Number of newly employed women with disability (annual average)	-	-	2015	100	National Employment Service
	Eradication of gender discrimination in employment - analysis	-	-	2008	Completed document	National Employment Service
Target 2: By 2015, increase the proportion of women at all levels of political decision-making to at least 30%	Proportion of women among National Assembly MPs	2004	11.0	2015	30	SORS
	Proportion of women among ambassadors	2002	11.0	2015	30	Ministry of Foreign Affairs
	Proportion of women among high government officials	2002	30.0	2015	40	General Secretariat of the Government
	Proportion of women among high local government officials	2002	25.0	2015	40	SORS

62 Data do not exist at the moment, but will be available in March 2007 (for 2006).
63 Data taken from the research: Jasna Petrovic, *The Male Face of Trade Unions*, ICFTU, CEE Women's Network, Brussels, 2002 (refer to the Nezavisnost Trade Union only).
64 Data are from November 2006 and are not complete since the reregistration is still underway. Source: UNDP research, 2006.

Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
Target 3: By 2008, complete the creation of systemic foundations for achieving gender equality	Adoption of a plan for the implementation of the Gender Equality Law[65]	-	-	2007	Completed document	Gender Equality Council
	Adoption of a plan for NAP implementation	-	-	2007	Completed document	Gender Equality Council
	Number of employed in gender equality mechanisms and number of persons in charge (focal points)	2006	50	2015	250	Gender Equality Council
	Drafting a gender sensitive budget analysis	-	-	2007	Completed document	Ministry of Finance and Gender Equality Council
	Drafting a gender sensitive strategy for population development	-	-	2008	Completed document	Gender Equality Council
	Drafting a gender sensitive tax policy	-	-	2007	Completed document	Ministry of Finance and Gender Equality Council
	Number of employees in public administration, included in gender policy[66]trainings and seminars, including gender budgeting[67]	-	-	2009	30% employees at relevant positions	Department for the Management of Human Resources in Public Administration
	Preparation of CEDAW Report and establishment of adequate monitoring system	-	-	2008	Completed document	Gender Equality Council
	Drafting a strategy to improve the position of women in rural areas	-	-	2008	Completed document	Gender Equality Council
Target 4: By 2015, develop the system of protection for female victims of violence and the system of prevention of violence against women	Number of counselings for female victims of violence	2005	6[68]	2015	50	Gender Equality Council and Ministry of Labor, Employment and Social Policy
	Number of safe houses for women	2006	6[69]	2015	30	Gender Equality Council and Ministry of Labor, Employment and Social Policy
	Number of officials included in the training on violence against women	2006	50	2008	1000	Ministry of the Interior
	Number of criminal reports and court proceedings against those who committed violence against women	2005	800	2008	5 000	Ministry of the Interior, Ministry of Justice, Ministry of Labor, Employment and Social Policy

65 The Law is expected to be passed in the course of 2007, after which the work on the implementation plan should begin.
66 Gender policies are public policies aimed at reducing gender inequalities in the public and private sphere and removing discrimination against women.
67 Gender budgeting is a process of integration of gender perspective, through the analysis of revenues and expenditures and adequate redistribution aimed at reducing gender inequalities that arise from unequal distribution of state resources.
68 Only counselings funded by state funds and local governance included.
69 Only safe houses funded by state funds and local governance included.

Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
	Protection measures pertaining to Family Law	2006	500	2015	7 000	Ministry of the Interior, Ministry of Justice, Ministry of Labor, Employment and Social Policy

MDG 4: REDUCE CHILD MORTALITY

Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
Target 1: Between 2000 and 2015, reduce on average by half the under-five mortality rate	Under-five mortality rate (on 1000 livebirths)	2000	12.7	2015	5.0	Vital statistics, SORS
	Infant mortality rate (on 1000 livebirths)	2000	10.6	2015	4.5	Vital statistics, SORS
	Prenatal mortality rate (on 1000 livebirths)	2000	11.2	2015	6.5	Vital statistics, SORS
	Neonatal mortality rate (on 1000 livebirths)	2000	7.7	2015	3.0	Vital statistics, SORS
	Under-five mortality rate (on 1000 livebirths) - Roma	2005[70]	29.0	2015	14.0	MICS-UNICEF, Proposal for Institutionalization: SORS
	Infant mortality rate (on 1000 livebirths) - Roma	2005	25.9	2015	12.0	MICS-UNICEF, Proposal for Institutionalization: SORS
Target 2: Between 2000 and 2015, increase the coverage of women with antenatal and postnatal health protection by one third at least	Coverage of women during the first trimester of pregnancy with modern health protection (% of women who visit a gynecologist in the first trimester)	2000	54.3	2015	85.0	Statistical Yearbook of Serbia, Institute for Public Health "Dr Milan Jovanovic-Batut"
	Coverage of women attended by at least one polyvalent nurse during pregnancy (% of women who were attended at least once by a polyvalent nurse during pregnancy)	2000	33.9	2015	95.0	Statistical Yearbook of Serbia, Institute for Public Health "Dr Milan Jovanovic-Batut"
	Average number of polyvalent nurse visits to mothers and newborns in the first five days after childbirth	2000	2.9	2015	5.0	Statistical Yearbook of Serbia, Institute for Public Health "Dr Milan Jovanovic-Batut"
Target 3: Between 2000 and 2015, halve the mortality rate of children under 19 due to external death causes	Specific mortality rate of children under 19 due to external death causes (on 100,000 children of the same age)	2000	15.9	2015	8.0	Database of mortality statistics, SORS
Target 4: Between 2005 and 2015 increase the coverage of exclusively breastfed children from birth to the 6th month of life to at least 30%	Coverage of children with exclusive breastfeeding from birth to the 6th month (%)	2005	15.0	2015	30.0	MICS-UNICEF, Proposal for Institutionalization: Institute for Public Health "Dr Milan Jovanovic-Batut"
	Coverage of children with exclusive breastfeeding from birth to the 6th month (%) – Roma	2005	18.0	2015	30.0	MICS-UNICEF, Proposal for Institutionalization: Institute for Public Health "Dr Milan Jovanovic-Batut"

70 Year 2005 is a baseline year for surveying the Roma population.

Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
	Measles immunization coverage of children in the first 18 months of life (%)	2000	95.7	2015	99.0	MICS-UNICEF, Proposal for Institutionalization: Institute for Public Health "Dr Milan Jovanovic-Batut"
Target 5: Between 2000 and 2015, increase the mandatory immunization coverage of children to 99%	Immunization coverage for diphtheria, tetanus and whooping cough of Roma children in the first year of life (%)	2005	66.2	2015	99.0	MICS-UNICEF, Proposal for Institutionalization: Institute for Public Health "Dr Milan Jovanovic-Batut"
	Measles immunization coverage of Roma children in the first 18 months of life	2005	71.5	2015	99.0	MICS-UNICEF, Proposal for Institutionalization: Institute for Public Health "Dr Milan Jovanovic-Batut"

MDG 5: IMPROVE THE HEALTH OF WOMEN IN CHILD BEARING YEARS

Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
Target 1: By 2015, reduce maternal mortality ratio by one fifth	Maternal mortality ratio (women who died of complications during pregnancy, childbirth and puerperium on 100,000 livebirths)	2000-2004	5.6	2015	4.5	Vital statistics, SORS
	Proportion of births attended by skilled health personnel (%)	2000	98.7	2015	99.9	Database, SORS
	General fertility rate of women in child bearing years (number of live births on 1,000 women between 15 and 49)	2000	26.3	2015	26.3	Vital statistics, SORS
	Total fertility rate (number of children per woman)	2000	1.4	2015	1.4	Vital statistics, SORS
Target 2: By 2015 maintain and enhance reproductive health of women by maintaining fertility rate at a current level, reducing abortion rate by one half and doubling the proportion of women who use modern contraceptive methods	Abortions during childbearing years (rate on 100,000 women between 15 and 49)	2000	2069.5	2015	1035.0	Database Institute for Public Health "Dr Milan Jovanovic-Batut"
	Adolescent abortions (rate on 100,000 women between 15 and 19)	2000	504.2	2015	202.1	Statistical Yearbook of Serbia, Institute for Public Health "Dr Milan Jovanovic-Batut"
	Proportion of women in marriage or steady relationship between 15 and 49 years of age who use some form of modern contraceptive methods (modern methods: pill, intrauterine spiral condom, diaphragm, local chemical contraceptives)	2000	33.0	2015	66.0	MICS-UNICEF, Proposal for Institutionalization: Institute for Public Health "Dr Milan Jovanovic-Batut"

Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
	Mortality rate due to all causes of death on 100,000 women in child-bearing years	2000	129.9	2015	86.6	Database Institute for Public Health "Dr Milan Jovanovic-Batut", proposal for Institutionalization, SORS
Target 3: Between 2000 and 2015 reduce mortality in the group of women in child-bearing years by one third	Mortality rate due to cancer on 100,000 women in child-bearing years	2000	50.3	2015	33.5	Database I Institute for Public Health "Dr Milan Jovanovic-Batut", proposal for Institutionalization, SORS
	Mortality rate due to all causes of death on 100,000 women in child-bearing years - Roma	2002	242.6	2015	161.7	Database of mortality statistics, proposal for Institutionalization, SORS

MDG 6: COMBAT HIV/AIDS, TUBERCULOSIS AND OTHER DISEASES

Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
Target 1: By 2015, reduce the spread of HIV	Incidence of HIV infected on 1,000,000 persons	2000	10.2	2015	5.0	HIV/AIDS Register, Institute for Public Health "Dr Milan Jovanovic-Batut"
	AIDS mortality rate on 1,000,000 persons	2000	6.4	2015	2.8	HIV/AIDS Register, Institute for Public Health "Dr Milan Jovanovic-Batut"
	Condom prevalence rate among young people (between 15 and 24) during high-risk sexual intercourses (%)	2000	33.4	2015	80.0	Institute for Public Health "Dr Milan Jovanovic-Batut"
Target 2: Enhance the control of tuberculosis through the implementation of DOTS and reach the 95% coverage of successfully treated patients	Tuberculosis incidence on 100,000 persons	2005	32.0	2015	23.0	National Register, Institute for Public Health "Dr Milan Jovanovic-Batut" and Institute for Pulmonary Diseases
	Successfully treated newly registered TB cases (%)	2005	69	2015	95.0	National Register and Institute for Pulmonary Diseases

Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
Target 3[71]: Between 2000 and 2015, increase life expectancy by 2 years on average and reduce the proportion of the population who assess their health as poor and very poor	Life expectancy at birth - total	2000	72.06	2015	74.00	Database, SORS
	Life expectancy at birth – women	2000	74.75	2015	76.50	Database, SORS
	Life expectancy at birth – men	2000	69.69	2015	72.50	Database, SORS
	Standardized mortality rate from vascular diseases (on 100,000 persons)	2000	120.20	2015	96.00	Database, SORS
	Standardized cancer mortality rate (on 100,000 persons)	2000	93.20	2015	74.60	Database, SORS
	Standardized mortality rate from injuries, poisoning and other external factors (on 100,000 persons)	2000	34.90	2015	27.90	Database, SORS
	Proportion of population older than 16 who assess their health as poor and very poor (%)	2006	n/a[72]	2015		Survey of Population's Health Status, Institute for Public Health "Dr Milan Jovanovic-Batut"
Target 4: Between 2000 and 2015 reduce high-risk behavior by 10% on average	Smoking prevalence among children between 13 and 15 years of age (%)	2003	16.9	2015	15.2	GYTS, Proposal for Institutionalization: l Institute for Public Health "Dr Milan Jovanovic-Batut", National Office for Tobacco Control
	Alcohol use prevalence (occasionally or permanently) among children between 12 and 19 (%)	2000	19.9	2015	17.9	Survey of Population's Health Status, Institute for Public Health "Dr Milan Jovanovic-Batut"
	Drug use prevalence (occasionally or permanently) among children between 12 and 19 (%)	2000	0.9	2015	0.8	Survey of Population's Health Status, Institute for Public Health "Dr Milan Jovanovic-Batut"
	Smoking prevalence among adults of 20 and more years of age (%)	2000	38.0	2015	34.2	Survey of Population's Health Status, Institute for Public Health "Dr Milan Jovanovic-Batut"
	Children under 5 who are obese (who fall above plus two standard deviations from the median weight to height - %)	2000	13.6	2015	9.1	MICS-UNICEF, Proposal for Institutionalization: Institute for Public Health "Dr Milan Jovanovic-Batut"
	Obesity prevalence among adults of 20 years of age and older (with BMI ≥ 30 - %)	2000	17.3	2015	15.6	Survey of Population's Health Status, Institute for Public Health "Dr Milan Jovanovic-Batut"

71 Social inclusion indicators (Laeken).
72 n/a – the results of a survey into health status which the Institute of Public Health "Dr Milan Jovanovic-Batut" conducted in 2006 are not available yet.

Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
Target 5: By 2010, establish centers for preventive health services in all health centers in Serbia	Number of prevention health care centers	2006	27	2015	All health center	Database, Institute for Public Health "Dr Milan Jovanovic-Batut"
Target 6: By 2010, establish mechanisms for monitoring the health of children with special needs and adults living with disability	Number of identified children with special needs	2007	n/a[73]	2015		Proposal for Institutionalization: Institute for Public Health "Dr Milan Jovanovic-Batut"
MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY						
	Proportion of investments intended for environmental protection relative to achieved GDP	2001	0.3	2015	0.50	Ministry of Finance
	Proportion of land area covered with forest relative to the total area of Serbia	2000	25.60[74]	2015	32.00	SEPA[75]/ CORINA
	Proportion of land area protected to maintain biodiversity relative to the total area of Serbia	2000	4.60	2010	10.00	SEPA / Institute for Protection of Nature of Serbia
	Proportion of households using solid fuels relative to the total number of households	2002	60.00	2015	25.00	SORS / MICS
Target 1: Incorporate sustainable development principles into national policies, halt the loss of natural resources and encourage their revitalization	Energy consumption (kg of equivalent petroleum) on USD 1,000 gross national income	2002	0.87	2015	0.48	Ministry of Mining and Energy
	Proportion of energy produced from renewable energy sources in total energy consumption (%)	1990	4.73	n/a	n/a	Ministry of Mining and Energy / SEPA
	Emission of carbon dioxide per person (ton/person)	2001	4.43	n/a	n/a	Ministry of Science and Environmental Protection, Directorate for Environmental Protection
	Consumption of chlorofluorocarbon (CFC) (metric tons)	1994	900	n/a	n/a	Ministry of Science and Environmental Protection, Directorate for Environmental Protection

73 n/a –routine data on health of children with developmental difficulties and on the health of adults who live with disabilities are not available.
74 Possible revision of data on the basis for monitoring indicators based on CORINA database that will be available in the first half of 2007.
75 SEPA – Serbian Environment Protection Agency

Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
	Proportion of households with access to the public water supply network	2002	69.00	2015	98.00 (urban area) / 65.00 (rural area)	Ministry of Agriculture, Forestry and Water Management – Directorate for Water
	Proportion of households with access to the sewage network	2002	53.00	2015	65.00	Ministry of Agriculture, Forestry and Water Management – – Directorate for Water
Target 2: Reduce the proportion of the population without adequate supply of drinking water, access to the sewage network and organized household waste collection	Proportion of households with access to the sewage network that has an adequate system for purifying household liquid waste	2002	5.30	2015	15.00	SEPA
	Proportion of households included in organized household waste collection	2006	55.00[76]	2015	70.00	SEPA
	Proportion of household waste that is stored at sanitary dump stations relative to total quantity of generated waste	2006	–[77]	2015	–[78]	Institute for Public Health "Dr Milan Jovanović-Batut"
	Proportion of physically/chemically and microbiologically adequate water from controlled public water supply systems in relation to the total number of systems under control	2005	40.00	n/a	n/a	Ministry of Agriculture, Forestry and Water Management — Directorate for Water
Target 3: Improve housing conditions for the poor inhabitants of unsanitary settlements	Proportion of new social flats relative to total number of constructed flats	2005	0	n/a	n/a	Ministry for Capital Investments
	Number of unsanitary settlements that underwent sanitation	2005	0	n/a	n/a	Ministry for Capital Investments

MDG 8: DEVELOP GLOBAL PARTNERSHIP FOR DEVELOPMENT

Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
Target 1: Dynamic and sustainable GDP growth based on assumptions defined in the National Investment Plan and the Strategy for Economic Development until 2012	GDP, USD million	2005	26.355	2015	43.000	National Bank of Serbia
	GDP per capita, USD	2005	3.560	2015	6.000	National Bank of Serbia
	Investments in GDP, %	2005	17.3	2015	26.0	SORS
	FDI in GDP, %	2005	5.9	2015		National Bank of Serbia
	Public expenditures in GDP, %	2005	38.2	2015	39.5	SORS, Ministry of Finance
	Social welfare expenditures in GDP, %	2005	3.3	2015	4.0	SORS, Ministry of Finance

76 Estimate for 2003 (REC Study), precise data will be available by the end of January 2007 based on SEPA survey.
77 Precise data will be available by the end of January 2007 based on SEPA survey.
78 Precise data will be available by the end of January 2007 based on SEPA survey.

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Goals/targets	Indicator	Baseline		Target		Source
		Year	Value	Year	Value	
Target 2: Increase access to new technologies to a greater number of citizens	Telephone connections on 1,000 of the population	2005	361	2015		DevInfo
	PC on 1,000 of the population	2005	220	2015	1.300	DevInfo
Target 3: Increase investments in the development of human resources by around 70%	Education expenditures in GDP, %	2005	3.2	2015	5.5	Ministry of Finance
	Health care expenditures in GDP, %	2005	6.1	2015	8.5	Ministry of Finance
Target 4: Increase the share of exports of goods and services in GDP to 55%	Export of goods and services in GDP, %	2005	25	2015	55	SORS
Target 5: Reduce the share of foreign debt in GDP to around 10%	Foreign debt in GDP, %	2005	58.7	2015	10.8	National Bank of Serbia, SORS

ABBREVIATIONS

AP –   Autonomous Province
CEDAW –   Convention on the Elimination of all Forms of Violence against Women
DOTS –   Directly Observed Treatment Strategy
EAR –   European Agency for Reconstruction
FAO –   Food and Agriculture Organization
FDI –   Foreign Direct Investments
GDP –   Gross domestic product
GYTS –   Global Youth Tobacco Survey
HES –   Household Expenditure Survey
ICT –   Information and Communication Technologies
IDP –   Internally Displaced Person
ILO –   International Labor Organization
LFS –   Labor Force Survey
LSMS -   Living Standard Measurement Survey
MDG –   Millennium Development Goals
MES –   Ministry of Education and Sport
MICS -   Multiple Indicator Cluster Surveys
PRSP –   Poverty Reduction Strategy Paper
PS –   Primary school
PSE –   Preschool education
RS –   Republic of Serbia
RSD –   Serbian Dinar
SEPA -   Serbian Environment Protection Agency
SIDS –   Sudden Infant Death Syndrome
SME –   Small and medium-size enterprises
SORS –   Statistical Office of the Republic of Serbia
SS –   Secondary school
UNDP –   United Nations Development Program
WHO –   World Health Organization
WTO –   World Trade Organization

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