

Millennium Development Goals: Nationalization and Progress

2005 National Report

Armenia

Making sure no one is left behind...

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FOREWORD

The Millennium Declaration of the UN mentions the challenges faced by all the countries of the world, which concern Armenia, too. In this context, Armenia has joined the Millennium Declaration, which effectively reinforces the goals underlying the activities of our Government.



The Program of Activities of the Government endorsed by the Parliament in 2000 clearly stated that the efforts of the executive branch in various areas will focus on economic development and social prosperity, which will facilitate the achievement of a dignified living for each citizen of Armenia. In recent years, the Government's efforts have been targeted towards this goal, and it remains the policy focus today.

Four years ago, the Government undertook to develop a Poverty Reduction Strategy Paper (PRSP), to which the NGO sector and international organizations, civil servants, and independent experts actively contributed. The Final PRSP incorporated feedback, comments, and suggestions from different segments of society. In August 2003, the Government approved the PRSP. It contains virtually all of the Millennium Development Goals (MDGs) and lays down the arrangements necessary to achieve them, including sustainable economic growth and improved distribution. At present, the Government is developing PRSP and MDG monitoring indicators, which will provide a unified framework for assessing progress towards both PRSP and MDG implementation.

The PRSP refers to problems that will be dealt with during the next decade. Addressing them will undoubtedly pave the way for sustainable development, which are absolute prerequisites of social progress and achievement of MDGs.

The achievements in recent years, including, among others, the pattern of sustainable economic growth and legislative reform, allow both to consolidate national resources and to attract the donor community's support to address long-term development challenges. Armenia's efforts towards these goals have been not only noticed, but also appreciated by the international community. This is illustrated by the inclusion of Armenia in the list of 16 developing and transition countries that have been found eligible for the Millennium Challenge Account of the US Government.

I am confident that the Millennium Development Goals proclaimed by the UN will be achieved, and appropriate conditions will be put in place for the living and creativity of our people. The Armenian authorities have will and commitment in this respect, and the international community is certainly ready to support us.

Andranik Margaryan
Prime Minister of the Republic of Armenia

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United Nations Country Team in Armenia

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ACRONYMS

AIDS	Acquired Immunodeficiency Syndrome
AMD	Armenian Dram
AR	Administrative Registry
DHS	Demographic and Healthcare Survey
DOTS	Directly Observed Treatment Short Course
FAO	Food and Agriculture Organization
EU	European Union
GDP	Gross Domestic Product
HHS	Household Survey
HIV	Human Immunodeficiency Virus
IDU	Injecting Drug Users
LFS	Labour Force Survey
MDG	Millennium Development Goal
MoH	Ministry of Health
MTEF	Medium Term Expenditure Framework
NSS	National Statistical Service
ODA	Official Development Assistance
PPP	Purchasing Power Parity
PRSP	Poverty Reduction Strategy Paper
RA	Republic of Armenia
UN	The United Nations
UNDP	United Nations Development Programme
USD	United States Dollar
WHO	World Health Organization

INTRODUCTION

- The global initiatives for poverty reduction and human development at the end of the 1990s coincided with Armenia's thrust to review national policies and focus on human development issues. By signing the Millennium Declaration at the Millennium Summit in September 2000, Armenia joined other countries of the world in the common quest for poverty reduction and human development.
- By joining the Millennium Declaration, Armenia committed to incorporating the Millennium Development Goals (MDG) in national long-term policies and plans, and to introduce sustainable strategies and programs for integrating economic growth and human development. With support from international organizations, Armenia launched the Poverty Reduction Strategy mechanism in 2000, in addition to an earlier government decree.
- In August 2003, the Government of Armenia approved the Poverty Reduction Strategy Paper (PRSP). The same decree set PRSP monitoring indicators with due consideration given for nationalized MDG indicators and defined monitoring benchmarks. Although the PRSP incorporated almost all of the Millennium Development Goals, these were not yet nationalized nor made sufficiently country-specific. Therefore, the PRSP, in essence, served as a mechanism for achieving MDGs. This was due to the fact that unlike MDGs and some of their targets bearing global implications, the PRSP addressed specific national development concerns and challenges.
- There is amplified interest towards the MDG process with the introduction of the concept of MDG nationalization, with the PRSP monitoring indicators laying a foundation for MDG targets and indicators.
- Based on Armenia's PRSP monitoring framework, as well as taking advantage of the findings of an independent NGO report entitled "MDGs in Armenia: Localization Issues", a national MDG framework has been formed further to broad discussions and consolidation of issues related to nationalized MDG targets and indicators.
- In Armenia's context, MDG nationalization entails setting goals that are more ambitious than those pledged by the Millennium Declaration. This is particularly true about education (MDG 2) which, in Armenia's case, goes beyond primary education towards universal education, as well as gender equality (MDG 3), which emphasizes gender equality in terms of women's participation in politics and decision-making. Targets for MDG 1, i.e. in 2015, have a poverty level lower than that in 1990, may appear less ambitious. However, halving Armenia's 1990 poverty level by 2015 would be impossible in view of the fact that reducing poverty became a daunting task only after 1990. MDG 7 incorporates the Lake Sevan issue to reflect its regional significance that goes beyond Armenia's national borders. Armenia views MDG 8 as a roadmap for increasing development aid and using it more efficiently, having committed to ensuring appropriate levels of good governance, political rights and responsibility, and human rights protection.
- This national report on MDG progress is prepared through the joint efforts of the Armenian Government, the civil society, the United Nations and other international organizations in Armenia, and aims to increase the level of awareness on MDGs and their achievement, create national consensus around these goals and reaffirm the political will of the government and development agencies towards fulfilling MDGs in Armenia. At the same time, the report aspires to support the process of PRSP review and MDG monitoring and evaluation. Ultimately, it aims at the complete alignment of the PRSP and MDGs in Armenia.
- This MDG progress report is the first one: it is based on national targets and indicators. It helps to better focus on Armenia's development prospects and contributes to better alignment of priority setting, policy review, budget discussions and donor assistance.
- The report reflects the Armenian government's development policy principles of increasing synergies between national strategies and policies (MDGs, PRSP, MTEF, and annual budget), strengthening national ownership and public support towards national strategies, raising stakeholder participation in policy design and monitoring, and fulfilling the nation's overarching goals by strengthening democracy, human rights, and good governance.

NATIONAL MDG FRAMEWORK



- Like many other post-Soviet countries, Armenia is quite different from other developing countries. First of all, the level of human development and social infrastructures is not comparable to countries that have long suffered the grips of poverty. Consequently, a number of goals and targets outlined in the Millennium Declaration are not applicable to a transition country like Armenia. Therefore, and in view of the national development paradigm and priorities, the MDGs have been adapted to create a national MDG framework.
- Armenia's PRSP already addresses MDGs 1 thru 7. However, the basis for their nationalization was established as recently as October 2004, with adoption by the government of a national concept for PRSP/MDG monitoring indicators framework.
- The need for creating a national MDG framework emerged in conjunction with the PRSP review and updating process, as well as in the context of preparation of the MDG progress report. Based on MDG process results and developments over the last two years, representatives and experts of the PRSP Secretariat, the Ministry of Finance and Economy and the UN System in Armenia, with support from an independent national expert and in consultation with representatives of public administration and civil society institutions, have developed a national MDG framework.
- The national MDG framework is complemented by the PRSP monitoring indicators system. An independent report produced by OXFAM GB, in cooperation with the Civil Society Partnership Network of national NGOs, was used for defining principles of target nationalization.
- As a result of the nationalization process, the national MDG framework presently contains all eight MDGs with their thirteen localized targets and forty-three progress monitoring and evaluation indicators. These targets, and monitoring and evaluation indicators, will be incorporated into the reviewed PRSP document, which will define policies and programs for their achievement and/or implementation. According to the procedure established by the Armenian Government, annual PRSP progress reports will include annexes on MDG implementation progress based on the national MDG framework.
- National MDG progress reports in the coming years will cover only targets and indicators localized within the national MDG framework. At the same time, statistical annexes will be provided to report on all Millennium indicators for cross-country comparisons and global analysis.

Nationalizing MDG Targets and Setting Monitoring Indicators

The national MDG framework for Armenia incorporates all eight MDGs. Of thirteen targets of the national MDG framework, seven are almost identical to those of the Millennium Declaration, and six targets are nationalized to reflect Armenia's peculiarities and national development needs. In terms of monitoring and evaluation indicators, only fourteen out of forty-three repeat those of the Millennium Declaration, while the rest are somewhat modified or created anew.

As a result, Armenia's national MDG framework corresponds to Armenia's national development needs, is country-specific, and generally enjoys broad national support, both on the part of the government and the civil society.

Explanation of target nationalization and setting of monitoring indicators for MDGs is provided below.

MDG 1: ERADICATE EXTREME POVERTY AND HUNGER

This goal has two targets, the first of which is nationalized along with its indicators, while the

second one and its indicators remained unchanged, as per the table below.

Target 1: By 2015 reduce the poverty level lower than the 1990 level

The issue of poverty was exacerbated after 1990 when a devastating economic crisis halved the national income in just three years, which led to massive impoverishment.

The recovery of the economy started in the mid 1990s and as of today the impact of the economic collapse has been considerably mitigated. The major achievements are the recovery of the GDP to its pre-transitional level and a steady decline of income poverty. Nevertheless, due to increased income inequality, the income poverty incidence is still higher than before transition.

Halving the proportion of people living in poverty in 2015 compared to 1990 levels, as suggested by the Millennium Declaration, seems unrealistic, even with high growth rates for the next decade. Thus, it would be a major achievement for Armenia to have,

by 2015, a poverty level lower than that of 1990. According to estimates, this would mean reducing poverty by a factor of 3 compared to the 2003 level.

Before independence, Armenia did not have widespread poverty, but rather lacked opportunities for creating a democratic society and integrating with the global community. The establishment of a democratic

state, nevertheless, bore enormous social costs. By setting this target, Armenia has committed to fully mitigate these costs by 2015.

Indicators: Instead of Indicators 1.a, 1.b, 2 and 3 as stipulated in the MDGs, Armenia's national MDG framework will monitor five indicators listed in the table below.

MILLENNIUM DECLARATION		NATIONAL MDG FRAMEWORK	
<i>Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than one US dollar a day</i>		<i>Target 1. In 2015, have poverty level lower than in 1990</i>	
1. a	Proportion of population below \$1 (PPP adjusted) per day (all dollar amounts are USD unless otherwise stated)	1	Proportion of population below \$4 (PPP adjusted) per day
1. b	Proportion of population below national poverty line	2	GDP per capita compared to the EU average (PPP adjusted)
2	Poverty gap ratio	3	Family allowance budget expenditure to poverty gap (less family allowance aggregate) ratio
3	Share of poorest quintile in national consumption	4	Income of the poorest quintile to the income of the richest quintile
		5	Ratio of poverty level outside Yerevan to poverty level in Yerevan
<i>Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger</i>		<i>Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger</i>	
4	Prevalence of underweight children under five years of age	6	Prevalence of underweight children under five years of age
5	Proportion of population below minimum level of dietary energy consumption	7	Proportion of population below minimum level of dietary energy consumption

The \$4 international poverty line is believed to be the closest to the poverty measurement in 1990 for Armenia.

The indicator of GDP per capita ratio to the EU average serves a two-fold purpose of measuring Armenia's general living standards and reflecting the country's desire for European integration.

Other indicators aim to measure the role of the state and the civil society in reducing extreme poverty (poverty allowance/poverty gap ratio) and income

inequality as well as balanced regional development (poverty in Yerevan/poverty outside Yerevan ratio).

MDG 2: ACHIEVE UNIVERSAL BASIC EDUCATION

Target 3: Ensure that, by 2015, every child will be able to complete a full course of high quality basic schooling

Armenia has already ensured universal primary education for girls and boys alike, hence this goal has

MILLENNIUM DECLARATION		NATIONAL MDG FRAMEWORK	
<i>Target 3. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</i>		<i>Target 3. Ensure that, by 2015, every child will be able to complete a full course of high quality basic schooling</i>	
6	Net enrollment ratio in primary education	8	Net enrollment ratio in basic education
7	Proportion of pupils starting grade 1 who reach grade 5	9	Annual state budget expenditure for education to GDP
8	Literacy rate of 15 to 24 year-olds	10	Ratio of pupils and students possessing knowledge corresponding to the criteria set by the national and international education quality assessment system ¹
		11. a	Enrollment ratio of the poor population (relevant age group) in vocational education
		11. b	Enrollment ratio of the poor population (relevant age group) in higher education

¹ The education quality assessment national system is still under development, however, it is included in the MDG Framework to stress the importance of quality assessment in education. Upon the system's completion and implementation, the national and international assessment indicators will be incorporated into the MDG Framework and reported in the future.

been nationalized to reflect the country's conditions and include, as priorities, not only primary, but also basic education (1-8 grades). In Armenia's context, access to secondary, secondary professional, professional, graduate and post graduate education is of special significance, as is the quality of education and its compliance with the highest standards.

Indicators: Indicator 6 of Target 3 is revised, and Indicators 7 and 8 are replaced with new ones to reflect the basic school enrollment ratio, readiness to invest public funds for education development, and measure the quality of education and participation of the poor in vocational and higher education programs (see the table below).

MDG 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Target 4: Increase, by 2015, women's participation in political decision-making

The analysis of three out of four indicators proposed for measuring progress under this target suggests that there is no gender discrimination in terms of literacy and employment. The ratio of literate men to

women aged 15 to 24 years is 0.98, i.e. the number of literate females 15 to 24 years of age almost equals that of males in the same age group. The same is true for general employment: the share of women in wage employment in non-agricultural sectors in 2003 was 49 percent, i.e. almost equal to the proportion of women in the total population (51.8 percent). However, the proportion of women unemployed is inadequately high: 65 percent of registered unemployed in 2000, and 70 percent in 2004, were women.

At the same time, the level of women's participation in politics is extremely low. Consequently, this target was nationalized to best reflect Armenia's gender equality needs. Increasing women's participation in politics is defined as a target under this MDG Framework.

The participation of women in the political life is seen as a guarantee for gender equality promotion in the country. This is also believed to be a positive factor in the nation's fight against corruption, and a good tool to improve governance.

MILLENNIUM DECLARATION		NATIONAL MDG FRAMEWORK	
<i>Target 4. Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015</i>		<i>Target 4. Increase, by 2015, women's participation in political decision-making</i>	
9	Ratio of boys to girls in primary, secondary and tertiary education	12	Proportion of women – members of National Assembly, ministers, governors, deputy ministers
10	Ratio of literate women to men, 15 to 24 years old	13	Proportion of women community heads
11	Share of women in wage employment in the non-agricultural sectors	14	Proportion of women in registered unemployed
12	Proportion of seats held by women in national parliament		

Indicators: Two indicators under this target are removed and Indicator 12 is amended to cover the ratio of women in decision-making posts at the executive branch. A new indicator was added to measure the ratio of women holding positions as community heads. Increased political participation of women is viewed as both an impetus for the establishment of gender equality in Armenia and as a way to improve governance and reduce corruption.

MDG 4: REDUCE CHILD MORTALITY

Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

Target 5 is relevant for Armenia and therefore is not being altered. The only change concerns the last indicator under Target 5, which is amended to include, besides measles, immunization against other major diseases.

MILLENNIUM DECLARATION		NATIONAL MDG FRAMEWORK	
<i>Target 5. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</i>		<i>Target 5. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</i>	
13	Under-five mortality rate, per 1,000 live births	15	Under-five mortality rate, per 1,000 live births
14	Infant mortality rate, per 1,000 live births	16	Infant mortality rate, per 1,000 live births
15	Proportion of 1 year-old children immunized against measles	17	Proportion of 1 year-old children immunized against measles and other major diseases

MDG 5: IMPROVE MATERNAL HEALTH

Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

Target 6 is relevant for Armenia and therefore is not being altered.

MILLENNIUM DECLARATION/NATIONAL MDG FRAMEWORK

Target 6. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

16	Maternal mortality ratio, per 100,000 live births
17	Proportion of births attended by skilled healthcare personnel

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

Both targets under this goal are relevant for Armenia and therefore are not altered. Some indicators are edited and others removed to adjust to the Armenian context. The significant change is that the indicator

for HIV prevalence among pregnant women is not limited to those aged 15 to 24 years, but covers all age groups. The rationale is that the seasonal migration rate in the 30 and older age group is extremely high. Hence, the threat of HIV import and spread may be present in higher age groups as well.

MILLENNIUM DECLARATION		NATIONAL MDG FRAMEWORK	
<i>Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS</i>		<i>Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS</i>	
18	HIV prevalence among pregnant women aged 15 to 24 years	20	HIV prevalence among pregnant women
19	Condom use rate of the contraceptive prevalence rate	21.a	Percentage of population aged 15 to 24 reporting the use of a condom during sexual intercourse with a non-regular sex partner
19	Condom use during last high-risk sex	21.b	Percentage of population aged 15 to 24 years with comprehensive correct knowledge of HIV/AIDS
19	Percentage of population aged 15 to 24 years with comprehensive correct knowledge of HIV/AIDS		
19	Contraceptive prevalence rate		
20	Ratio of school attendance of orphans to school attendance of non-orphans aged 10 to 14 years		
<i>Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</i>		<i>Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</i>	
21	Prevalence and death rates associated with malaria	22	Malaria prevalence (local cases)
22	Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures	23	Tuberculosis incidence per 100,000 population
23	Prevalence and death rates associated with tuberculosis	24	Proportion of tuberculosis cases detected and cured under DOTS (internationally recommended TB control strategy)
24	Proportion of tuberculosis cases detected and cured under DOTS (internationally recommended TB control strategy)		

MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

The three goals under this target are kept, with certain changes, in Targets 10 and 11.

Target 9: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources

Indicators: In Armenia's context, new indicators are added to address environmental conservation of Lake Sevan, specifically, raising the water level and preventing lake eutrophication, or swamping. Three new indicators are developed to measure environmental protection of Lake Sevan.

MILLENNIUM DECLARATION		NATIONAL MDG FRAMEWORK	
<i>Target 9. Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources</i>		<i>Target 9. Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources</i>	
25	Proportion of land area covered by forests	25	Proportion of land area covered by forests
26	Ratio of area protected to maintain biological diversity to surface area	26	Ratio of areas protected to maintain biological diversity to surface area
27	Energy use (kg oil equivalent) per \$1,000 GDP (PPP)	27.a	Energy use (kg oil equivalent) per \$1,000 GDP (PPP)
28.a	Carbon dioxide emissions per capita	27.b	Carbon dioxide emissions per capita
28.b	Consumption of ozone depleting CFCs (ODP tons)	27.c	Consumption of ozone depleting CFCs (ODP tons)
29	Proportion of population using solid fuels	28	Proportion of population using solid fuels
		29	Elevation of Lake Sevan above sea level, in meters
		30.a	Average translucence of Lake Sevan
		30.b	Average oxygen content in Lake Sevan
<i>Target 10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation</i>		<i>Target 10. Increase access to safe drinking water in rural areas</i>	
30	Proportion of population with sustainable access to an improved water source, urban and rural	31	Proportion of population without access to safe drinking water in rural areas
31	Proportion of population with access to improved sanitation, urban and rural	32	Number of population using transported water as compared to the total number of water users
<i>Target 11. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers</i>		<i>Target 11. Improve housing conditions by 2015</i>	
32	Proportion of households with access to secure tenure	33	Ratio of slum population (households living in make-shift/temporary shelter), per 1,000 households
		34	Proportion of population with access to improved sanitation, urban and rural
		35	Proportion of communities with more than 300 households with access to reliable natural gas supply

Target 10: Universal access to drinking water in rural areas

This target aims at emphasizing the need to improve access to drinking water in rural areas, where access to drinking water is of special concern. While in 2003 a centralized water supply was available for 98 percent of households living in urban areas, in rural areas this indicator was as low as 81 percent. To measure the progress towards this target, new indicators have been set (see above table).

Target 11: Improved housing conditions

Further to the privatization of the public housing stock, the overwhelming majority of households, about 91 percent, became owners of the apartments they occupied. Nevertheless, the issue of households living in temporary shelters and the improvement of general housing conditions continue to remain a challenge. Therefore, this target and its indicators have been modified.

Indicators: Three new indicators have been added under this target concerning the improvement of housing conditions, i.e. households living in make-shift or temporary shelters, access to sanitation, and heating. The last indicator, i.e. the proportion of communities with more than 300 households with access to a reliable natural gas supply, is important for measuring progress under Target 9 as well, since increased physical availability of natural gas will considerably decrease deforestation rates.

MDG 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

Under this goal, Targets 12 thru 17 are essentially not relevant for Armenia. Therefore, they have been excluded from the national MDG Framework. Target 18 of the Millennium declaration has been kept, with the time-frame brought forward to 2010. In addition, one new target with six indicators has been introduced.

MILLENNIUM DECLARATION		NATIONAL MDG FRAMEWORK	
<i>Targets 12 thru 17</i>		<i>Target 12. Ensure such level of governance, accountability and human rights protection that contributes to increased ODA and its efficient utilization</i>	
		36	Freedom of press Index
		37	Regulatory quality index
		38	Government effectiveness index
		39	Rule of law index
		40	Corruption perception index
		41	The ratio of tax revenues in GDP
<i>Target 18. In cooperation with the private sector, make available the benefits of new technologies, especially information and communications</i>		<i>Target 13. In cooperation with the private sector, make available, by 2010, the benefits of new technologies, especially information and communications</i>	
47	Telephone lines and cellular subscribers per 100 population	42	Telephone lines and cellular subscribers per 100 population
48.a	Personal computers in use per 100 population	43.a	Personal computers in use per 100 population
48.b	Internet users per 100 population	43.b	Internet users per 100 population

Target 12: Ensure such level of governance, accountability and human rights protection that contributes to increased ODA and its efficient utilization

It is expected that by 2015, and especially in the medium-term, Armenia will still need development assistance. Obviously Armenia should comply with the increasingly stringent conditions to continue benefiting from such assistance, and should be able to make the best use of it. In this sense, the strengthening of democracy and good governance, and progress in domestic resource mobilization, is crucial. The localized Target 12 addresses this issue and defines benchmarks for Armenia's democratic development and good governance.

Indicators: The following six indicators will measure the progress towards this target: freedom of press index (Freedom House); regulatory quality index,

government effectiveness index, and rule of law index (World Bank Institute); corruption perception index (Transparency International); and the ratio of the budget revenues (taxes and social contributions) as a percent of GDP (measurement of domestic resource mobilization). To define target values for indices, PRSP monitoring methodology is used, according to which Armenia is compared to countries with similar income levels². The expected progress should place Armenia in the top 20 percentile of these countries by 2015.

The tax/GDP ratio was selected as the indicator for target 12. This assesses the success of the country in its efforts to mobilize internal resources to provide social services. At present, the tax/GDP ratio is low and, unfortunately, it is a result of the widespread corruption and poor revenue administration rather than low tax rates.

² In this case, countries with similar income levels are the ones with GDP per capita ranging from -1.5 to 2.5 times of that of Armenia.



2015 Targets of The MDG National Framework

MDG 1: ERADICATE EXTREME POVERTY AND HUNGER

	<i>Target 1: By 2015 reduce the poverty level lower than the 1990 level</i>	<i>2015</i>
1	Proportion of population below \$4 (PPP adjusted) per day, in %	< 20
2	GDP per capita compared to EU average per capita GDP (PPP adjusted), in %	> 30
3	Family allowance budget expenditure to poverty gap (less family allowance aggregate) ratio, in %	> 50
4	Income of the poorest quintile to the income of the richest quintile	> 1/5
5	Ratio of poverty level outside capital to poverty level in capital	< 1.2
	<i>Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger</i>	<i>2015</i>
6	Prevalence of underweight children under five years of age, in %	< 1.4
7	Proportion of population below minimum level of dietary energy consumption, in %	< 2

MDG 2: ACHIEVE UNIVERSAL BASIC EDUCATION

	<i>Target 3: Ensure that, by 2015, every child will be able to complete a full course of high quality secondary schooling</i>	<i>2015</i>
8	Net enrollment ratio in basic education, in %	> 99
9	Annual state budget expenditure for education to GDP, in %	> 4.5
10	Ratio of pupils and students possessing knowledge corresponding to the criteria set by the national and international education quality assessment system ³ , in %	-
11.a	Enrollment ratio of poor population (relevant age group) in vocational education, in %	> 20
11.b	Enrollment ratio of poor population (relevant age group) in higher education, in %	> 10

MDG 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

	<i>Target 4: Increase, by 2015, women's participation in political decision-making</i>	<i>2015</i>
12	Proportion of women – members of National Assembly, ministers, governors, deputy ministers, in %	> 25
13	Proportion of women community heads, in %	> 10
14	Proportion of women in registered unemployed, in %	< 50

MDG 4: REDUCE CHILD MORTALITY

	<i>Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</i>	<i>2015</i>
15	Under-five mortality rate, per 1,000 live births ⁴	< 10
16	Infant mortality (under 1), per 1,000 live births	< 8
17	Immunization rate, in %	> 96

³ This report does not set quantitative targets for this indicator. Targeting will be done in the next MDG report.

⁴ The quantitative target for 2015 includes mortality of infants of weights below 0.5 kg.

MDG 5: IMPROVE MATERNAL HEALTH

	<i>Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio</i>	<i>2015</i>
18	Maternal mortality, per 100,000 live births	< 10
19	Proportion of births attended by skilled healthcare personnel, in %	> 99.5

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

	<i>Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS</i>	<i>2015</i>
20	HIV prevalence among pregnant women, in %	< 0.5
21.a	Percentage of population aged 15 to 24 reporting the use of a condom during sexual intercourse with a non-regular sex partner, . %	> 97
21.b	Percentage of population aged 15 to 24 years with comprehensive correct knowledge of HIV/AIDS	> 80
	<i>Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</i>	<i>2015</i>
22	Malaria prevalence (local cases)	0
23	Tuberculosis incidence, per 100,000 population	< 30
24	Proportion of tuberculosis cases detected and cured under DOTS (internationally recommended TB control strategy), in %	100

MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

	<i>Target 9: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources</i>	<i>2015</i>
25	Proportion of land area covered by forests, in %	> 11
26	Ratio of area protected to maintain biological diversity to surface area, in %	> 10
27.a	Energy use (kg oil equivalent) per \$1,000 GDP (PPP)	> 6
27.b	Carbon dioxide emissions per capita, in tons	< 3
27.c	Consumption of ozone depleting CFCs (ODP tons)	33.4
28	Proportion of population using solid fuels	< 5
29	Elevation of Lake Sevan above sea level, in meters	> 1903
30.a	Average translucence of Lake Sevan, in meters	9-10
30.b	Average oxygen content in Lake Sevan, in meters	8-9
	<i>Target 10: Increase access to safe drinking water in rural areas</i>	<i>2015</i>
31	Proportion of population without access to safe drinking water in rural areas, in %	<5
32	Proportion of population using transported water to the total number of water users, in %	<1
	<i>Target 11: Improvement of housing conditions by 2015</i>	<i>2015</i>
33	Ratio of slum population (households living in make-shift/temporary shelter) per 1,000 households, urban	0
34	Proportion of population with access to improved sanitation , %	> 85
35	Proportion of communities with more than 300 households with access to reliable natural gas supply, %	> 99

MDG 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

	Target 12: Ensure such level of governance, political rights and responsibility and protection of human rights that would contribute to increased ODA and its efficient utilization	2015
36	Freedom of press index, absolute value	< 30
37	Regulatory quality, rank	> 1
38	Government effectiveness, rank	> 1
39	Rule of law index, rank	> 1
40	Corruption perception index, rank	> 5.0
41	The ratio of tax revenues (state budget, and social fund) in GDP, % ⁵	> 22.5
	Target 13: In cooperation with the private sector, make available, by 2010, the benefits of new technologies, especially information and communications	2010
42	Telephone lines and cellular subscribers per 100 population	> 70
43.a	Personal computers in use per 100 population	> 40
43.b	Internet users per 100 population	> 40

⁵ Includes Central Government's tax revenues, stamp duties and social payments

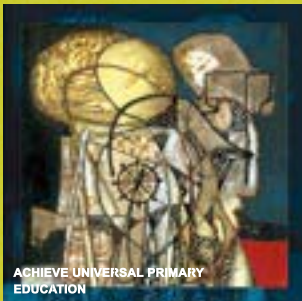
MDG PROGRESS REPORT



ERADICATE EXTREME POVERTY AND HUNGER



IMPROVE MATERNAL HEALTH



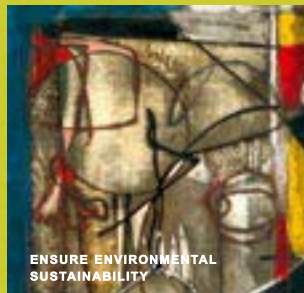
ACHIEVE UNIVERSAL PRIMARY EDUCATION



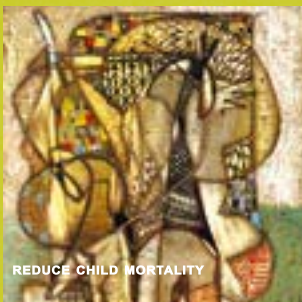
COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES



PROMOTE GENDER EQUALITY AND EMPOWER WOMEN



ENSURE ENVIRONMENTAL SUSTAINABILITY



REDUCE CHILD MORTALITY



DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT



MDG 1. ERADICATE EXTREME POVERTY AND HUNGER

		1990	1996	1999	2001	2002	2003	2015
<i>Target 1. By 2015 reduce the poverty level lower than the 1990 level</i>								
1	Proportion of population below \$4 (PPP adjusted) per day, in %	< 20	90	80	74.5	73.4	66.4	< 20
2	GDP per capita compared to EU average per capita GDP (PPP adjusted) in % ⁶	-	-	11	12	13	15	> 30
3	Family allowance budget expenditure to poverty gap (less family allowance aggregate) ratio, in % ⁷	-	-	33.0	33.9	30.8	46.7	> 50
4	Income of the poorest quintile to the income of the richest quintile ⁸	-	-	1/30	1/17	1/15	1/13	> 1/5
5	Ratio of poverty level outside capital to poverty level in capital	-	0.9	1.0	1.2	1.4	1.7	< 1.2
<i>Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger</i>								
6	Prevalence of underweight children under five years of age, in %	-	-	2.6 (2000)	-	-	-	< 1.4
7	Proportion of population below minimum level of dietary energy consumption, in %	-	27.7	22.9	16	13.1	7.4	< 2

Status and Trends

Target 1. By 2015 reduce the poverty level lower than the 1990 level

In 1990 Armenia's poverty level was estimated at about 20 percent⁹. The economic and political developments¹⁰ in the early 90s caused drastic deepening of inequality and poverty in the newly independent country. The first household living standard survey was conducted, finally, in 1996. It revealed about 55 percent of the population living below the national poverty line. This number improved significantly in the following years to about 43 percent in 2003.

However, it is difficult to compare the current national poverty line to 1990, due to methodological differences. However, as the highest internationally accepted poverty line, the \$4 (PPP adjusted) mark has been chosen as the best approximation for comparison. Hence, poverty in Armenia, measured at \$4, was around 90 percent in 1996, and 66 percent in 2003, still three times the 1990 level.

The economy has mostly recovered since the collapse, and the current GDP per capita reached the 1990 pre-transition level,¹¹ at approximately \$4,000¹², about 15 percent of the EU average. Nevertheless, income inequality and social exclusion of different layers of the population cause high poverty. The monetary income of the poorest decile of the population in 2003 was lower than the income of the richest decile by a factor of 13.

Regional inequality is also becoming a major concern, and has a tendency to increase. The ratio of poverty outside Yerevan to that in Yerevan is 1.7, while in 1999 it was close to 1. This signals an extremely uneven growth pattern across the regions for the last few years and a halted or slowed rate of poverty reduction in the regions as compared to Yerevan.

Public transfers played an important role in poverty reduction from 1999 to 2003, especially in terms of food poverty. It is estimated that the society, through the government, closed the poverty gap by about 20

⁶ Source: Human Development Report, UNDP, 2001-2005

⁷ The figures were calculated based on results of the NSS household survey and state budget reports. The calculations are based on the national poverty line (12,628 AMD in 2003), while the target for 2015 is based on the \$4 PPP poverty line. Family allowance targeting (the percentage considered poor) is currently estimated at 65 percent.

⁸ Social Snapshot and Poverty in Armenia, NSS statistical analytical reports

⁹ PRSP, Government of Armenia, Yerevan, 2003

¹⁰ Transition, military conflict and the resulting economic blockade led to severe economic collapse causing the contraction of GDP by half in 1991-1993.

¹¹ During 1990-2004 the Armenian population decreased by 10%

¹² According to the World Bank, the purchasing power equivalent of \$1 was 3.9; some experts also quote 3.2. In 2004, GDP per capita amounted to \$1,182, which after PPP adjustment makes about \$3,780 or \$4,600 if 3.9 PPP is used.

percent in 2003 through its poverty/family allowance system, compared to 15 percent in 1999.

Target 2. Halve, between 1990 and 2015, the proportion of people suffering from hunger

The dynamics of the first indicator "prevalence of underweight children under five years of age", is troubling and is quite high¹³. The distribution of underweight children by regions is quite uneven, with less disturbing indicators in the capital. In general, this indicator corresponds to the regional poverty trends.

The second indicator is about the proportion of the population below the minimum level of dietary

energy consumption. Armenia has officially adopted the FAO minimum level of dietary energy consumption, i.e. 2,100 kKal. However, the structure of the consumer basket corresponding to this dietary energy consumption still uses the consumer basket established back in 1996, which no longer corresponds to current consumption preferences and is subject to review. Food (extreme) poverty, calculated with this consumer basket between 1996 and 2003, decreased by a factor of 4, amounting to 7.4 percent compared to 27.7 percent in 1996.

Major challenges

MDG 1 targets are quite ambitious for Armenia. However, they are extremely important and will greatly affect the achievement of other MDG targets. In the coming decade, reducing income poverty down to 1990 levels is a prerequisite for halting and reversing negative trends in human poverty. The greatest challenge is bringing GDP per capita to one-third of the EU average level, which implies high economic

growth rates and at least the doubling of real GDP in the next ten years. The issue of reducing income and regional disparities is also critical. In reaching Goal 1, it is important to come up with initiatives aimed at improving not only the business environment, but also the government's efficiency in its redistribution and social services provider functions.

¹³ PRSP, Government of Armenia, Yerevan, 2003



MDG 2. ACHIEVE UNIVERSAL BASIC EDUCATION

		1990	1996	1999	2001	2003	2004	2015
<i>Target 3. Ensure that, by 2015, every child will be able to complete a full course of high quality secondary schooling</i>								
8	Net enrollment ratio in basic education, in %	-	-	-	90.8	89.5	90.2	> 99
9	Annual state budget expenditure for education to GDP, in %	-	-	-	2.5	2.2	2.5	> 4.5
10	Ratio of pupils and students possessing knowledge corresponding to the criteria set by the national and international education quality assessment system ¹⁴ , in %	-	-	-	-	-	-	-
11. a	Enrollment ratio of poor population (relevant age group) in vocational education, in %	-	-	-	-	-	-	> 20
11. b	Enrollment ratio of poor population (relevant age group) in higher education, in %	-	-	-	-	-	-	> 10

Status and Trends

Target 3. Ensure that, by 2015, every child will be able to complete a full course of high quality secondary schooling

Armenia enjoys a relatively high literacy rate and elementary school enrollment ratio. While the basic school (grades 1 to 8) enrollment ratio continues to be high, it has been decreasing over the last 10 to 15 years. As of 2004, the ratio of children enrolled in basic school reached 90.2 percent, with troubling declining trends. By 2015, the MDGs set an enrollment ratio target of 99 percent.

Considerable problems in the education sector emerged between 1990 and 1994, in light of the economic crisis and drastic decrease of public expenditures for education. Since 1997, public expenditures in this sector have been increasing consistently, reaching 2.5 percent of the GDP in 2004; this, however, is still three times less than in 1990.

Major Challenges

Overall this goal is reachable, provided that education becomes a public policy priority and enjoys national support. An immediate increase of public expenditures in the sector will be crucial. Serious efforts will be required, and it will take the consolidation of all domestic political and financial resources.

The provision of adequate quality of education implies

Inadequate education reduces people's interest and enrollment at all levels of the education system. It is still quite difficult to measure the dynamics of the quality of education, since a national system for education quality assessment has not yet been put in place. The need to measure the localized indicator of the education quality assessment system in the national MDG framework will contribute to the deployment of such a system.

Secondary and secondary professional education levels registered a particularly strong decline. In fact, these levels were practically abolished in the second half of the 1990s. There has been a certain recovery over the last few years, but the lack of statistics precludes measuring the enrollment of the poor. Under the national MDG framework, at least twenty percent of enrollment at this level should come from poor households, which calls for certain public involvement in the professional training of the poor.

a fundamental reform of the education system. This calls for the introduction of contemporary education policies and the improved professionalism of teachers, as well as improved physical infrastructure. Since quality of education and enrollment ratios are adversely affected by low enrollment in the pre-school education system, special concern should be given to the development of the latter.

¹⁴ The national quality assessment system is still under development, however it is included in the MDG Framework to stress the importance of quality assessment in education. Upon the system's completion and implementation, the national and international assessment indicators will be incorporated into the MDG Framework and reported in the future.



MDG 3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

		1990	1996	1999	2001	2003	2015
<i>Target 4. Increase, by 2015, of women's participation in political decision-making</i>							
12	Proportion of women – members of National Assembly, ministers, governors, deputy ministers in %	-	-	-	-	4.0	> 25
13	Proportion of women community heads in %	-	-	-	-	1.8	> 10
14	Proportion of women in registered unemployed ¹⁵	-	72.7	64.6	65.9	68.8	50

Status and Trends

Target 4. Increase, by 2015, of women's participation in political decision-making

During the last fifteen years, the level of women's participation in political decision-making has been decreasing consistently, and at the moment it is extremely low. Very few women hold decision-making posts in spite of the fact that they are by no means inferior to men in terms of their qualifications and education. Presently, out of 131 Armenian parliamentarians only seven are women (five percent), against twelve seats (6.3 percent) in the parliament of the 1995 convocation. There are presently no women ministers in Armenia. As of 2003, only 17 out of 926 community heads were women (less than two percent), and in none of the 47 cities has a woman mayor been elected.

The second MDG indicator (increased ratio of women – members of parliament, ministers and deputy ministers) for this target contemplates at least twenty-five percent by 2015. The third indicator related to the proportion of women as community heads contemplates at least ten percent by 2015.

The unemployment of women has undergone some minor improvement, however, In 2004, 70.3 percent of officially registered unemployed were women¹⁶. This data cannot be defined as completely reliable, since according to 2003 household surveys by the National Statistics Services, only 13.1 percent of unemployed women and 8.5 percent of men registered as such. Nevertheless, according to the same survey, 38.2 percent¹⁷ of women and 24.9 percent of men were estimated as unemployed in 2003.

Major Challenges

Reaching MDG 3 in Armenia is quite realistic, but it requires a strong political commitment. Establishment of quotas for the participation of women in party election lists, made under respective amendments to the electoral law, would ensure that by 2015 at least twenty-five percent of seats in Armenia's legislature will be held by women.

It would be extremely difficult to ensure increased political participation of women at the community level, since there are no mechanisms for direct influence. Notwithstanding, a general increase of the political participation of women would also contribute to their successful participation in community elections.

¹⁵ Source: NSS, data are as of the end of year

¹⁶ The data are collected from the Regional Employment Services centers, based on the voluntary registration of unemployed

¹⁷ The official statistics on employment is significantly lower than that of the NSS labor surveys



MDG 4. REDUCE CHILD MORTALITY

		1990	1996	1999	2001	2002	2003	2015
<i>Target 5. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</i>								
15	Under-five mortality rate, per 1,000 live births ¹⁸	24	20	19	18.7	16.7	13.6	< 10
16	Infant mortality (under 1), per 1,000 live births	19	15	15	15	14	12	< 8
17	Immunization rate in %	95.2	-	-	95.0	90.3	93.3	> 96

Status and Trends

Target 5. Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate

In Armenia, under-five child mortality has seen a declining trend. In 2003, the under-five child mortality rate was 13.6 per 1,000 live births, against 24 in 1990. According to official statistics, it declined for both boys and girls, with the rate for boys somewhat higher than that for girls (14.9 and 11.9, respectively).

In the regional context, Armenia is ranked as a country with average child mortality rates. According to preliminary data for 2004, the child mortality rate was 11.7 per 1,000 live births, against 11.8 in 2003. It is considerably higher than in Eastern Europe where it amounts 8.1, but is low compared to the CIS average of 20.5.

According to the Ministry of Health's data, in 2003, 88.3 percent of under-five mortality was due to infant mortality. While the infant mortality rate has

been decreasing steadily over the last few years, it continues to remain relatively high. The years 1991 to 1995 registered a considerable decrease in the infant mortality rate, which dropped from 17.9 down to 14.2 per 1,000 live births, subsequently stabilizing at the rate of 15. Progress in reducing infant mortality was less substantial between 1990 and 2001. The child mortality rate of boys in this category is also somewhat higher than that of girls. In 2003, it amounted to 13.3 for boys and 10.1 for girls.

Immunization against the main childhood diseases for the period of 1990 to 2001 was high, ranging at about 95 percent. In 2003 it declined slightly to 94 percent for measles, 94 for polio, 94 for pertussis (whooping cough), 92 for diphtheria and 92 for TB. Early and effective interventions to address diarrhea-related illnesses and upper respiratory infections, as well as the promotion of breastfeeding, have also helped to reduce child mortality rates.

Major Challenges

While some data indicate that Armenia is on track to reach MDG 4, some serious obstacles remain. These, specifically, include insufficient funding levels and inadequate access of the poor to healthcare services.

Although budget expenditures for healthcare surged over the last few years, it still does not exceed 1.4 percent of GDP and is half of the 1990 level. PRSP contemplates increasing healthcare spending up to 2.5 percent of the GDP by 2015, but this would still be insufficient for any tangible improvement in the sector.

Parallel to increased financing of the healthcare sector, it is necessary to ensure accessibility and affordability of healthcare services for the extremely poor. Access to information and awareness issues are especially important: lack of information often becomes a limiting factor for use of healthcare services.

On the other hand, administrative registers do not fully reflect the true picture of child mortality,

and official figures are twice as low as the NSS demographic and healthcare sample surveys' figures. In Armenia, as in other countries of the former Soviet Union, survey-based infant and child mortality rates continue to be considerably higher than officially reported rates. This is due to the difference between the former Soviet definition of live birth and the WHO definition (formally adopted in Armenia this year); underreporting by healthcare personnel due to the fear of punitive action; and underreporting of birth and death by parents due to costs and administrative complications.

In setting the target indicators, it was assumed that by 2015 figures of the administrative register and sample surveys will gradually converge. Another important issue for consideration is a change in death registration criteria, which makes the comparison quite difficult, i.e. child mortality rates for 1990 do not include mortality of infants under 0.5 kg, while 2015 target indicator incorporates these cases.

¹⁸ The 1990-2003 figure does not include the mortality of infants under 0.5 kg while it is assumed that these should be included in 2015 target indicator.



MDG 5. IMPROVE MATERNAL HEALTH

		1990-1992	1993-1995	1996-1998	1999-2001	2002-2004*	2015
<i>Target 6 – Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio</i>							
18	Maternal mortality, per 100,000 live births	38.5	36.2	30.5	36	25	< 10
19	Proportion of births attended by skilled healthcare personnel, in %	98.6	93	-	98.1	98.7	> 99.5

Status and Trends

Target 6. Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio

The national MDG framework envisions a reduction in the maternal mortality ratio to at least 10 per 100,000 live births. The proportion of births attended by skilled healthcare personnel should reach 99.5 percent.

In Armenia, the maternal mortality ratio from 1990 to 1992 was 38.5 (per 100,000 live births), dropping down to 25 between 2002 and 2004. While the years 1990 to 2004 registered a reduced maternal mortality rate, it is still 1.5 times higher than the maximum of 15 per 100,000 live births established by the WHO for Eastern Europe.

The maternal mortality structure by gestation periods indicates that the prevailing majority of registered deaths (64 percent) occur in intranatal and post-natal period after 28 weeks of gestation. The figures are considerably higher in rural areas, which is explained by the lack of quality care outside Yerevan.

In Armenia, mothers die mostly due to hemorrhages, hypertension, and puerperium complications. In 2003, the mortality rate due to a hemorrhage was 28.6 percent, sepsis – 14.3 percent, toxicosis – 14.3 percent, and obstructed labor and other complications

– 42.8 percent. In the structure of maternal mortality, there is a high proportion of post-partum septic complications, especially after Caesarian sections and abortions. In spite of recent trends for an increased number of Caesarian sections, this indicator does not presently exceed seven percent and is quite low compared to other countries.

The strategy aimed at preventing pregnancy complications and reducing maternal mortality is based on quality antenatal and improved intranatal care. According to the findings of a demographic and healthcare survey in 2000, the majority of pregnant women in Armenia received medical counseling at least once during pregnancy; the number of such women in urban areas amounted to 92 percent. This indicator is relatively lower in rural areas; however, 74 percent of pregnant women receive antenatal medical care from doctors, and 15 percent receive it from nurses or midwives.

According to the same survey, deliveries in Armenia mostly take place in healthcare institutions (97 percent), and are attended by skilled healthcare personnel. In some regions, however, this indicator has considerably deteriorated which signals reduced access to healthcare services in these regions.

Major Challenges

Reaching this MDG target will be quite challenging. Like with MDG 4, there is an issue of extremely insufficient public spending for healthcare. Among other important issues are insufficient levels of antenatal care of pregnant women, lack of in-patient healthcare services for pregnant women in rural areas, lack of necessary and affordable medications and supplies, inadequate quality of healthcare personnel, misclassification of high-risk pregnancies, and inadequate physical infrastructure of maternity hospitals.

Increased efficiency and targeting of interventions in this sector should be viewed as key priorities under this target, naturally subject to a considerable increase in public spending. At the same time, empirical data suggest that the majority of maternal deaths in Armenia (60 to 70 percent) are avoidable, subject to adequate care provided to pregnant women, especially when it comes to early identification of risks of obstetric complications and extragenital infections, and when quality care is provided at the tertiary level of the healthcare system.



MDG 6. COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES

		1990	2000	2002	2003	2004	2015
<i>Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS</i>							
20	HIV prevalence among pregnant women, in %	<1	<1	<1	<1	<1	< 0.5
21.a	Percentage of population aged 15 to 24 reporting the use of a condom during sexual intercourse with a non-regular sex partner, %	-	-	-	-	-	> 97
21.b	Percentage of population aged 15 to 24 years with comprehensive correct knowledge of HIV/AIDS	-	-	-	-	-	> 80
<i>Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</i>							
22	Malaria prevalence (local cases)	1 (1993)	59	29	8	6	0
23	Tuberculosis incidence, per 100,000 population	15.8 (1993)	33.8	43.4	44.7	48.5	< 30
24	Proportion of tuberculosis cases detected and cured under DOTS (internationally recommended TB control strategy), in %	-	84.4	99.6	99.7	-	100

Status and Trends

Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Armenia is located in a region characterized by the fast spread of HIV/AIDS. In Armenia, 332¹⁹ HIV-positive people had been registered from 1988 to June 2005 (315 of whom Armenian citizens). In 2004, 49 new cases, including 13 women, were registered in the country, the highest number ever. According to

experts, the number of people living with HIV/AIDS infected is estimated in the range of 2,800-3,000.

The HIV infection growth rate is increasing steadily. Cases of HIV infections and deaths due to AIDS among children were already registered in 2001. HIV prevalence among pregnant women is still low, but its dynamics raises concerns.

	Registered HIV incidences			Registered AIDS incidences		
	Male	Female	Total	Male	Female	Total
<1995	3	-	3	3	-	3
1996	19	8	27	7	-	7
1997	30	7	37	2	-	2
1998	5	4	9	1	1	2
1999	26	9	35	6	2	8
2000	23	6	29	2	1	3
2001	26	3	29	4	-	4
2002	33	8	41	1	-	1
2003	23	6	29	12	1	13
2004	36	13	49	17	4	21
01.06.2005	20	7	27	13	8	21
Total	244	71	315	68	17	85

¹⁹Source: National AIDS Center of the Republic of Armenia

In 2004, HIV in Armenia was mostly transmitted through IDU (45 percent) and heterosexual contacts (39 percent); there were no cases of mother-to-child transmission. The main route of HIV transmission among women was heterosexual intercourse (93 percent) and IDU (61 percent) among men. Recent years have registered a considerable increase in IDU transmissions. Before 1999, transmissions through heterosexual contacts exceeded IDU transmissions by a ratio of nearly 2 to 1. Between 1999 and 2005, this ratio reversed drastically and presently stands at about 1 to 2.

According to studies, the condom use rate in Armenia

is low. More than 40 percent of women have never used condoms. Only seven percent of women indicate that they used a condom during their last intercourse. Women with higher education living in urban areas show a higher rate of condom use as compared to all other women. Seven percent of men also indicated that they used a condom during their last intercourse with their spouse or partner. The probability of condom use increases considerably when men have intercourse with a partner with whom they do not live (43 percent)²⁰. Condom use ratios are presented in the table below.

Table 1. Condom use (percent, 2000)

Sex	Knowledge about condoms as means to avoid HIV infection	Condoms as contraception means
Men	52.5	No data
Women	27	15

Source: Demographic and healthcare survey, RA NSS, 2000

Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

According to MDGs, Armenia will eliminate malaria by 2015 and will reduce tuberculosis prevalence to under 30 per 100,000 population annually. It is also planned to reach 100 percent of the proportion of tuberculosis cases detected and cured under DOTS.

No local malaria cases were registered in Armenia between 1963 and 1993. The situation changed in 1994 when 196 cases of a 3-day malaria were detected. The majority of the cases, 195, were registered with soldiers serving on the nation's borders (see below table).

Dire economic straits, increasing migration,

deterioration of healthcare quality, lack of equipment, knowledge and experience required for combatting malaria due to the absence of the disease for 30 years, Armenia's natural conditions, lack of awareness of the population about origins of the disease, and its transmission and prevention have created fertile soil for the spread of the epidemic and development of local cases. Local cases peaked in 1998, with 89 percent registered in regions bordering Turkey. There have been no malaria caused death cases registered since 1994.

Implementation of an anti-malaria program resulted in a considerable reduction in the number of local cases. In 2004, only six cases of 3-day malaria were registered locally, against eight cases in 2003.

Table 2. Malaria prevalence (number of cases)

	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Local cases	1	0	149	567	542	329	59	32	29	8	6
Imported cases	195	502	198	274	614	287	82	47	23	21	41
Total	196	502	347	841	1167	616	141	79	52	29	47

Between 1993 and 2003, tuberculosis prevalence almost doubled. Of particular concern is the increasing number of tuberculosis cases among young people aged 15 to 30. Moreover, according to

some estimates, only 40 percent of cases are being revealed, and the lack of reliable statistics further distorts the existing trends.

²⁰ Project proposal on combatting AIDS, TB and Malaria submitted to AIDS Global Fund, 2002

Table 3. Deaths due to tuberculosis

Years	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004
Indicator per 100,000 population	3.5	3.5	5.0	3.7	3.7	4.0	4.3	4.9	5.3	4.6

Source: Republican Anti-TB Dispensary

It is worth mentioning that mortality due to tuberculosis is greatly attributed to the fact that quite often patients simply do not apply to the respective healthcare institutions due to unawareness, and lack

of access to, or low quality of, medical care. The ratio of patients who received short-term treatment in 2001 increased considerably, reaching 99.6 percent from the initial 18.5 percent (see below table).

Table 4. Number of cases of tuberculosis identified and treated with DOTS*

Years	1995	1996	1997	1998	1999	2000	2001	2002	2003
Absolute figures	811	904	1047	1420	1434	1284	1343	1393	1437
Cases treated with DOTS	150	371	437	873	1190	1084	1343	1393	1437
First-time detections to total number of cases treated with DOTS, percent	18.5	41.0	41.7	61.5	83.0	84.4	99.6	99.6	99.7

Source: RA MoH, *DOTS treatment

Major Challenges

Target 7 is reachable. The main difficulties are associated with the lack of necessary financing. In spite of assistance provided in this sector by specialized international agencies, important issues like increased use of condoms have not yet demonstrated any qualitative improvement. More attention should be paid to awareness building.

Target 8 is reachable as well. Its success will largely depend on the implementation of the national program to combat malaria. The national strategy to combat malaria aims to eliminate malaria by 2015 through a set of measures for improving the epidemiological situation and strengthening the healthcare sector.

A national program to combat tuberculosis became full fledged in 2004 and aims to protect the population from the disease, and carry out measures to reduce the number of infections and deaths due to

tuberculosis. The provision of medication, treatment, equipment and supplies, and training of medical personnel is gaining momentum. Nevertheless, the successful implementation of the continuation phase of tuberculosis treatment at the primary health care level is still a major issue. This refers both to the detection of tuberculosis and to improving monitoring efficiency of the in-hospital patients recovery. The issue of tuberculosis case detection is particularly acute: it should be improved drastically to at least 70 percent.

The limited progress in achieving the health MDGs so far is due to the lack of funding, and there is growing recognition that achieving the MDGs will require a significant increase of resources for healthcare issues.²¹

²¹ Reference: WHO's contribution to achievement of the development goals of the United Nations Millennium Declaration, Report by the Secretariat. Geneva: WHO, Fifty-sixth World Health Assembly, A56/11, 4 April 2003.



MDG 7. ENSURE ENVIRONMENTAL SUSTAINABILITY

		1990	1996	1999	2001	2003	2015
<i>Target 9. Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources</i>							
25	Proportion of land area covered by forests, in %	11.2	-	-	-	9.6*	> 11
26	Ratio of area protected to maintain biological diversity to surface area, in %	10	10	10	10	10	> 10
27.a	Energy use (kg oil equivalent) per \$1,000 GDP (PPP) ²²	-	-	4.5	-	4.8 (2002)	> 6
27.b	Carbon dioxide emissions per capita, in MT	7	1.4	0.8	1.1 (2000)	1.0 (2002)	< 3
27.c	Consumption of ozone depleting CFCs (ODP tons)	196.5	196.5	196.5	172.7	172.7	33.4
28	Proportion of population using solid fuels	-	-	-	-	42.5 ²³	< 5
29	Elevation of Lake Sevan above sea level, in meters	1897.8	1896.75	1896.62	1896.46	1896.76	> 1903
30.a	Average translucence of Lake Sevan	4.2	3.6	3.0	2.5	3.8	9-10**
30.b	Average oxygen content in Lake Sevan	3.6	3.2	2.8	3.9	4.5	8-9**
<i>Target 10. Increase access to safe drinking water in rural areas</i>							
31	Proportion of population without access to safe drinking water in rural areas, in %	-	-	-	23	19.4	< 5
32	Proportion of population using transported water to the total number of water users, in %	-	-	-	6.1	5.9	< 1
<i>Target 11. Improvement of housing conditions by 2015</i>							
33	Ratio of slum population (households living in make-shift/ temporary shelter) per 1,000 households, urban	-	-	-	80 ²⁴	-	< 5
34	Proportion of population with access to improved sanitation	-	-	-	-	-	> 85
35	Proportion of communities with more than 300 households with access to reliable natural gas supply	-	-	-	-	-	> 99

* Independent expert estimates

** After 6m elevation of water, according to the Institute of Hydroecology of RA NAS

Status and Trends

Target 9. Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources

Armenia's environmental situation has considerably deteriorated, as compared to 1990, mostly due to the economic crisis of the first half of the 1990s. Deforestation reached unprecedented levels, the waters of Lake Sevan were used for energy generation, soil degradation intensified, and desertification became a threat.

According to expert assessments, massive

deforestation resulted in the shrinking of forested areas from 11.2 percent of the total land area in 1990 to only 8 to 9 percent at present. According to MDGs, by 2015, Armenia commits to restore its forest area up to the pre-crisis levels. Unfortunately that is a very difficult task, especially since illegal cutting is still underway, particularly the cutting of industrial nature.

For Lake Sevan, the national MDG framework sets indicators for water elevation and water quality assessment that would enable the prevention

²² Source: Human Development Reports 2003, 2004, 2005, UNDP.

²³ Solid fuel used for heating in urban areas only for 2003-2004. Source: "The Assessment of Heating Conditions in Urban Areas", Economic Development and Research Center, Yerevan, 2005.

²⁴ Source: Census 2001.

of the lake's environmental degradation. Among environmental achievements of the last few years is the consistent elevation of the lake due to strict rationing of water discharge and diversion of Vorotan River waters to the lake by the Arpa-Sevan tunnel.

Target 10. Improved access to drinking water in rural areas

Recent years have registered certain progress in access to drinking water. In 2003, access to a centralized water supply increased by 1.9 percent, mostly due to increased access to centralized water supplies in rural areas by about 3.6 percent. However, access to drinking water in rural areas is still inadequate. In the MDG framework, 95 percent of the population will have access to drinking water by 2015.

Target 11. Improvement of housing conditions

Major Challenges

Armenia's environmental issues are quite acute and require the mobilization of resources. It would be extremely difficult to restore forest areas to the pre-crisis levels. There are significant issues related to the improvement of environmental sustainability of Lake Sevan: while raising the water level appears

Slum population (people living in temporary shelters) is of utmost concern. According to the findings of a 2003 household survey, about 5.3 percent of households live in temporary shelters. It is planned to bring the number of such people to zero by 2015.

The proportion of the population with access to sanitation has not changed considerably since the 1990s and remains at around 70 percent. This issue is particularly relevant for rural areas which account for the majority of households without access to sanitation.

The issue of municipal heating became extremely relevant for Armenia. It is planned to foster public-private partnerships to ensure access to natural gas supplies for all communities comprising 300 or more households. This target will also help to address the deforestation problem.

quite realistic at the moment, the quality of the water continues to be of concern. Public-private partnerships will be extremely instrumental in addressing the country's environmental concerns and are viewed as the only solution for ensuring a natural gas supply to all large communities.



MDG 8. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

		1990	1996	1999	2002	2004	2015
<i>Target 12. Ensure such level of governance, political rights and responsibility and protection of human rights that would contribute to increased ODA and its efficient utilization</i>							
36	Freedom of press index, absolute value	-	-	-	60	64	< 30
37	Regulatory quality, rank	-	-0.47	-0.39	0.05	0.11	> 1
38	Government effectiveness, rank	-	-0.46	-0.88	-0.39	-0.34	> 1
39	Rule of law index, rank	-	-0.35	-0.52	-0.48	-0.58	> 1
40	Corruption perception index, rank	-	-	-	-	3.1	> 5.0
41	The ratio of tax revenues (state budget, and social fund) in GDP ²⁵ , %	-	-	17.8	17.4	16.8	> 22.5
<i>Target 13. In cooperation with the private sector, make available, by 2010, the benefits of new technologies, especially information and communications</i>							
		1990	2001	2002	2003	2004	2010
42	Telephone lines and cellular subscribers per 100 population	-	17.42	19.2	21.26	24.5	> 70
43.a	Personal computers in use per 100 population ²⁶	-	1.6	1.2	2.5	-	> 40
43.b	Internet users per 100 population ²⁷	-	-	1.6	3.7	-	> 40

Status and Trends

Target 12. Ensure such level of governance, political rights and responsibility and protection of human rights that would contribute to increased ODA and its efficient utilization

Armenia needs improvement in all of the indicators (see above table). The improvement of the Corruption Perception Index, for example, will depend on the implementation of the anti-corruption strategy. The rank of regulatory quality index, although showing positive trends, still has a lot of room for improvement.

The remaining three indices are disturbingly low. Unfortunately, all of them declined over the last couple of years. Of particular concern are the freedom of press and rule of law indices, both in terms of their current rank and latest trends. The Government of Armenia should exert considerable effort to reach these goals.

A low tax-to-GDP ratio points to some major challenges in revenue administration, with corruption as a major obstacle to a better business environment and resource mobilization, rather than low tax rates.

Target 13. In cooperation with the private sector, make available, by 2010, the benefits of new technologies, especially information and communications

The development of the telecommunications industry is constrained by monopolistic dominance, which has resulted in low indicators for cellular and Internet communications. In 2004, negotiations between the monopoly and the government brought about a partial liberalization of the mobile communications, and in July 2005 a new operator entered the market. Monopolies over other services, including the Internet and long-distance communications, will last until 2009, instead of the initially-envisioned 2012.

²⁵ Includes tax revenues and stamp duties of the state budget and payroll tax

²⁶ Source: NSS household surveys

²⁷ Source: Human Development Reports 2004, 2005, UNDP

Major Challenges

Despite the considerable progress that the government has made in setting up basic democratic and market institutions, and in taking initial steps to combat corruption, governing structures are still hampered by a weak public administration and inadequate regulatory frameworks. Recent household surveys confirm that the general public perceives government institutions as inaccessible, overly bureaucratic and lacking in transparency. Surveys among the private sector indicate that although improvements have occurred, administrative obstacles and corruption are key barriers to economic growth, inhibiting direct foreign investment and distorting domestic production.²⁸

The factors underlying poor governance include the limited capacity of public officials to formulate laws and policies, inconsistent law enforcement, and inadequate mechanisms to address violations of citizen's rights. This contributes to the inefficient delivery of public services at both central and local

levels. An additional complicating factor is the lack of awareness among the general public of their civil and political rights, resulting in a low level of demand for public services and limited participation. The impact of inadequate public services and corruption are hardest on the poor and socially disadvantaged. The failure to establish effective and responsive government structures is a major factor that contributes to, and prevents serious progress in addressing, the social and political problems threatening Armenian society.

Another factor that affects democratic processes is poverty. Although the country's strong economic performance over the past few years somewhat increased the government's social expenditures, more needs to be done to ensure more equitable income distribution. Moreover, in order to sustain the existing growth rates, stronger democratic institutions and rule of law are needed, as well as more efforts directed to fight corruption.

²⁸ Sociological Survey on Public Sector Reforms 2001, Armenia Democratic Forum, Armenia, September 2003

APPENDIXES





APPENDIX 1: STATUS AT A GLANCE

	Will the Goal or Target Be met?	State of National Support
MDG 1: ERADICATE EXTREME POVERTY AND HUNGER	***	Strong
<i>Target 1: By 2015 reduce the poverty level lower than the 1990 level</i>	***	Strong
<i>Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger</i>	****	Strong
MDG 2: ACHIEVE UNIVERSAL BASIC EDUCATION	***	Good
<i>Target 3: Ensure that, by 2015, every child will be able to complete a full course of high quality secondary schooling</i>	***	Good
MDG 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN	***	Weak
<i>Target 4: Increase, by 2015, women's participation in political decision-making</i>	***	Weak
MDG 4: REDUCE CHILD MORTALITY	**	Good
<i>Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</i>	**	Good
MDG 5: IMPROVE MATERNAL HEALTH	**	Good
<i>Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio</i>	**	Good
MDG 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES	**	Good
<i>Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS</i>	**	Weak
<i>Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</i>	***	Strong
MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY	**	Good
<i>Target 9: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources</i>	**	Good
<i>Target 10: Increase access to safe drinking water in rural areas</i>	***	Good
<i>Target 11: Improvement of housing conditions by 2015</i>	**	Good
MDG 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT	**	Good
<i>Target 12: Ensure such level of governance, political rights and responsibility and protection of human rights that would contribute to increased ODA and its efficient utilization</i>	**	Weak
<i>Target 13: In cooperation with the private sector, make available, by 2010, the benefits of new technologies, especially information and communications</i>	***	Good

Achievability Rating Scale

- * Unlikely to achieve
- ** Hard to achieve
- *** Likely to achieve
- **** Easy to achieve



APPENDIX 2: STATISTICS AT A GLANCE

	Data quality, reliability	Data analysis and use in policy-making
MDG 1: ERADICATE EXTREME POVERTY AND HUNGER		
<i>Target 1: By 2015 reduce the poverty level lower than the 1990 level</i>	***	**
<i>Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger</i>	**	*
MDG 2: ACHIEVE UNIVERSAL BASIC EDUCATION		
<i>Target 3: Ensure that, by 2015, every child will be able to complete a full course of high quality secondary schooling</i>	***	**
MDG 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN		
<i>Target 4: Increase, by 2015, women's participation in political decision-making</i>	****	*
MDG 4: REDUCE CHILD MORTALITY		
<i>Target 5: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate</i>	***	***
MDG 5: IMPROVE MATERNAL HEALTH		
<i>Target 6: Reduce by three-quarters, between 1990 and 2015, the maternal mortality ratio</i>	***	***
MDG 6: COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES		
<i>Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS</i>	**	**
<i>Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</i>	***	***
MDG 7: ENSURE ENVIRONMENTAL SUSTAINABILITY		
<i>Target 9: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources</i>	**	***
<i>Target 10: Increase access to safe drinking water in rural areas</i>	**	*
<i>Target 11: Improvement of housing conditions by 2015</i>	**	*
MDG 8: DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT		
<i>Target 12: Ensure such level of governance, political rights and responsibility and protection of human rights that would contribute to increased ODA and its efficient utilization</i>	****	*
<i>Target 13: In cooperation with the private sector, make available, by 2010, the benefits of new technologies, especially information and communications</i>	***	***

Data Rating Scale

Data quality, reliability

- * Data are not available.
- ** Data are available, but not reliable.
- *** Data are largely available and reliable. But there may be some data gaps; some population groups may be systematically excluded. Or there may be inconsistency, confusion regarding definition, data collection and verification method.
- **** Most data are available and reliable at the national level, but not so at the sub-national level.
- ***** Data are available, reliable and comprehensive. Data collection and verification are clear and consistent.

Data analysis and use in policy-making

- * Data are not or only minimally analyzed.
- ** Data are regularly analyzed, but are not presented/discussed at policy process.
- *** Data are regularly analyzed, presented/discussed at policy process, but play limited role in shaping policy/decision-making.
- **** Data are regularly analyzed, presented/discussed at policy process and play important role in shaping policy/decision-making, but there are some gaps/mismatch in the linkage.
- ***** Data are regularly analyzed to provide comprehensive situation and trend analysis as well as policy options. Data are presented/discussed at policy process and play important role in shaping policy/decision-making.



APPENDIX 3. MDG INDICATORS FOR ARMENIA ACCORDING TO MILLENNIUM DECLARATION

MDG 1. ERADICATE EXTREME POVERTY AND HUNGER

	1990	1996	1999	2001	2002	2003	source
<i>Target 1. Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day</i>							
1.a Proportion of population below \$1 (PPP adjusted) per day	-	-	5.1	1.5	0.8	0	HHS
1.b Poverty headcount ratio (proportion of population below national poverty line)	-	54.7	55.1	50.9	49.7	42.9	HHS
2. Poverty gap ratio (incidence x depth of poverty)	-	21.5	19	15.1	13.5	8.9	HHS
3. Share of poorest quintile in national consumption	-	-	6.6	6.6	6.9	7.8	HHS
<i>Target 2. Halve, between 1990 and 2015, the proportion of people who suffer from hunger</i>							
4. Prevalence of underweight children under five years of age	-	-	-	2.6	-	-	DHS
5. Proportion of population below minimum level of dietary energy consumption	-	27.7	22.9	16.0	13.1	7.4	HHS

MDG 2. ACHIEVE UNIVERSAL PRIMARY EDUCATION

	1990	1996	2000	2001	2002	2003	source
<i>Target 3. Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling</i>							
6. Net enrollment ratio in primary education	97.3	99.0	94.6	96.8		97	AR
7. Proportion of pupils starting grade 1 who reach grade 5	99.2	-	-	89.2	89.3	92.1	AR
8. Literacy rate of 15-24 year-olds	99.9	-	-	100	-	-	Census 2001

MDG 3. PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

	1990	1996	2000	2001	2002	2003	source
<i>Target 4. Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015</i>							
9. Ratio of girls to boys in primary, secondary and tertiary education							
primary (1-3)				0.95	0.94	0.94	AR
secondary (4-10)				1.03	1	1	AR
tertiary				1.22	1.18	1.26	NSS
10. Ratio of literate women to men, 15-24 years old	0.98			1	-	-	Census 2001
11. Share of women in wage employment in the non-agricultural sector	49.4			48.5	49.6	49.7	NSS
12. Proportion of seats held by women in national parliament		6.3	3	3	3	5	NSS

MDG 4. REDUCE CHILD MORTALITY

	1990	1996	2000	2001	2002	2003	source
<i>Target 5. Reduce by two thirds, between 1990 and 2015, the under-five mortality rate</i>							
13. Under-five mortality rate, per 1 000 live births	24	20	39.6 DHS	18.8	16.6	13.6	NSS
14. Infant mortality rate, per 1 000 live births	19	15	36.1 DHS	15.4	14.0	12.0	NSS
15. Proportion of 1 year-old children immunized against measles	95.2	-	-	95.6	78.3	93.8	AR

MDG 5. IMPROVE MATERNAL HEALTH

	1990-92	1993-95	1996-98	2001	2002	2003	source
<i>Target 6. Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio</i>							
16. Maternal mortality ratio, per 100 000 live births	38.5	36.2	30.5	22	9	22	NSS

17. Proportion of births attended by skilled health personnel	98.6	93	-	98.4	98.7	99.2	AR
MDG 6. COMBAT HIV/AIDS, MALARIA AND OTHER DISEASES							
Target 7. Have halted by 2015 and begun to reverse the spread of HIV/AIDS	1990		2000	2001	2002	2003	source
18. HIV prevalence among 15-24 years old pregnant women	-		-	0	0	0	AR
19. Condom use rate of the contraceptive prevalence rate	-		-	-	-	-	-
19.a Condom use during last high-risk sex	-		6.9	-	-	-	DHS
19.b Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	-			-	-	-	DHS
19.c Contraceptive prevalence rate	-			40.8	21.5	17	AR
20. Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	-			0.07	0.07	0.06	AR
<i>Target 8. Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases</i>							
21. Prevalence and death rates associated with malaria	1		-	0	0	0	AR
22. Proportion of population in malaria-risk areas using effective malaria prevention and treatment measures	-	-	-	2.1	1.6	0	AR
23. Prevalence and death rates associated with tuberculosis	92	157	167	4.5	5.2	4.8	AR
24. Proportion of tuberculosis cases detected and cured under directly observed treatment short course (DOTS)	-	84.4	-	35.4	43.4	44.7	AR
MDG 7. ENSURE ENVIRONMENTAL SUSTAINABILITY							
Target 9. Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	1990	1996	2000	2001	2002	2003	source
25. Proportion of land area covered by forest	11.2	-	-	11	11	11	AR
26. Ratio of area protected to maintain biological diversity to surface area	10	-	-	10	10	10	AR

27. Energy use (kg oil equivalent) per \$1,000 GDP (PPP)	2.6	0.39	-	-	-	-	-	-	-	-	-	-	-
28.a Carbon dioxide emissions per capita, kg	7	1.6	1.9	-	-	-	-	-	-	-	-	-	-
28.b Consumption of ozone depleting CFCs (ODP tons)	0.4	0.02	0.02	-	-	-	-	-	-	-	-	-	-
29. Proportion of population using solid fuels	-	-	-	56.7	55.1	57.8	HHS						
<i>Target 10. Halve, by 2015, the proportion of people without sustainable access to safe drinking water and sanitation</i>													
30. Proportion of population with sustainable access to an improved water source				84.7	84.1	87.3	HHS						
urban	-	-	-	94.2	96.7	97.7	HHS						
rural	-	-	-	64.7	64.7	71.3	HHS						
31. Proportion of population with access to improved sanitation				62.8	58.8	60.2	HHS						
urban	-	-	-	80.8	82.2	84.9	HHS						
rural	-	-	-	24.6	22.5	22.3	HHS						
<i>Target 11. By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers</i>													
32. Proportion of households with access to secure tenure	91.5	-	-	92	-	-	Census 2001						

MDG 8. DEVELOP A GLOBAL PARTNERSHIP FOR DEVELOPMENT

	1990	1996	2000	2001	2002	2003	source
<i>Targets 12 -15 not applicable to Armenia</i>							
<i>Target 16. In cooperation with developing countries, develop and implement strategies for decent and productive work for youth</i>							
45. Unemployment rate of 15-24 year-olds, each sex and total				2.4/30.7	2.6/29.2	2.2/27.2	AR/LFS
men				0.9/15.3	1.0/13.2	0.8/12.4	AR/LFS
women				1.6/15.3	1.6/13.2	1.4/12.4	AR/LFS



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