



Looking Back, Leaping Forward

Moving from MDGs to SDGs
in Europe and Central Asia



UNITED NATIONS
REGIONAL COORDINATION MECHANISM
EUROPE AND CENTRAL ASIA



UNITED NATIONS
DEVELOPMENT GROUP
EUROPE AND CENTRAL ASIA

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Foreword

The historic 2030 Agenda for Sustainable Development was adopted at a UN Summit in September 2015, after unprecedented consultations at all levels. At its core is a set of ambitious and transformative goals that constitute a blueprint for more sustainable societies worldwide - the Sustainable Development Goals (SDGs). It is now up to all governments, all people, and all stakeholders to turn these goals into action and true change for men, women and children around the world.

Success in a new era builds on the lessons from the past. This report looks back at the experience of the Millennium Development Goals (MDGs) and, at the same time, takes on a forward-looking perspective to achieve a successful transition to the much more complex and comprehensive SDGs.

Throughout the region, governments and other actors are taking the first steps to implement the 2030 Agenda. The regional UN system is supporting these efforts in various ways. It is providing national, regional and subregional platforms and instruments. In countries with UN programmatic presence, it is supporting governments to devise national plans and strategies for SDGs, as well as advising on their localization. It is also actively contributing to monitoring, follow-up and review of the 2030 Agenda.

We are convinced that the new agenda will be a catalyst for new ways of cooperation within the UN system. At the regional level and in view of the integrated nature of the SDGs, we have committed to work together more closely. It is crucial to act jointly and to seek synergies across different UN entities and themes. This report, jointly prepared as an inter-agency product by the regional UN system in Europe and Central Asia within the framework of the Regional Coordination Mechanism and the Regional UN Development Group, exemplifies such cooperation.

By reflecting on lessons learned, we believe that this report can contribute to a vital and forceful start into the SDG era, to the benefit of all people in the region.



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Executive Summary

This report takes stock of the progress achieved in the region under the MDGs with the aim to chart the elements that are crucial for a successful transition to the SDGs. It draws on the experiences derived from the implementation of the MDGs, but also addresses the new challenges and opportunities for integrated interventions that come with the much more complex 2030 Sustainable Development Agenda.

MDG progress in Europe and Central Asia over the period 2000-2015 has been uneven. Extreme poverty was largely eradicated, while inequality and social exclusion increased. Education targets were achieved while the quality of education remained unsatisfactory in many countries. Gender inequality persisted even though women's political representation improved to some extent. Child mortality fell unevenly as much as did maternal mortality. Significant advances have been made on infectious diseases but they remain a significant burden in some countries. Environmental sustainability remained elusive in spite of declining GHG emissions in the region. The MDG involvement of advanced market economies in the region was mostly limited to the partnership for development. Only 6 European donor countries have met the official development assistance target. MDG gains were also distributed inequitably. The MDG agenda thus remains an unfinished business in the region.

There are some key lessons that can be derived from the implementation of the MDGs:

- Goals should be considered as part of an integral development agenda. Uncoordinated sector-oriented approaches are bound to have unintended consequences that can undermine progress in other areas and weaken policy coherence.
- The adaptation of global goals to diverse national situations is critical. Adapted targets, indicators and baselines should reflect the development needs of each country. The experience under the MDGs showed the importance of adaptation but also the need to pay attention to methodological and comparability issues.
- Policies should have a particular focus on geographic areas and populations that are at the highest risk of marginalization and social exclusion.
- Good policies were sometimes not put into practice. An implementation gap remained that should be avoided to support rapid progress under the SDGs.
- The MDGs posed significant data challenges which will be magnified by the greater complexity and data requirements of the SDGs. Strong improvements in statistical capacities would be required.
- Attention to indicators as a measure of progress should not replace a wider discussion on what are the factors that are driving change and how these can be influenced by policies.
- The MDGs were weak and inconsistent on the use of human-rights approaches, which resulted in unsatisfactory outcomes. Human rights and rights-based policy approaches must take centre stage in the SDGs.

In comparison with the MDGs, the SDG framework represents a more comprehensive approach to sustainable development. Complex interactions define the scope for policy interventions across multiple areas, taking into account synergies, dependencies and trade-offs between different goals. SDGs allow for a broader consideration of the drivers of progress for particular goals and define spaces for wider policy intervention and the formulation

of appropriate strategies.

Following the adoption of the 2030 Agenda for Sustainable Development, governments have undertaken first steps to advance the implementation of this complex and ambitious blueprint for transformative change. These steps are documented in a survey carried out by UNECE and the Regional UN Development Group for Europe and Central Asia. A mainstreaming, comprehensive approach is preferred over sectoral interventions, with governments seeking to build on existing policy frameworks, updating or adapting existing strategies. While the definition of national priorities will be necessary, it should not lead to “cherry-picking” a number of goals.

The 2030 Sustainable Development Agenda is not only universal and complex in nature, its 17 SDGs are also deeply interconnected. The UN system, including at the regional level, with its variety of technical expertise and access to many countries’ experiences, will strongly support the efforts of its Member States in advancing this Agenda, including through the full integration of the SDGs into strategies, policies and programmes at all levels.

The regional UN system can help member States with translating global SDG targets into relevant national targets, disseminate practical tools that support SDG implementation and provide capacity building services. Information, advocacy, and awareness raising initiatives about the SDGs should be developed. The exchange of experiences is important for success in the implementation of SDGs, but requires appropriate mechanisms and platforms which could be developed and strengthened by the regional UN system.

Sustainable improvements in different areas require efforts that spread beyond individual sectors. Silos must be broken. Linkages and interdependencies between the goals will mean that the UN system needs to further strengthen coordination and deliver as One UN. Support for national statistical offices and for establishing new analytical frameworks needs to be provided by the regional UN system, as the demands for data collection will pose challenges even for the advanced countries in the region. Another critical aspect for success is the continuation of the unprecedented engagement of non-state actors during the SDG consultation process (civil society, private sector, academia, and the public at large) in the implementation of the new agenda.

Risk factors for SDG implementation in the region include weak economic conditions, geopolitical tensions, exposure and vulnerability to natural hazards, large inflows of refugees and migrants, insufficient political commitment, lack of financial resources and the unprecedented complexity of Agenda 2030. Regional cooperation is essential for coping with these implementation risks and delivering on the promise of a future that leaves no one behind.



I. Introduction



I. Introduction

Translating the vision of the 2030 Agenda and its Sustainable Development Goals (SDGs) into reality is first and foremost the responsibility of governments, in cooperation with all other relevant stakeholders – civil society, the business and technology sector, local communities, vulnerable groups, science and academia, and eventually all people that are concerned and ready to contribute. This effort is supported by international and regional organizations, in particular the UN system, which is moving towards new forms of cooperation in support of SDG achievement.

Implementing the sustainable development agenda and following up and reviewing its progress will be the main focus of development efforts until the year 2030. At the same time, there is a lot to learn from the past 15 years – the period of the Millennium Development Goals which ended in 2015– that will support the implementation of the SDGs.

This report seeks to take stock of the progress achieved in the region¹ under the MDGs with the aim to chart those elements that are crucial for a successful transition to the SDGs. This requires drawing on the experiences derived from the implementation of the MDGs but also addressing the new demands and opportunities for integrated interventions posed by the much more complex 2030 Agenda. The region includes countries with very different income levels. Given this heterogeneity and the universal character of the SDGs, the region has a significant contribution to make to the global debate on the implementation of the 2030 Agenda.

The Millennium Development Goals led to significant policy efforts to reduce poverty, promote gender equality, improve health and address environmental sustainability. By defining specific targets and benchmarks to assess performance, the MDGs were able to galvanise collective action. However, while progress was significant, it remained uneven – both across goals and particular population groups.

Many of the goals and associated targets were of special relevance for low-income countries and, as such, were of limited direct significance for almost all of the countries in the region. However, in many middle-income countries in Eastern Europe, Caucasus and Central Asia (EECCA) and South-Eastern Europe (SEE), governments recognized that the goals addressed key issues for the welfare of their populations and decided to commit to the general objectives incorporated in the goals and adapt the specific targets to their own circumstances. The MDGs were therefore a source of inspiration for policies to address poverty and social exclusion, improve education, health care, water and sanitation and promote gender equality in many countries of Europe and Central Asia. There were only a few MDGs that applied to high-income economies, including gender equality, environmental sustainability and, to a lesser degree, poverty. In addition, these countries had also made a global commitment to help the developing world achieve its targets through financing for development, including ODA, and improving the world trading system (MDG 8).

¹ The term “region” in this document generally refers to the countries of Europe and Central Asia and Kosovo (under UN Security Council resolution 1244). The 54 countries of the different subregions and subgroups of the region are:

Advanced European Economies: Andorra, Austria, Belgium, Cyprus, Denmark, Finland, France, Germany, Greece, Iceland, Ireland, Israel, Italy, Liechtenstein, Luxembourg, Malta, Monaco, Netherlands, Norway, Portugal, San Marino, Spain, Sweden, Switzerland, United Kingdom.

New European Union post-transition member countries: Bulgaria, Croatia, Czech Republic, Estonia, Hungary, Latvia, Lithuania, Poland, Romania, Slovakia, Slovenia.

Eastern Europe, Caucasus and Central Asia (EECCA): Armenia, Azerbaijan, Belarus, Georgia, Kazakhstan, Kyrgyzstan, Republic of Moldova, Russian Federation, Tajikistan, Turkmenistan, Ukraine, Uzbekistan.

South-Eastern Europe (SEE): Albania, Bosnia and Herzegovina, Montenegro, Serbia, The former Yugoslav Republic of Macedonia, Turkey.

Emerging Europe and Central Asia: New European Union post-transition member countries + EECCA + SEE

In addition, Canada and the United States are Members of the United Nations Economic Commission for Europe (UNECE), but North America is not systematically covered in this document.

By contrast, the 2030 Agenda for Sustainable Development applies to all countries. It provides a powerful framework to tackle in an integrated manner the unresolved and emerging challenges the region is facing – from growing inequalities and continued environmental pressures to the plight of refugees. Sustainable development is not a new concept in Europe and Central Asia. The MDGs already served to increase policy efforts leading towards sustainable development in many countries in the region. The work carried out under the MDGs and the policy lessons that can be derived from it provide a basis from which to pursue a much more ambitious transformative agenda.

The transition from MDGs to SDGs is a complex matter, given the widening of both the thematic scope and the geographical coverage. The universality is of particular relevance for the Europe and Central Asia region, which is rather heterogeneous and includes countries at very different levels of development. The SDGs have considerably broadened the policy agenda, which needs to address environmental and socio-economic issues as well as questions of governance, inclusion and peace-building.

The report focuses particularly on those countries of EECCA and SEE for which the MDGs were of special relevance, taking a retrospective view and reflecting on MDG achievements and the associated policy lessons. However, taking into account the universal character of the 2030 Agenda, the report will also address the implications of the new Agenda for all countries in Europe and Central Asia and the ways in which the regional UN system can effectively support the shift towards sustainable development.

The report is structured into three parts. First, it takes stock of the progress achieved in the implementation of the MDGs. It aims to identify the main challenges at the beginning of the MDG period, how these were addressed and what has been achieved. The second section places the MDGs in the context of the wider SDG framework by identifying the unfinished agenda under the MDGs and discussing how the areas covered by the MDGs are now reflected in the 2030 Agenda. It draws attention to the implications arising from the interrelated nature of the SDGs. The section also considers a number of lessons (both general and specific to particular sectors) learnt from the implementation of the MDGs that are relevant for the SDGs. The final section describes some of the initial steps that governments in the region are taking to implement the 2030 Agenda and the ways in which the regional UN system can support these efforts. The section explores the far-reaching implications that the complex and integrated nature of the SDGs poses for UN work. It concludes by identifying and assessing a number of risks that may influence SDG achievement and stressing the importance of collaboration for successful implementation.

The report includes an appendix with data on a number of indicators related to the MDGs and sustainable development.



II. A final look back at the MDGs: Stocktaking, achievements and gaps



II. A final look back at the MDGs: Stocktaking, achievements and gaps

The MDGs were based to a large extent on forward projections of the global development trends observed in the 1970s and 1980s. This made the targets realistic at the global level. However, the MDG framework was less than ideal for most countries of EECCA and SEE, a subregion that saw a collapse of old social and economic institutions and experienced unprecedented systemic transformation in the 1990s but had already relatively high development levels.

The economic context of MDG implementation in these countries was defined by uneven initial conditions and patterns of structural change. Generally, the whole of Emerging Europe and Central Asia, i.e. the new EU post-transition members as well as EECCA and SEE countries, have become increasingly open to trade and investment since 1990. The institutional transition from central planning and opaque governance to the market and rule of law progressed most rapidly in transition economies in the western part of the subregion. Energy-exporting economies in the eastern part progressed less in terms of institutions but grew rapidly in periods of high commodity prices. Other economies, including resource-poor and landlocked countries in the EECCA and SEE, developed at a slower pace while coping with extraordinary obstacles, including political instability and violent conflicts, debilitating barriers to trade and the loss of equalization transfers after the collapse of the Soviet and Yugoslav federations.

Following the tumultuous 1990s, all Emerging Europe and Central Asia countries achieved significant MDG progress over the last 15 years. This progress was reflected in the improvement of key development indicators such as life expectancy. However, wealth gaps between most of these countries and advanced market economies in the region remained large (appendix table 4). The MDG achievements were most noticeable during the period of rapid catch-up growth that preceded the global financial crisis. By 2015, 9 post-transition EU member states and the Russian Federation became high-income countries with the capacity to increase the already high levels of human development. The progress achieved in other countries of the subregion was substantial in most cases. Thus extreme poverty, hunger and lack of access to education and health care have been confined mainly to marginalized groups including ethnic minorities, migrants and persons with disabilities. A more comprehensive assessment of achievements and gaps for individual MDGs in the region is provided in the following sub-sections.

MDG 1: Eradicate extreme poverty and hunger

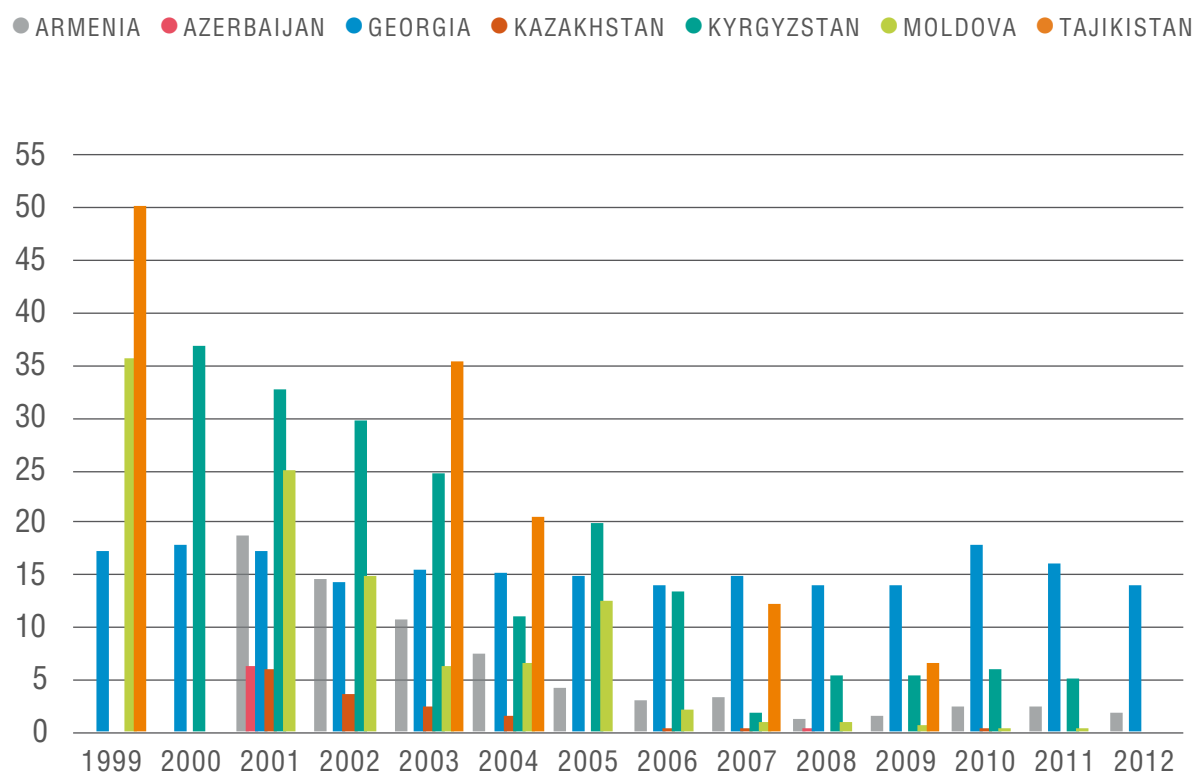
MDG 1 had three global targets set for 2015: halve the proportion of people living in extreme poverty; full employment and decent work for all; and halve the proportion of people suffering from hunger. In the high- and upper-middle-income economies of the region, people living below the respective national poverty line is the most relevant concept (i.e., relative instead of extreme poverty). In EECCA and SEE, extreme poverty was largely eradicated by 2015. The subregion also met the MDG hunger reduction target and saw a slight increase in the employment rate between 2000 and 2015.

Rapid catch-up growth from the late 1990s up to 2008 enabled a number of SEE and EECCA countries to increase public expenditure on education, health and social protection. The coverage and quality of social protection systems for different needs and groups varied, corresponding broadly to levels of spending. The 2008-2009 global financial and economic crisis brought an end to the catch-up boom and increased national poverty headcounts. Low commodity prices in recent years have depressed growth in energy exporters but the contractionary impact has spread also to commodity importers in EECCA through different channels, in

particular through the decline of remittances, with a likely negative impact on poverty.

The MDG framework was not a particularly good fit for the EECCA countries. Official MDG data indicate that as of 1999-2001 (depending on the reporting year) only six countries in the region had more than 5 per cent of their population living on less than \$1.25 (PPP) per day. By 2009-2012, this number was down to three (chart 1). Likewise, only six countries reported that as of 1999-2002 more than 5 per cent of children under age five were undernourished. Recent data point to further declines of extreme poverty and hunger. These trends do not mean that poverty, hunger, and other basic development challenges in the subregion have been eradicated. They do, however, underscore the difficulties of using aggregate indicators designed for monitoring poverty in the world's poorest countries to track development trends in this subregion.

Chart 1. Extreme poverty in selected countries (per cent of population)



Source: UN MDG Statistical Database.

The assessments of national progress towards meeting MDG 1 using UN MDG statistics face some technical challenges. In a number of the Western Balkan countries, post-2000 declines in income poverty rates were accompanied by declines in employment ratios. In many countries in the Caucasus and Central Asia the measurement methodology for employment ratios was modified, making tracking over time unreliable and raising the suspicion of inflated numbers in some countries. In addition, the MDG 1 poverty measure presented numerous challenges to monitoring progress in gender equality, as income poverty measures are often calculated assuming that household resources are distributed equitably among its members. These measures do not indicate the gender dimensions of poverty, such as the unequal sharing of household resources between women/girls and men/boys or unequal access to public services. Nor do they capture inequalities in time use, which result in longer working hours for women, or women's lack of voice or control in respect of household income and time poverty. The lack of disaggregated data in most EECCA and SEE countries also resulted in inadequate information on child poverty. Moreover, intergenerational effects, especially since the onset of the financial and economic crisis in 2008, are inadequately reflected in the MDG data. Some countries saw dramatic upticks in the youth unemployment, while others remained stable. This might create additional future pockets of poverty within countries.

These technical challenges were magnified by the fact that in order to make MDG 1 more relevant to their national contexts, a number of EECCA and SEE countries adapted the MDG framework to their own circumstances. In some of them nationalized MDG targets and indicators were formally adopted after public consultations. In other countries, the redefined MDG objectives were approved together with national development or poverty reduction strategies. However, national fiscal plans were not always consistent with MDG priorities. In addition, national adaptations made regional overviews and international comparisons of MDG 1 achievement more difficult. In some countries, assessments of national MDG 1 progress were further complicated by the absence of publicly available and internationally comparable national data on incomes, poverty, employment, and nutrition. The available data indicate that relative poverty declined in most EECCA and SEE countries since the early 2000s. Relative poverty (and social exclusion) increased between 2000 and 2015 in new EU member states and a number of advanced market economies in the region. Negative poverty trends prevailed in all parts of the region in the aftermath of the global economic and financial crisis (appendix table 1).

It is important to note that economic growth did not lift all boats evenly. Policies in some countries exacerbated crisis trends and triggered contagion effects via migration, trade, and investment flows. In the Caucasus and Central Asia, the downturns of 2008-2009 and 2014-2015 reduced male labour migration and therefore the remittances received by women-headed families. Even countries that reported dynamic economic progress continued to face challenges of 'pockets of poverty' (particularly in isolated rural and mountainous areas and mono-company towns) as well as material deprivation of ethnic minorities, people living with disabilities, refugees, single women and women with migrant husbands and elders, children in large families, and others.

MDG 2: Achieve universal primary education

The associated target stipulated that by 2015, children everywhere, boys and girls alike, should be able to complete a full course of primary schooling. The region achieved universal primary education and reached gender parity in education to a large extent (appendix table 2).

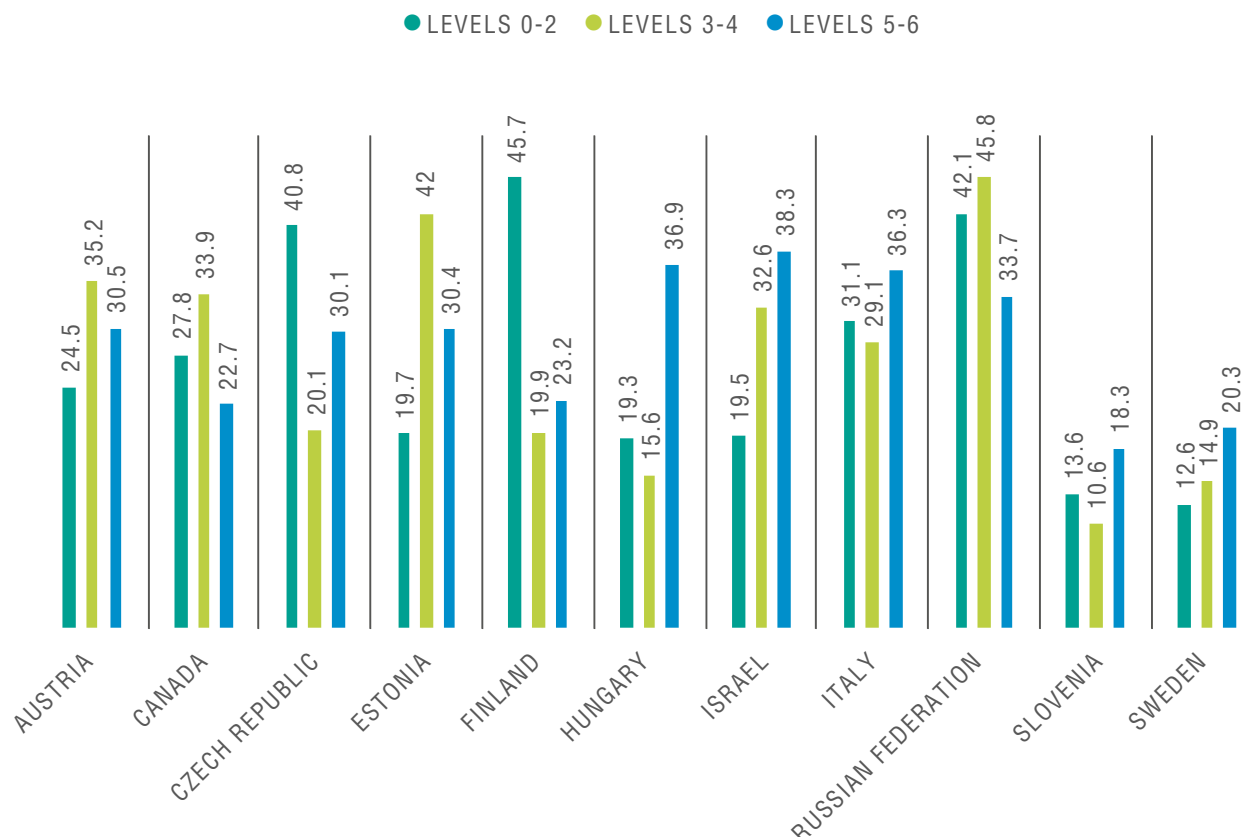
In all countries of the region participation in primary education was nearly universal in 2000 (at 97 per cent) but fell slightly since then (to 96 per cent in 2013)². Almost all children enter primary school, complete the curriculum without repeating grades, and enter secondary education. The gross intake rate in primary education is close to 100 per cent in all subregions although only around 90 per cent of children start school 'on time'. At least 95 per cent of pupils reach the last grade of primary and transfer to secondary education. All subregions are close to gender parity in both primary and secondary education.

Globally, the number of children and adolescents who were out of school has fallen by almost half since 2000 and by one-third in the UNECE region (from 7.8 million in 2000 to 5.2 million in 2013). However, over the same period the number of out-of-school children of primary age actually rose by more than one-sixth (from 2.8 million to 3.2 million). The last 5 per cent of primary age out-of-school children in many countries of the region are the hardest to reach. They are likely children with disabilities, those facing extreme poverty or overlapping disparities (including Roma), undocumented children (including migrants), and those caught up in conflict.

An issue of some relevance for the region concerns the language of instruction. There are a number of linguistic minorities in some countries and the children may not speak the national language at home. As a result, these children are at a distinct disadvantage if schools do not provide instruction in the minority languages. In Central and Eastern Europe, some countries have developed bilingual education for their linguistic minorities. Separate school streams reinforce social and educational inequalities in several countries. Countries in North America and Western Europe face the challenge of reducing inequalities between schools at the primary level. Another concern for governments is to reduce inequalities between students by adapting schools to their individual learning needs.

In terms of gender equality boys are more likely than girls to drop out from upper secondary school, especially in disadvantaged social groups. Girls are severely disadvantaged in some marginalized social groups such as Roma. Girls tend to outperform boys in terms of learning outcomes, but the difference varies across fields of study and countries. Despite efforts to remove them, gender stereotypes have not fully disappeared from curricula, textbooks and classroom practices. There remain large gender differences in the fields of study chosen. Men continue to dominate in the fields of science, mathematics and computing while women dominate business administration, law, social sciences, journalism, humanities and arts. Gender segregation in the educational choices risks reinforcing occupational segregation in the labour market and thereby the gender pay gap, which remains large across the region (chart 2).

² The progress on MDG 2 was evaluated with the data available from the UNESCO Institute of Statistics.

Chart 2. Gender gap in monthly earnings by level of education (per cent), 2011

Source: UNECE Statistical Database.

Note: Gender pay gap is the difference between men's and women's average earnings from employment, shown as a percentage of men's average earnings. International Standard Classification of Education (ISCED) 97 levels 0-2: pre-primary, primary and lower secondary education; ISCED97 levels 3-4: upper secondary and post-secondary non-tertiary education; ISCED97 levels 5-6: tertiary education.

Interagency collaboration helped monitoring but greater collaboration is needed to shore up data gaps. Moreover, the MDG 2 indicators related to universal primary education (the survival rate to the last grade of primary and the adjusted net enrolment rate) do not directly measure completion. There are major shortcomings in measuring learning for all countries³.

³ Common metrics are in development through the work initiated by the Learning Metrics Task Force and taken forward by the UNESCO Institute of Statistics.

MDG 3: Promote gender equality and empower women

The associated target aimed to eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015. Most countries of the region achieved this.

The region, in general, is characterized by a high level of de jure equality between men and women, established by laws on equal rights and opportunities. All countries in Europe and Central Asia have ratified the Convention on the Elimination of all Forms of Discrimination Against Women, and the population enjoys high levels of literacy, access to social services and a certain degree of gender equality.

In terms of MDG 3 indicators, the number of women in positions of political power increased in several countries, sometimes as a result of dedicated legislation. The percentage of women in the national parliament in Kyrgyzstan, for example, has increased from 1.4 per cent in 2000 to 23.3 per cent in 2015, following the adoption of a 30 per cent quota for either gender on electoral lists in 2007 (appendix table 3). The collection and public accessibility of data on women's political participation improved. Many countries instituted policies to promote women to political leadership.

On parity in education, with few exceptions, including Kyrgyzstan, Tajikistan and Turkey, girls and boys have equal access to pre-primary, primary and secondary education. In many countries in the region, women outnumber men in secondary and/or tertiary education (appendix table 2). The number of women with higher education has increased significantly. With respect to women's economic empowerment, awareness of the greater risk of poverty of specific groups of women increased. Some countries developed targeted policy responses for elderly women and single mothers. Support for women's entrepreneurship, including for rural women, was an important component of poverty reduction strategies, especially in the EECCA countries.

By focusing on global and national averages, the MDG 3 targets masked gaps in achievement for marginalized groups of women and girls who experience multiple inequalities based on age, income, location, race, ethnicity, sexuality, disability and other factors. Women, particularly from vulnerable groups, continued facing specific poverty risks regardless of overall poverty rates, for example in case of divorce and single parenthood. Rural women fared worse than urban women and men for every indicator for which data are available. Gaps in access to education still exist in some countries, and affect specific groups of women and girls, such as ethnic minorities, girls from remote rural areas, girls with disabilities, or non-Western immigrant women in EU member states. The Roma and other ethnic or national minority girls face severe barriers particularly at the secondary level (e.g. in Bosnia and Herzegovina, Georgia, Slovenia and Ukraine).

MDG 4: Reduce child mortality

The associated target aimed to reduce the under-five mortality rate by two thirds between 1990 and 2015. Substantial progress was observed. The regional average under-five estimated mortality rate decreased from 32 per 1000 live births in 1990 to 11 per 1000 in 2015. But by 2015 only 26 out of 54 countries in the region achieved it fully⁴. However, it must be noted that mortality rates were already relatively low in the base year, which made it more difficult to achieve the targeted reduction. The regional average estimated infant mortality rate decreased from 26 per 1000 live births in 1990 to 10 per 1000 in 2015. Prematurity, low birth weight, congenital anomalies, birth asphyxia, birth trauma, and neonatal infections are among the leading causes of neonatal death; and acute respiratory infections, diarrhoea, non-communicable diseases and injuries are among the leading causes of post-neonatal deaths in the region.

Improved maternal and child health services resulted in MDG 4 progress in a number of countries (appendix table 5). Increased coverage of measles immunization has helped to achieve a remarkable reduction in child mortality over the past decades. Great advances have been made in developing and introducing new vaccines and expanding the reach of immunization programmes to reduce both mortality and morbidity. According to the WHO, new and increasingly sophisticated vaccines have become available over the last decade with WHO support, including pneumococcal conjugate vaccine (34 countries) and vaccines against infection with rotavirus (15 countries)⁵. This made a significant contribution towards MDG 4.

However, while national immunization programmes are generally strong and routine immunization coverage is high, the region has experienced outbreaks of vaccine preventable diseases over the past four years. This is due to pockets of persistent low coverage, as inequity in coverage remains a problem. As the region enters 2016, the measles and rubella elimination target date of 2015 has been missed. However, most countries have interrupted indigenous transmission of both diseases.

Available evidence in the region shows that children in rural areas, lower wealth quintiles and those born to mothers with lower levels of education – or from ethnic minority, migrant and internally displaced populations – seem to be systematically disadvantaged in terms of benefits of the progress towards MDG 4⁶. Action on socio-economic and environmental determinants of health is essential to address these inequities. Low uptake due to vaccine refusals can also be a problem in urban areas.

⁴ For details, see IGME Report 2015, Estimates Developed by the UN Inter-agency Group for Child Mortality Estimation, United Nations Children's Fund, September 2015.

⁵ WHO/UNICEF immunization data can be found at http://www.who.int/immunization/monitoring_surveillance/data/en/

⁶ The Millennium Development Goals in the WHO European Region: health systems and health of mothers and children – lessons learned. Copenhagen, WHO Regional Office for Europe, 2007 (document EUR/RC57/8; <http://www.euro.who.int/document/rc57/edoc08.pdf>).

MDG 5: Improve maternal health

MDG 5 focused on maternal health and aimed to reduce the maternal mortality ratio by three quarters by 2015. In 2007, an additional target was added, aiming to achieve by 2015 universal access to reproductive health. Despite progress, neither target was achieved at the regional level.

Maternal mortality decreased in Europe and Central Asia but remained above the targeted level. The estimated maternal mortality ratio in the region declined from 44.2 per 100,000 live births in 1990 to 16.7 per 100,000 in 2015. The pace of progress varied considerably across countries (appendix table 6). The use of contraception contributes to reducing the number of unintended pregnancies, unsafe abortions and maternal deaths. The contraceptive prevalence rate in the region, using modern methods, increased from 51.1 per cent in 2000 to 58.8 per cent in 2015. However, modern contraceptive prevalence rates in EECCA and SEE generally remained below this level and in several cases (mostly in SEE and the Caucasus), even below the rate for the least developed countries (33.7 per cent)⁷. The abortion ratio in the region has fallen from 431 abortions per 1,000 live births in 2000 to 234 in 2013⁸, but wide disparities remained, with ratios that were twice as high in some EECCA and SEE countries. Given persistent disparities and inequalities among and within countries, achieving universal access to sexual reproductive health remains an important target.

Major policy initiatives were introduced in a number of countries with a view to reducing the maternal mortality rates and inequities in reproductive health by a series of interventions, including political advocacy, applying a life-course and whole-of-government approach, and developing targeted national strategies based on internationally agreed frameworks. This entailed the review and revision of laws governing gender equity in society, reproductive rights and reproductive health care, defining obligations of the government in providing and financing this care, and ensuring the coverage of essential packages of care through public or private health insurance schemes. It also meant a reinforcement of work health protection laws in pregnancy, before and after childbirth.

At the technical level, it involved reviewing the effectiveness of services at primary, secondary, and tertiary levels of health care, establishing effective plans for the development of the necessary human resources, both with respect to their quantity as well as in terms of professional education and training, and improving the quality and continuity of care by introducing comprehensive perinatal care packages. Making essential reproductive health supplies, including modern methods of contraception, available free of charge or at affordable prices, and continuously advocating for joint community responsibility, were equally part of these efforts.

Socio-economic disparities have widened and large inequalities within and between countries of the region will impact the development path in the next decade. Countries in SEE and the EECCA were struggling in recent years to maintain the pre-crisis level of public expenditure. Consequently, the pace of health system improvements slowed down.

Adolescent childbearing can have harmful consequences for the health of both adolescent mothers and their children⁹. On average, adolescent fertility rate in UNECE countries is relatively low. However, the rates are higher in new EU member states, EECCA and SEE. Early childbearing reflects broader forms of social and economic marginalization of girls. The return of some traditions such as early marriage contributed to relatively

⁷ United Nations, Department of Economic and Social Affairs, Population Division (2015), Model-based Estimates and Projections of Family Planning Indicators 2015. New York: United Nations.

⁸ WHO European Health for All database (HFA-DB)

⁹ Trends in maternal mortality: 1990 to 2015 Estimates by WHO, UNICEF, UNFPA, World Bank Group and the United Nations Population Division; WHO, 2015 <http://who.int/reproductivehealth/publications/monitoring/maternal-mortality-2015/en/>

high adolescent fertility rates in a number of countries in the Caucasus, Central Asia and South-Eastern Europe.

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

This goal had three associated targets: halting by 2015 and beginning to reverse the spread of HIV/AIDS; achieving, by 2010, universal access to treatment for HIV/AIDS and halting by 2015 and beginning to reverse the incidence of malaria and other major diseases. The first two targets have not been met in the eastern part of the region while the last one was met only partially.

Efforts towards the achievement of MDG 6 have led to decreases in the incidence and prevalence rates as well as mortality due to HIV, tuberculosis (TB) and malaria. However, progress has been uneven in various parts of the region. Efforts to reduce the burden posed by these diseases have also contributed to reducing child mortality and improving maternal health, in line with MDGs 4 and 5.

In Western Europe the number of new HIV infections remained fairly stable between 2000 and 2015 while in Eastern Europe and Central Asia estimated new infections increased by 58 per cent¹⁰. The epidemic in the EECCA countries remains concentrated among key populations including people who inject drugs, men who have sex with men, prisoners, sex workers, their sexual partners and labour migrants. Alarming, around half of the people living with HIV across the subregion have not been tested for HIV and do not know that they are infected. In a number of EECCA countries the HIV prevalence among women who inject drugs is higher than that among men.

HIV-related deaths more than tripled between 2000 and 2014 in the EECCA countries. TB-related deaths among people living with HIV (PLHIV) decreased by 34 per cent between 2004 and 2013 but TB is still the most common cause of death among HIV infected people. In Western and Central Europe, following the introduction and scale-up of antiretroviral treatment, HIV-related deaths began to decline in the late 1990s and continued to fall through 2015.

Significant progress was achieved and sustained in the prevention of mother-to-child transmission of HIV. The region is working towards dual elimination of mother to child transmission (MTCT) of HIV and congenital syphilis. There has also been significant progress with regards to increasing access to HIV testing and treatment.

In all countries of the region the HIV epidemic has disproportionately affected the socially marginalized and economically vulnerable populations. Some women have multiple vulnerabilities¹¹. For example, migrant women have gender-specific vulnerability – which makes them vulnerable to violence, abuse, and HIV infection – but as migrants they are also at an increased risk of human rights abuses and lack of access to health services. The large labour migration from the Caucasus and Central Asia to the Russian Federation leaves the migrants highly vulnerable to HIV infection and the risk of deportation to their country of origin, if they are diagnosed with HIV. In 2014, migrants¹² represented 31 per cent of people newly diagnosed with HIV in the region.

Despite progress in some countries in integrating health service delivery (for HIV, tuberculosis, hepatitis, sexually transmitted infections, drug dependence and other conditions), significant improvement is still needed to ensure that comprehensive people-centered care is available and to reduce the number of people that are lost to follow up.

¹⁰ UNAIDS, Global AIDS update 2016.

¹¹ For details, see Salamander Trust (2014), Building a safe house on firm ground: key findings from a global values and preferences survey regarding the sexual and reproductive health and human rights of women living with HIV. WHO, Geneva.

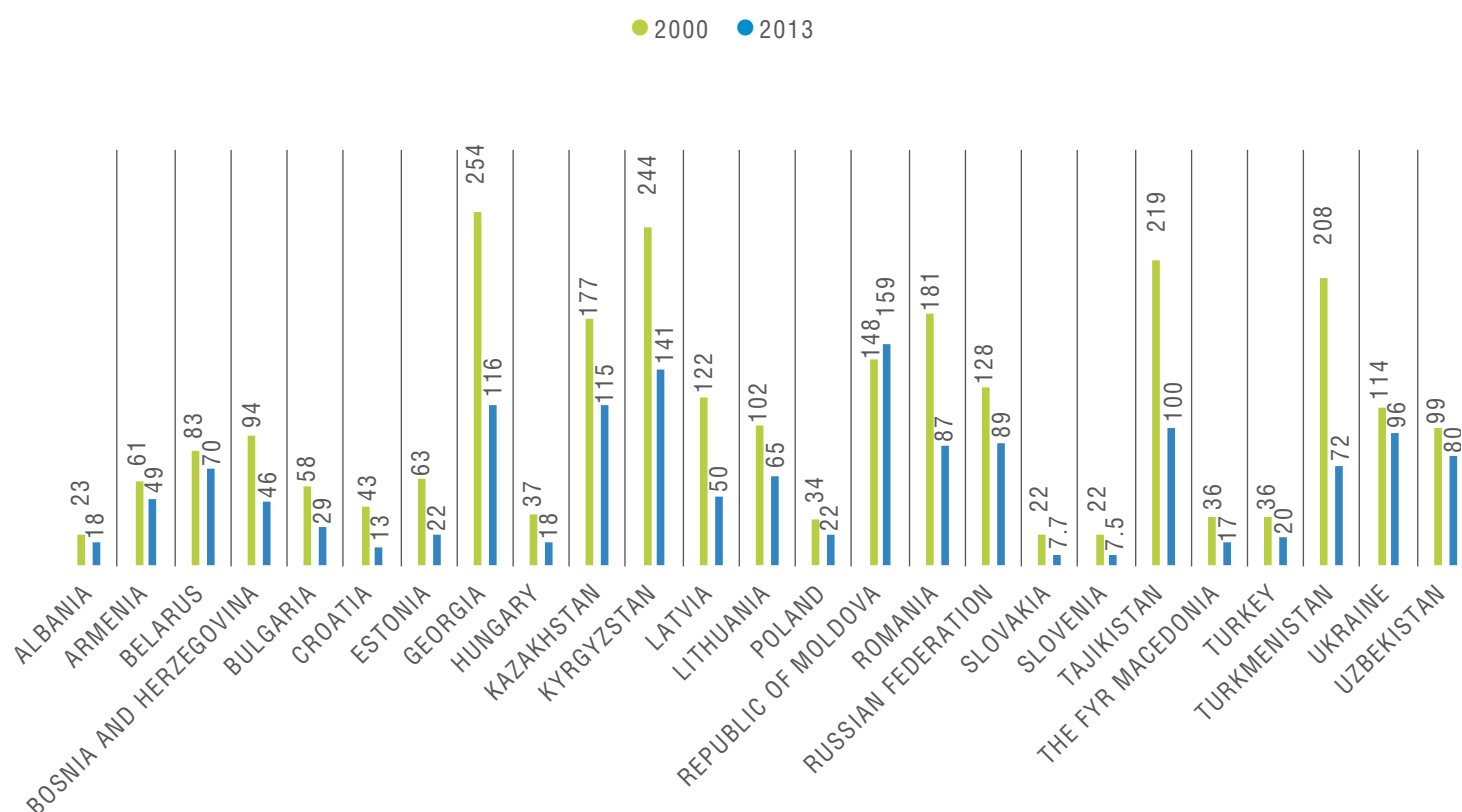
¹² Measured as people originating from outside the reporting country.

Health systems related barriers that need to be addressed include the availability, accessibility, affordability and quality of services, particularly for vulnerable populations, including people who inject drugs and their sexual partners, men who have sex with men, transgender people, sex workers, prisoners and mobile, migrant and displaced populations wherever they might live.

During the last 5 years more than 1 million TB patients, including 53,000 with multidrug-resistant TB (MDR-TB) have been cured, about 200,000 MDR-TB cases have been averted and more than 2.6 million lives have been saved. Nevertheless, despite a steady decrease in burden and remarkable impact of the regional concerted interventions, the region did not fully meet targets related to TB¹³.

The TB incidence target has been achieved, with the incidence falling by an average of 3.7 per cent per year since 2000, when the epidemic trends were reverted after a decade of continued increase (chart 3). This is the fastest decline in the world. The target of halting the prevalence of and deaths associated with tuberculosis however has not been achieved. The prevalence fell only by 28 per cent, compared to the targeted 50 per cent reduction against the 1990 baseline, even though in 2014, the prevalence was more than halved compared to 2000. The number of deaths from TB was 33,000 in 2014, resulting in a mortality rate of 3.7 deaths per 100,000 population. This represented a 20 per cent decline of the mortality compared to 1990; however, the mortality rate was more than halved since 2000.

Chart 3. Tuberculosis incidence rate per 100,000 population, 2000-2013



Source: UN MDG Statistical Database.

¹³ See Report of the 65th session of the WHO Regional Committee for Europe: Vilnius, Lithuania, 14–17 September 2015; EUR/RC65/REP; World Health Organization 2015; <http://www.euro.who.int/en/about-us/governance/regional-committee-for-europe/65th-session/documentation/report-of-the-65th-session-of-the-who-regional-committee-for-europe>.

The burden of tuberculosis in the region varies from 2 cases per 100,000 population in some countries to over 150 per 100,000 in others¹⁴. Even within Western European countries there is a wide variation, with tuberculosis rates above 100 per 100,000 population in some districts and capitals. The major burden is borne by 18 countries with 83 per cent of new TB cases, 92 per cent of TB related deaths, 88 per cent of HIV co-infected TB patients and 99 per cent of all MDR-TB cases. The prevalence of multi-drug resistance (MDR) among new tuberculosis cases in the region was 18.4 per cent. The pan-European region is the only region with an increasing prevalence of HIV infection among TB patients.

In 2013, the region reached universal coverage with first- and second-line tuberculosis treatment. However, the treatment success rate in the last decade, among new and relapsed tuberculosis cases remained consistently low. In 2014 it was 76 per cent, considerably below the 85 per cent target. The treatment success rate among MDR-TB patients has also been decreasing until it went up to 49 per cent in 2014 from 46 per cent in 2013.

The region is the first in the world to have achieved interruption of indigenous malaria transmission¹⁵. The number of indigenous malaria cases dropped from 90,712 in 1995 to zero in 2015. Turkmenistan attained malaria-free status in 2010, Armenia in 2011, and Kazakhstan in 2012. The certification of malaria elimination in Kyrgyzstan is to be completed by the end of 2016. Malaria transmission has been interrupted in Azerbaijan, Georgia, Tajikistan, Turkey and Uzbekistan¹⁶.

MDG 7: Ensure environmental sustainability

The four targets to ensure environmental sustainability were: integrating the principles of sustainable development into country policies and programmes and reversing the loss of environmental resources; reducing biodiversity loss; halving, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation; and by 2020, achieving a significant improvement in the lives of at least 100 million slum dwellers. Tangible progress has been made in reaching these targets in all parts of the region, particularly in integrating the environmental dimension into sectoral policy-making, reducing CO₂ emissions, increasing energy efficiency and strengthening sustainable management of forests¹⁷. However, the region is still far from achieving environmental sustainability.

The greenhouse gas emission levels remain too high in Western Europe and North America while considerable efforts are needed for improving energy efficiency in the EECCA countries (appendix tables 7 and 8). A range of sectors and policies exert considerable pressure on biodiversity¹⁸. Access to safe drinking water and sanitation is still a major problem in rural areas of some EECCA and SEE countries, and the number of households living in informal settlements has increased since 1990.

Absolute decoupling of economic growth and environmental pressures took place in the EU between 1990 and 2013, with GDP increasing by 45 per cent and GHG emissions decreasing by 21.2 per cent. This outcome reflected growing shares of renewables and less carbon intensive fuels, such as natural gas, in the energy

¹⁴ For data on TB trends in the region, refer to European Centre for Disease Prevention and Control/WHO Regional Office for Europe (2016), Tuberculosis surveillance and monitoring in Europe 2016. European Centre for Disease Prevention and Control, Stockholm.

¹⁵ The commitment to action in the WHO 2005 Tashkent Declaration “The Move from Malaria Control to Elimination” drove progress in this area.

¹⁶ For details, refer to <http://www.euro.who.int/en/media-centre/sections/press-releases/2016/04/from-over-90-000-cases-to-zero-in-two-decades-the-european-region-is-malaria-free>

¹⁷ For details, refer to <http://www.eea.europa.eu/soer-2015/europe/climate-change-impacts-and-adaptation> and <http://www.foresteurope.org/docs/fullsoef2015.pdf>, <http://www.eea.europa.eu/soer-2015/europe/forests>

¹⁸ For details, refer to <http://www.eea.europa.eu/soer-2015/europe/biodiversity>

mix, improvements in energy efficiency, falling residential sector emissions and the recession in 2008-2009. Reductions in emissions of N₂O and CH₄ were also substantial, reflecting the decline of mining activities and livestock holdings as well as lower emissions from managed waste disposal on land and from agricultural soils¹⁹.

The territorial and consumption-based GHG emissions (i.e. the emissions embodied in final consumption regardless of where they are produced) have broadly declined and stabilised since the 1990s in Central, Eastern and Western Europe while growing in South-Eastern Europe (including Turkey), the Caucasus and Central Asia by 175 per cent between 1990 and 2012. The largest emitter is Western Europe followed by the Russian Federation, with 40 per cent and 27 per cent of total regional emissions in 2013 respectively²⁰.

Population growth has contributed to the increase in emissions in the region with the exception of Central and Eastern Europe (where population declined). The increasing per capita consumption of final goods and services is the major obstacle to a low-carbon transition. However, changes in consumer preferences toward goods with lower embodied carbon have translated into lower total emissions.

In Western and Central Europe technological improvements, higher energy efficiency, renewable energy sources and changes in the input structure of production have reduced emissions growth. Western Europe has also contributed to technological improvements and the transfer of climate change mitigation technologies to other regions. Changes in the structure of trade contributed to a small reduction of total regional emissions through the substitution of domestic production by imports. However, in the SEE they contributed to an overall growth in emissions.

The pan-European region continues to experience biodiversity loss and ecosystem degradation, despite increased conservation efforts. The major pressures on biodiversity in the region include agricultural intensification, overfishing, urbanization, habitat fragmentation by transport infrastructure and climate change. The average abundance of original species declined to 38.4 per cent of the natural state in Western and Central Europe and 77 per cent in the Russian Federation²¹.

The region has met the target on drinking water. In 2015, 98.5 per cent of its population had access to basic sources of drinking water, as measured by the WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation (JMP). Between 2000 and 2015, more than 60 million people gained access to basic sources of drinking water. However, in 2015, about 14 million people did not enjoy access to such a source, and 62 million people lacked access to piped drinking-water on their premises. More than 4 million people relied on surface water from rivers, dams, canals, streams, lakes, ponds or irrigation channels as their primary water source, posing severe risks to health. In the Caucasus and Central Asia, for example, 19 per cent of the rural population lives in homes without access to a basic drinking-water source, as opposed to only 2 per cent of urban dwellers. Even more significantly, 62 per cent of the rural population lives in homes without access to piped water on the premises, whereas only 10 per cent of town and city residents are similarly disadvantaged.

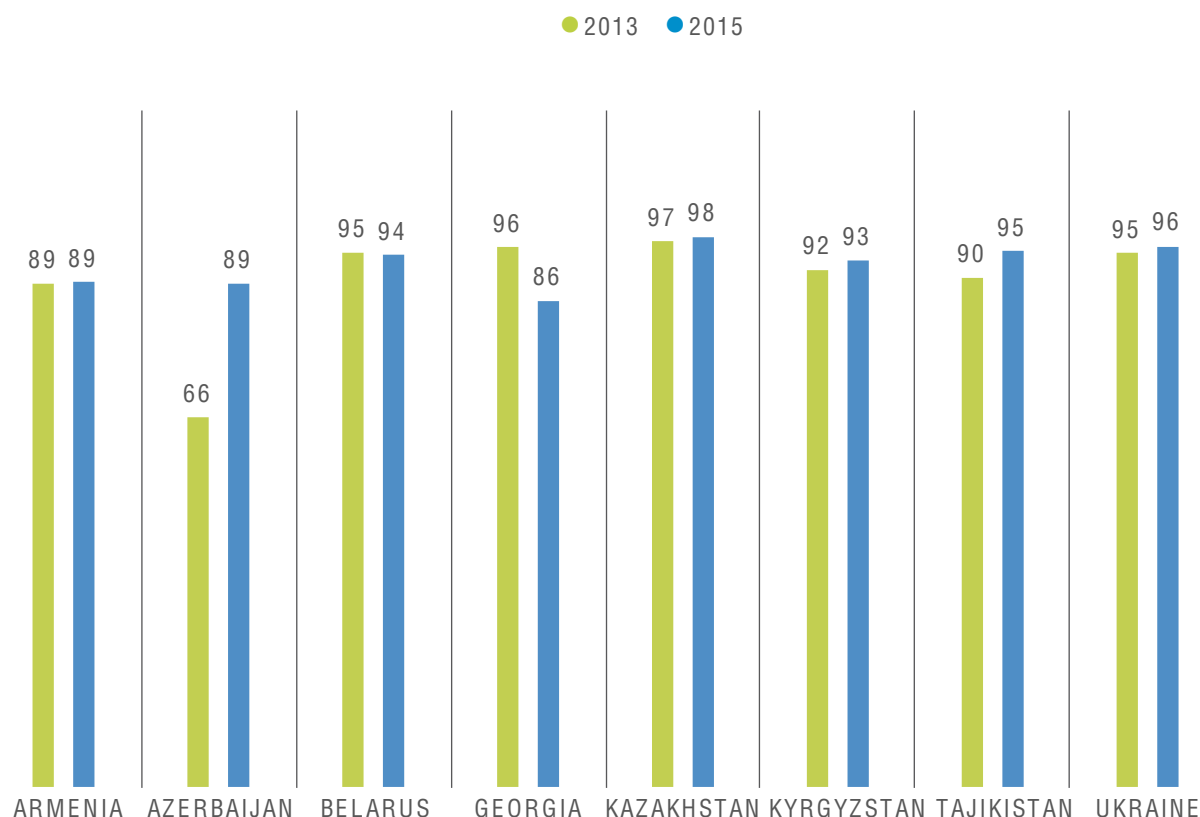
¹⁹ For details, refer to EEA (2015), *The European Environment — State and Outlook 2015: Synthesis Report*. European Environment Agency, Copenhagen.

²⁰ For details, refer to UNEP/UNECE (2016), *GEO-6 Assessment for the pan-European region*, United Nations Environment Programme, Nairobi, Kenya.

²¹ See UNEP/UNECE (2016), *GEO-6 Assessment for the pan-European region*. United Nations Environment Programme, Nairobi, Kenya.

The region failed to meet the sanitation target. In 2015, 93.1 per cent of its population had access to basic sanitation facilities, as measured by the JMP. Between 2000 and 2015, about 60 million people gained access to basic sanitation facilities. Despite the high rates of access and progress achieved, these figures mask large gaps and disparities within the region, within and between countries, between urban and rural areas and between high- and low-income groups (chart 4).

Chart 4. Improved sanitation, selected countries, percentages



Source: WHO/UNICEF Joint Monitoring Programme for Water Supply and Sanitation database.

According to UN Habitat²² ‘the slum target’ has been achieved globally as lives of 227 million slum dwellers improved between 2000 and 2010. However, despite surpassing the target 2.2 times and 10 years ahead of time, the number of slum dwellers has increased by over 60 million over the same period in the developing world. Available UN MDG statistics do not include ‘slums data’ for countries of the region except for Turkey. According to official MDG data, the slum population in Turkey was practically unchanged between 1990 and 2000 and then decreased by almost 15 per cent by 2014.

The post-1990 growth of population living in informal settlements (with inadequate water supply and sanitation) in a number of EECCA and SEE countries was attributed to natural disasters, wars, migration from rural to urban areas and mismanaged systemic transition. Some informal settlements are characterized by substandard housing and resemble slums. Poverty and social exclusion drove the formation of such

²² UN Habitat (2008), *State of the World's Cities 2010/2011*, Nairobi.

settlements while social inequality became a major obstacle to sustainable urban development²³. Weak urban planning and regulations exacerbated the problem while financial constraints limited the construction of social housing. A UN Habitat report²⁴ (State of the World's Cities 2006/07) provided an overview of the slum situation in the EECCA countries. The number of slum dwellers was relatively stable with some 10 per cent of the population (over 18.5 million people) living in slums (6 per cent in Eastern Europe and 29 per cent in the Caucasus and Central Asia) between 1990 and 2005. The situation has improved since then in some of these countries, especially those that made significant progress in access to improved sanitation in urban areas.

Since the late 1990s a number of countries in EECCA and SEE adopted policies that aimed to formalize existing informal settlements while preventing the formation of new ones. Such policies entailed the legalization or strengthening of private property rights and flexible planning regulations. The policy measures and implementation varied across countries. In some jurisdictions, including Albania and the former Yugoslav Republic of Macedonia, the transfer of ownership titles was affordable and inclusive while more complex and costly legalization procedures prevailed in others.²⁵ In some cities and attractive locations the legalization process encouraged speculative housing construction without permits, contributing to urban sprawl and environmental degradation. While legalization policies achieve individual security of tenure, they cannot ensure the social and spatial integration needed for sustainable development unless they are well connected to other programmes.

MDG 8: Develop a global partnership for development

The six targets pertaining to partnership for development were: developing further an open, rule-based, predictable, non-discriminatory trading and financial system; addressing the special needs of least developed countries; addressing the special needs of landlocked developing countries and small island developing States; dealing comprehensively with the debt problems of developing countries; in cooperation with pharmaceutical companies, providing access to affordable essential drugs in developing countries; in cooperation with the private sector, making available benefits of new technologies, especially information and communications.

MDG 8 is the supportive international pillar for the realization of the other goals. Since the MDG 8 targets are largely collective global level targets, a country level evaluation of contributions to the global objective is generally not possible; the official development assistance (ODA) objective is an exception.

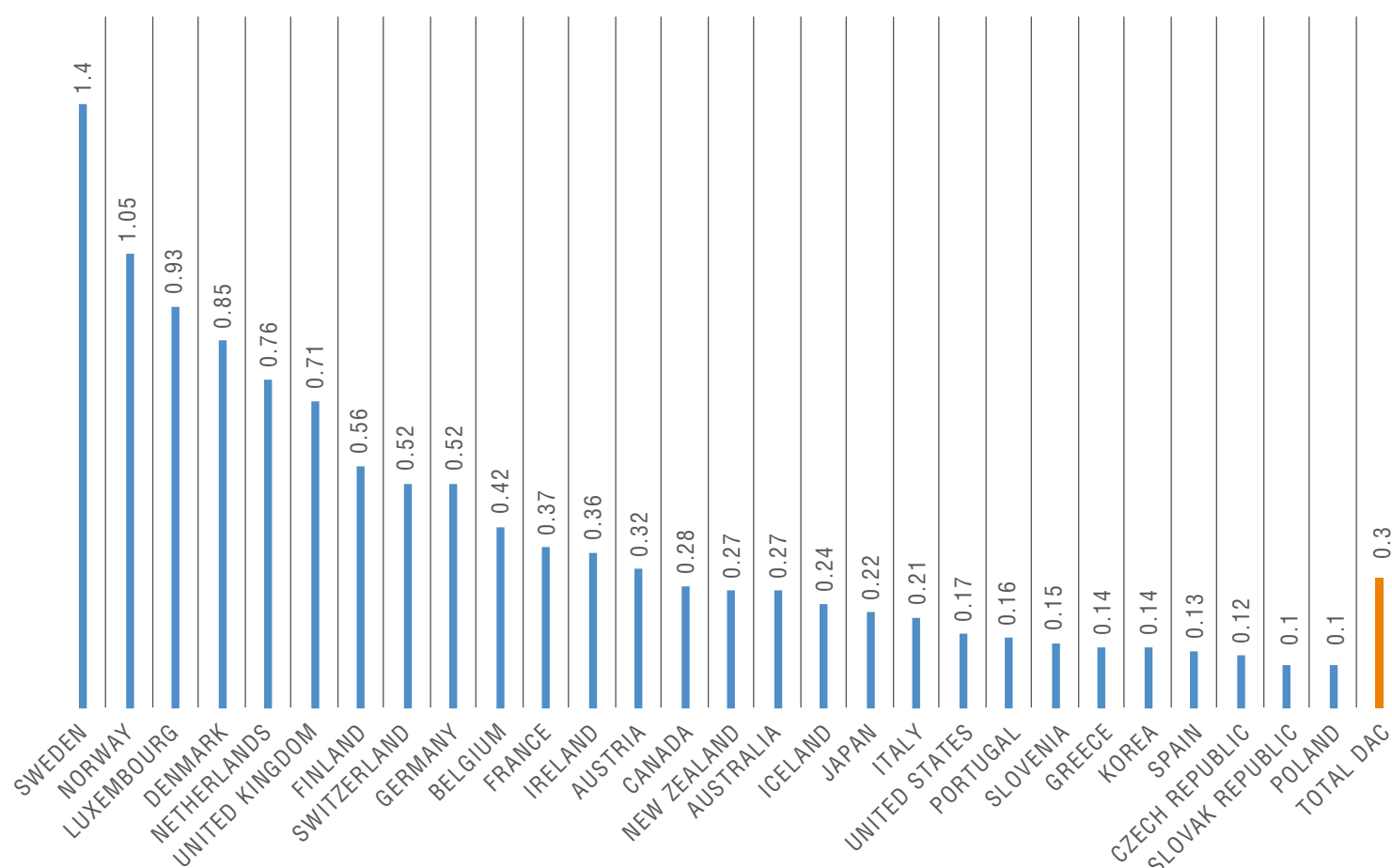
Overall, net official development assistance in real terms increased by 66 per cent in the period 2000-2014²⁶. There has been some progress regarding the relative weight of ODA allocated to basic social services but a setback has been observed in the most recent period. By contrast, no significant advances have been observed in untied aid. The average country effort (DAC donors) in 2014 was 0.3 per cent of GNI. For UNECE donor countries, the unweighted country average was on an upward trend up to 2009, peaking at 0.46 per cent and then declining to 0.41 per cent by 2014. Only six of these countries have met the 0.7 per cent commitment in 2015 according to preliminary data (chart 2). The majority of international donors, including all EU member states, are failing to honour their commitment to set aside 10 per cent of all ODA for population assistance (family planning, reproductive health and HIV/AIDS).

²³ See UNECE (2009), *Self-Made Cities: In Search of Sustainable Solutions for Informal Settlements in the United Nations Economic Commission for Europe Region*. United Nations, New York and Geneva.

²⁴ UN Habitat (2006), *State of the World's Cities 2006/2007*, Nairobi.

²⁵ See e.g. FIG and UNECE (2015), *Formalizing the Informal: Challenges and Opportunities of Informal Settlements in South-East Europe*. United Nations, New York and Geneva.

²⁶ OECD database on development finance statistics.

Chart 5. Net ODA in 2015 as percentage of GNI

Source: OECD

ODA in real terms received by countries in Emerging Europe and Central Asia declined between 2000 and 2014 by 1 per cent. ODA to this subregion has been on a declining trend since 2009 before rising in 2014. Overall, annual average ODA declined by 8.4 per cent in 2008-2014 in comparison with the period 2000-2007. These dynamics reflect the impact of the economic crisis of 2008-2009 but also the strong support provided to countries of the former Yugoslavia in the earlier period. The effect of the crisis on development budgets can be seen in funding for population assistance, which has stalled since 2007. On a relative basis, ODA is important only for a handful of countries in the region, in particular Moldova, Kyrgyzstan, Tajikistan and, to a lesser extent, some of the countries in South-Eastern Europe (appendix table 10).

The transition to the market and, for some countries, the accession to the European Union prompted new opportunities for integration into the world economy. This has been accompanied by rapid growth of exports in the new EU member states and changes in their product structure, to which foreign direct investment inflows have been an important contributor. This process played to a much lesser extent in the SEE. In EECCA, the growth of exports has been accompanied by little structural change and natural resource products continue to dominate. These countries remain largely outside global supply chains. Although some progress in exports' geographic diversification has been observed, the existing pattern of product specialization makes them vulnerable to changes in commodity prices.

The share of merchandise exports from countries with economies in transition (including both EECCA and SEE) in the world total rose from 2.3 per cent in 2000 to 4.0 per cent in 2014²⁷. This growing trend has been accompanied by significant variability, partly reflecting the impact of changes in commodity prices. Given the export structures of these economies, most of their exports have received duty-free treatment despite the fact that many of them were not members of the WTO and were not entitled to Most Favoured Nation-treatment. By 2010, 99 per cent of exports from EECCA countries received duty free treatment²⁸. The high level of market access partly reflects the relative importance of exports of petroleum products, which are often given duty-free treatment. For all industrial products, 92 per cent of EECCA exports received duty free treatment in 2010. Average tariffs imposed by developed countries on agricultural products and textiles and clothing exports from the Caucasus and Central Asia fell to 5.6 per cent in 2014, down from 6.3 in 2000²⁹. Tariffs represent only a minor barrier to exports for these countries.

External debt levels have generally not been a major problem in transition economies. Between 2000 and 2008 debt as a percentage of GDP in most of these countries was on a downward path³⁰. The five most heavily indebted (Georgia, Kyrgyzstan, Moldova, Serbia, and Tajikistan) had gross external debt that was more than 100 per cent of GDP in 2000, but the debt levels in all of these declined significantly by 2008. Tajikistan is the only country in the region that benefited from debt relief under the Multilateral Debt Relief Initiative. However, the external debt of a number of SEE and EECCA countries has increased quite substantially following the 2008-2009 financial crisis and its aftermath. While debt service payments as a percentage of exports of goods and services had been on a downward trend prior to the crisis, this ratio started to increase in some countries in 2009.

Available information on the affordability of essential medicines in the region shows a mixed picture, with no clear pattern overall. For example, the number of days' wages needed to buy a basic asthma medicine fell in Tajikistan while it rose in Kyrgyzstan in recent years but in both cases it remained unaffordable³¹. The use of generics has driven down prices for antiretroviral therapies but some remain very expensive. Indeed, OOPs (out-of-pocket payments) for health services, and specifically for medicines, are often a considerable burden for patients.

There is a continued digital divide that is largely explained by differences in per capita income, both globally and in our region³². However, significant advances have been observed. Mobile use has exploded. In 6 out of 8 countries in the Caucasus and Central Asia mobile cellular subscriptions per 100 inhabitants were above 100 already in 2010, with very high penetration rates in the other two. Internet use is less prevalent and country differences are wider but growth has been very strong in the recent period, apparently unaffected by the economic crisis (appendix table 9). The unweighted country average in this group of countries rose from 10 per cent in 2008 to 39 per cent in 2014. In South-Eastern Europe, this indicator went from 35 per cent to 61 per cent over the same period. Overall progress hides continued access difficulties for particular population groups and differences in quality and ease of access.).

²⁷ UNCTADStat database.

²⁸ The data on duty-free access and average tariff rates come from the ITC Millennium Development Goals database at www.mdg-trade.org.

²⁹ UN MDG database.

³⁰ World Bank (2015), International Debt Statistics, Washington D.C.

³¹ MDG Gap Task Force Report 2015: Taking Stock of the Global Partnership for Development.

³² All figures quoted in this paragraph are based on the UN MDG database.



III. From the MDGs to the SDGs: Unfinished agenda in a new framework



III. From the MDGs to the SDGs: Unfinished agenda in a new framework

1. The unfinished MDG agenda in the region

The previous section shows that MDG progress over the period 2000-2015 was uneven. Extreme poverty was largely eradicated while inequality and social exclusion increased. Inequality, however, remains low by global standards. Education targets were achieved while the quality of education remained unsatisfactory in many countries. Gender inequality persisted even though women's political representation improved to some extent. Child mortality fell unevenly as much as did maternal mortality. Big advances have been made on infectious diseases but they remain a significant burden in some countries. Environmental sustainability remained elusive in spite of declining GHG emissions in the region. The MDG involvement of advanced market economies in the region was mostly limited to the partnership for development. Only 6 European donor countries exceeded the official development assistance target.

MDG gains were also distributed inequitably. This resulted in persistent exclusion, material deprivation, inferior educational and health outcomes of various social groups such as rural populations, disadvantaged ethnic minorities, people with disabilities and migrants. The thematic areas covered by the MDGs – in particular poverty reduction and employment, education, health, gender equality and environmental sustainability – are still critically important. The MDG agenda thus remains an unfinished business in the region.

2. How are the MDGs reflected in the SDGs?

The eight Millennium Development Goals (MDGs) with 19 related targets provided a clear focus on specific development issues. The performance with respect to MDG targets was evaluated in comparison to the base year (1990) with the aid of 60 global indicators and a number of national indicators. In practice this monitoring framework proved to be difficult to implement, especially in lower-income economies of the region.

Agenda 2030 defines a new framework for development for all UN Member States, covering seventeen Sustainable Development Goals (SDGs). Sixteen SDGs represent a significant broadening of the scope of the previous eight MDGs. Half of them address various aspects of environmental sustainability, indicating a shift to a more comprehensive development paradigm. In addition to these sixteen goals, SDG 16 on peaceful and inclusive societies and justice adds a new dimension to Agenda 2030. The references to human rights and non-discrimination, both in the preamble and declaration, and to the concepts of universality, substantive equality for women and girls define strong principles for implementation. “Leaving no one behind” means that no goal would be met unless it is met for everyone, which emphasizes the need to reach out to the most disadvantaged groups and to pay attention to inequalities in attainment.

In comparison with the MDGs, the SDG framework represents a more comprehensive approach to sustainable development. The breadth and complexity of issues embedded in the SDGs seek to respond to the urgent social, environmental and economic challenges of our time, going beyond simplistic goals and targets. However, this complexity could also increase the challenges of SDG implementation and follow-up and review.

Table 1 shows a simplified relationship between MDGs and SDGs at the level of goals.

Table 1. From the MDGs to the SDGs

Millennium Development Goals (2000-2015)	Sustainable Development Goals (2016-2030)
MDG 1. Eradicate extreme poverty and hunger	SDG 1. End poverty in all its forms everywhere SDG 2. End hunger, achieve food security and improved nutrition and promote sustainable agriculture SDG 8. Promote sustained, inclusive and sustainable economic growth, full and productive employment and decent work for all SDG 10. Reduce inequality within and among countries
MDG 2. Achieve universal primary education	SDG 4. Ensure inclusive and equitable quality education and promote lifelong learning opportunities for all
MDG 3. Promote gender equality and empower women	SDG 5. Achieve gender equality and empower all women and girls
MDG 4. Reduce child mortality MDG 5. Improve maternal health MDG 6. Combat HIV/AIDS, malaria and other diseases	SDG 3. Ensure healthy lives and promote well-being for all at all ages
MDG 7. Ensure environmental sustainability	SDG 6. Ensure availability and sustainable management of water and sanitation for all SDG 7. Ensure access to affordable, reliable, sustainable and modern energy for all SDG 9. Build resilient infrastructure, promote inclusive and sustainable industrialization and foster innovation SDG 11. Make cities and human settlements inclusive, safe, resilient and sustainable SDG 12. Ensure sustainable consumption and production patterns SDG 13. Take urgent action to combat climate change and its impacts SDG 14. Conserve and sustainably use the oceans, seas and marine resources for sustainable development SDG 15. Protect, restore and promote sustainable use of terrestrial ecosystems, sustainably manage forests, combat desertification, and halt and reverse land degradation and halt biodiversity loss
MDG 8. Develop a global partnership for development	SDG 17. Strengthen the means of implementation and revitalize the global partnership for sustainable development
	SDG 16. Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

The 2030 Sustainable Development Agenda carries over the MDG themes but its integrated nature and much wider scope should be reflected in policy interventions across multiple sectors.

However, this schematic representation does not capture well the implications of the integrated nature of the 2030 Sustainable Development Agenda and the multiple interrelations between its goals. There are not univocal correspondences but complex interactions that define the scope for policy interventions across multiple areas, taking into account synergies, dependencies and trade-offs between different goals.

Health, for example, is closely linked with a number of environmental goals, has a clear gender and education dimension, obvious implications for poverty and inequality, and depends on nutrition. The SDG framework addresses health issues in a direct way but also the social determinants of health such as education, nutrition, and gender. Creating safe environments and reducing all forms of violence and disaster-related death rates, abuse, exploitation and trafficking are closely interlinked with child survival, healthy growth and development. Future improvement of child mortality will also be strongly dependent on improvements in social protection (goal 1), nutrition (goal 2), water and sanitation (goal 6), environmental conditions (target 3.9, goal 11), the reduction of disasters related impacts (goal 1, and 13) as well as the further reduction of infectious diseases (target 3.3). The response to HIV/AIDS requires addressing determinants of vulnerability but, at the same time, strengthening HIV programmes can also contribute to other health- and equity-related goals. The poverty reduction, employment, and nutrition dimensions of MDG1 are extensively covered in the SDG framework, being addressed in different goals, including 1,2, 3, 4, 5, 8, 9, 10 and 12.

Unfinished aspects of the MDG agenda are carried over into the new SDG framework. An example is the strong commitment to end preventable newborn, child and maternal deaths by 2030, achieve universal access to reproductive health-care services, including for family planning, information and education, and to protect, promote and support early child development and adolescents' health³³.

Goals or targets that were part of the MDGs are now considered more broadly. For example, gender equality and women's empowerment is reflected in the SDG framework as both a cross-cutting theme and a stand-alone goal. The SDG 5 has nine targets that address many important structural barriers to advancing women's rights and highlights the need to eliminate violence against women, a problem existing in all countries of the region. These are accompanied by gender-specific targets across many of the other goals. Another example concerns the MDG target on water sanitation, which has been "upgraded" to a dedicated goal in the 2030 Agenda. The scope and ambition of Goal 6 to "ensure availability and sustainable management of water and sanitation for all" goes significantly beyond the MDG target on water sanitation. It specifically expands its focus to now cover the entire water cycle, addressing water management, drinking-water and wastewater. Going beyond the use of sanitation facilities, the full sanitation chain is now included, underlining the importance of treating wastewater which is a dominant source of water pollution. The original ambition of the MDGs is expanded further with a focus on addressing inequalities, safely managed services and on the needs of women and girls.

Education is another example of the SDGs both broadening the scope and reflecting the convergence of past work. SDG 4 unites two parallel global education agendas over the past 15 years. It covers the unfinished business of the Education for All goals and education-related MDGs, while effectively addressing current and future global and national education challenges. At the same time, it introduces a new focus on increased and expanded access, inclusion and equity, quality and learning outcomes at all levels, within a lifelong learning approach. Education is not only restricted to SDG 4 but it is also reflected in a number of targets related to other

³³ This is also supported by The Global Strategy for Women's, Children's and Adolescents' Health 2016-2030

SDGs, including ending poverty; health and well-being, gender equality, decent work, responsible consumption and production and climate change mitigation.

Indicators that are carried over from the MDGs are sometimes associated to broader policy formulations. For example, the proportion of population with access to affordable essential drugs on a sustainable basis is a MDG indicator that is now associated to a health target formulated in much wider but also more specific terms. The emphasis is no longer on the cooperation with pharmaceutical companies, as in MDG 8, but on the development of research capacities, the use of the flexibilities of the Trade-related Aspects of Intellectual Property Rights (TRIPS) Agreement on Public Health and, in particular, on ensuring Universal Health Coverage (UHC).

In comparison with the MDGs, SDGs allow for a broader consideration of the drivers of progress for particular goals and define spaces for wider policy intervention and the formulation of appropriate strategies. For example, the goal of universal health care (all people and communities receiving the needed quality services, including health protection, promotion, prevention, treatment, rehabilitation and palliation without financial hardship) is relevant to all countries and offers an unprecedented opportunity to increase coherence in health related actions and initiatives. Another example can be found in the use of information and communications technology (ICT). While MDGs were only concerned with overall rates of ICT penetration, the SDG framework is also interested in the types of technology used and affordability in order to advance a new goal on innovation. The SDG framework sees ICT as an enabling factor to facilitate knowledge-sharing and technological development.

3. Policy lessons from the MDGs

3.1 General lessons

A key lesson from the MDGs is that multiple goals and targets cannot be achieved without coherent strategies and well-integrated policies. Uncoordinated sector-oriented approaches are bound to have unintended consequences that can undermine progress in other areas and weaken policy coherence. For instance, over the last quarter century economic growth reduced unemployment and poverty but increased environmental pressures in a number of countries of the region.

As discussed in the preceding section, there is a need to avoid the compartmentalization of goals and consider them as an integral part of a single development agenda. Such an approach significantly increases policy coherence amongst different sectoral interventions, the ability to mobilize and allocate the right resources at the right time, and, therefore, make significant progress in meeting development goals and targets.

The experience of the MDGs has important implications for the adaptation of global goals to diverse national situations. There are 169 SDG targets and some 230 global indicators to monitor progress (in comparison to a base year that remains to be set). Governments are expected to set their own national targets “guided by the global level of ambition but taking into account national circumstances.” Each government should “decide how these aspirational and global targets should be incorporated in national planning processes, policies and strategies”, according to the Inter-Agency and Expert Group on Sustainable Development Goal Indicators³⁴.

The comprehensive and analytically robust target and indicator framework of the SDGs is appropriate for the disaggregated monitoring of poverty, employment, education, health and environmental issues. At the same time, adapted targets, indicators, and baselines should reflect the development needs of each country. For all countries to buy into Agenda 2030, the SDGs must find a better balance than was the case with the rigid target and indicator

³⁴ E/CN.3/2016/2.

framework developed under the MDGs. The experience of the region shows that this is a challenging task.

A number of EECCA transition economies adapted some MDG targets and indicators to their national circumstances³⁵. This kind of nationalization (i.e. national adaptation) made the MDGs more appropriate to each country's development level and structural features. However, national indicators were rarely well documented or harmonized across borders. This limited their comparability and usefulness for the purpose of policy evaluation.

Nationalization and disaggregation of MDGs played an important role. They will be even more critical under the SDGs.

Disaggregation and nationalization in many cases are tightly interwoven concepts. A significant aspect of nationalization was the disaggregation of data by location, gender and social group. This approach 'anticipated' the SDG ambition to leave no one behind, providing a closer

look at hidden poverty and subpar education, differential implications of natural hazards, employment and health outcomes in rural areas and among disadvantaged population groups such as ethnic minorities and single-parent families. Disaggregated MDG targets and indicators can inform government policy and help to more effectively address sub-national disparities whether this involves the needs of various vulnerable populations (such as ethnic minorities, the displaced, the disabled, or families with many children) or those living in disadvantaged geographic areas.

When sub-national MDG targets and indicators are aligned with analogous national-level instruments, localization can improve consistency across national and sub-national development planning. Since the effective design and implementation of sub-national development programming typically requires at least some decentralization of state authority, localizing the MDGs has in practice often been associated with efforts to reform or improve central and local governance institutions. However, in a number of countries this governance agenda has not been taken up. More generally, it is not clear how the SDGs can be localized in countries where subnational authorities do not have the requisite legal jurisdiction or financial capacities.

There may be a few dimensions for disaggregation which are relevant for almost any country, such as differences between urban and rural areas or differences by gender and age. However, for many other geographical dimensions or for ethnic groups, the types of disaggregation that are warranted are highly country specific; for these instances, there is a need to establish a globally agreed methodology for the formulation of disaggregated indicators. Overall, the collection of disaggregated data was limited by the availability of resources for statistics and, in some countries, by legislation that restricted the collection of data on ethnicity. The disaggregation of data is even more relevant in the SDG framework with its focus on equitable rather than average outcomes.

Vulnerable groups should be a particular policy focus. This requires data disaggregation.

Therefore, an important lesson from the implementation of the MDGs is that policies should provide a particular focus on geographic areas and populations that are at the highest risk of marginalization and social exclusion.

Policy goals need to be disaggregated and localized. In

principle, disaggregated development targets and indicators can inform government policy and help to address more effectively sub-national disparities. Also, when sub-national targets and indicators are aligned with analogous national-level instruments, localization can improve consistency across national and sub-national development planning. This will require better and more transparent collection, analysis and use of data.

The SDGs' integrated nature, broader thematic scope, and greater emphasis on disaggregation by sub-national and socio-economic vulnerability criteria constitute a significant improvement on the MDGs. However, from a

³⁵ For details, see United Nations (2015), The Millennium Development Goals in Europe and Central Asia: Lessons on Monitoring and Implementation of the MDGs for the Post-2015 Development Agenda.

technical point of view, virtually all of the statistical and indicator challenges that were present with the MDGs are also present with the SDGs. Many of these will be magnified by the SDGs' greater complexity and data requirements. Significant capacity development investments will be needed for national statistical institutions in many countries in the region—particularly (but not only) the less wealthy ones.

At the same time, an excessive focus on indicators may also have limitations. For instance, the measurement of maternal mortality in the context of the MDGs may have not been always conducive to the larger and more important political debate, as highlighted at the Cairo Conference in 1994, about what societal reforms are required to advance women's sexual and reproductive health and rights. Attention to indicators as a measure of progress should not obscure or replace a wider discussion on what are the systemic explanatory factors and how these can be influenced by policies. This is a discussion that the wider SDG framework makes possible.

Monitoring reports tracked the MDG targets and indicators. However, austerity measures in many countries resulted in cuts in public spending that impacted on the quality and universal accessibility of services and social protection initiatives that were necessary to meet the MDG targets. In addition, there appears to be a strong correlation between the implementation of austerity measures and labour market difficulties in countries of the region during the crisis. It is important therefore that the efforts to monitor the SDGs go beyond the indicators to also include the types of policies being implemented.

Box 1. Rights-based approaches and population dynamics

People in the region are living longer, healthier lives, and have higher levels of education than past generations. This has been accompanied by lower fertility, population ageing, and more complex migration patterns.

The Regional ICPD Beyond 2014 Conference “Enabling Choices: Population Priorities for the 21st Century” underlined the need for better integration of population dynamics into development planning at the national and sub-national levels, and underlined the necessity to take a long-term, holistic, rights-based approach to population dynamics. It was stressed that policies in both low and high fertility countries should be based on the right of individuals to decide freely and responsibly on the number and spacing of their children and to have the information and means to do so. Being able to make informed choices and decisions empowers individuals to fulfil their potential and participate fully in economies and societies. At the Conference, it was stressed that the promotion and protection of sexual and reproductive health and rights are essential to achieving gender equality, social justice and sustainable development. Many groups, in particular women, girls and minorities, continue to suffer from multiple and overlapping forms of disempowerment and discrimination, and called for policies to advance gender equality, enable equal participation and social inclusion of all individuals. However, it is also important that childcare access makes real choices possible and that the value of investing in children is recognized, given adverse demographic trends.

Source: Report of the UNECE Regional Conference on ICPD beyond 2014 “Enabling Choices: Population Priorities for the 21st Century”, Chair's summary

The continuous evaluation and peer review of the progress achieved across countries under the umbrella of the MDG Acceleration Framework enhanced the policy fine-tuning and identification of gaps. For those countries in the region which did not have sufficient resources due to economic constraints, funds were made available through international funding mechanisms, in particular for healthcare and health system improvements. Although some of these mechanisms did not target the MDGs specifically, they made a significant contribution to the strengthening of health and other institutions in general.

Despite major achievements, the MDGs were weak and inconsistent on human rights, inequality, and the use of human rights-based approaches. The pursuit of the MDGs in isolation from human rights in some parts of the region resulted in unsatisfactory outcomes that often left the most vulnerable population groups falling further behind in various dimensions of human development. Therefore, human rights and rights-based policy approaches (see box 1) based on the principles of participation, accountability, non-discrimination, empowerment, sustainability

and respect for the rule of law must take centre stage. The involvement of civil society and the willingness of governments to facilitate this involvement were also important factors in the implementation of the MDGs, which will be crucial for progress under the 2030 Sustainable Development Agenda.

Strong government ownership of MDGs, in particular when leading to MDG integration in national development strategies and plans, was a major positive influence when present. In other cases, insufficient government involvement or leadership prevented faster progress.

A final lesson is the critical importance of the overall economic situation. The early and mid-2000s saw strong economic growth across the region. With macroeconomic stability and large capital inflows, there was rapid income convergence between advanced and less advanced countries. Regrettably, the global and Eurozone crises hit the emerging economies of Europe and Central Asia harder than any other region and slowed down the pace of development, with negative implications for the availability of public funding and social conditions. Political and economic fragilities are again emerging as significant threats to social well-being. This underlines the importance of efficient spending and successful revenue mobilisation strategies that support social cohesion and solidarity.

3.2. Lessons in particular thematic clusters

3.2.1. Poverty reduction and job creation.

Poverty is multidimensional and its eradication requires a multisectoral effort that takes into account the cultural context for lasting results. Poverty is reproduced socially and inter-generationally, being the consequence of intersecting inequalities of class, gender, and race. Therefore, poverty reduction strategies must address, in a central way, the class, gender and racial inequalities in economic life. Addressing the unequal distribution of assets and income, labour market discrimination, inactivity, and the unequal distribution of unpaid care work between women and men is particularly important. Investing in children to prevent future inequality is also a critical factor. In a context of declining and volatile economic growth, the relevance of redistributive policies to eradicate poverty increases. To this end, social dialogue is crucial in ensuring representation of all actors in the economy.

Economic growth is not sufficient to address poverty. Better social protection systems are required.

Economic growth is not sufficient to address poverty, joblessness, and food insecurity in the post-2015 period. The modernization of social protection systems—to close the gaps into which many of those working in

precarious or vulnerable jobs in the informal sector have fallen, who are more often women than men—is also a must. Furthermore, current social protection systems ignore the fact that women engage more than men in unpaid care work and are associated traditionally with the assumption that men are the main breadwinners and resources are shared equally within households. Better social protection systems must be designed with the understanding that unpaid care work is an essential part of the economy that adds value on its own right. The establishment of universal and adequate Social Protection Floors can play a central role in this regard. Current social protection systems are not addressing child poverty effectively and should have a better focus. In addition, it is essential to ensure fundamental rights for all in the labour market, addressing existing challenges in the measurement of workers' rights and their violation. Cash benefits must be directed to those most in need, and combined with social services to combat economic and social exclusion.

Progressive economic policies are instrumental for the reduction of poverty and inequalities. The distribution of income and wealth has become more unequal in many countries, leading to insufficient demand and greater potential

for financial, economic and social crises. Pro-cyclical policies (such as austerity policies) can be extremely harmful to both poverty elimination and inclusive and sustained growth. They can have detrimental intergenerational effects, with the potential of undoing many of the past achievements for current younger generations. Economic policies (especially fiscal policies) should be designed to eliminate poverty and produce inclusive and job-rich growth.

A number of the region's poorer countries are experiencing ecological constraints to economic growth and poverty reduction—especially in rural areas. In Central Asia, the desiccation of the Aral Sea and other forms of unsustainable natural resource management have raised energy, water, and food insecurities and poverty risks for millions of rural households, and especially for women. Poverty reduction that is based on unsustainable natural resource management may itself be unsustainable. A sustainable use of natural resources will help in mitigating the risk and impact of disasters caused by natural hazards, which often exacerbate existing vulnerabilities.

National statistical systems are often unable to provide the data needed to monitor risks of poverty and exclusion from decent employment and effective social protection systems. Data frameworks that may have been sufficient to monitor progress in eradicating extreme poverty and malnutrition could easily be 'unfit for the purpose' of ensuring that no one is left behind. Time-use data must be collected systematically and widely to better understand time-poverty, which requires a different type of policy intervention than income or consumption poverty. As more and better data are collected and disseminated, capacities to use the data in new analytical frameworks must also be developed. Quality data plays a crucial role for both the development of evidence-based policy and the capacity of the UN family to assess impacts of development cooperation over time.

3.2.2 Education

Beyond the specific goal on education, the overall focus on poverty of the MDGs was crucial for improving schooling, as poverty is the most important determinant of access. By contrast, when poverty increases, the ability of students from vulnerable families to learn in primary and secondary education, and the ability of their families to support their learning, diminishes.

**An implementation gap remains.
Good policies are sometimes
not put into practice.**

An important lesson learned from the MDGs is that good policies are often not implemented. An implementation gap exists in particular for inclusive education policies that have been adopted in many countries of the region.

Education systems need to adapt to changing societal contexts, including demographic trends, migration and the spread of ICTs.

Policies should adapt to shifts in the international education agenda, promoting learning that is inclusive, equitable and of relevance and lifelong learning while adopting a broader equity and inclusion focus. In particular, in societies characterized by ethnic, linguistic and religious diversity, multicultural and interfaith approaches to education are fundamental. Increasingly, household poverty, disability, location and other characteristics are seen as drivers of inequality in education, in addition to, and often overlapping with, gender disparity. Education is key for progress towards the achievement of all of the SDGs and therefore should be part of the strategies to achieve each of them. Indicators and monitoring can be improved to better capture the spirit of the target. For example, the indicator for measuring universal primary education was changed from the Net Enrolment Rate to the Adjusted Net Enrolment Rate.³⁶

There are persistent concerns on the quality and equity of education and training systems that need to be addressed,

³⁶ This adjusts for the fact that some children of primary school age might enter primary school early and advance to secondary school before they reach the official upper age limit of primary education.

as learning outcomes are stagnating or declining in many countries. In particular, teacher training remains an issue in some countries. Large numbers of youth and adults have low literacy or numeracy skills, making it difficult for them to participate in social or professional life. Strengthening pre-primary education and holistic early childhood development would provide a better foundation for further learning. Broadening access to initial and continuing technical and vocational education and training and to adult education in a lifelong learning perspective is necessary to upgrade workers' skills. This would have a direct and positive implication for meeting other SDGs related to poverty and equity.

3.2.3 Gender equality

Advances in gender equality have had a positive impact on other goals. For example, the promotion of women's entrepreneurship, including for rural women, was an important component of poverty reduction strategies, especially in Eastern Europe and Central Asia. Efforts to accelerate progress in advancing the 2030 Sustainable Development Agenda must harness the synergies between the promotion of gender equality and the achievement of all the SDGs through systematic gender mainstreaming in the implementation of all goals. While gender equality has a positive impact on goals such as child and maternal health, progress in areas such as access to water and sanitation is also critical for ensuring women's safety, health and dignity.

MDG 3 was important for signalling gender equality as a global priority. However, the overly narrow focus of the MDG targets detracted attention from the root causes of gender inequality which is addressed in the more comprehensive normative agreements on gender equality such as the Convention on the Elimination on All Forms of Discrimination Against Women (CEDAW) and the Beijing Platform for Action (BPfA). Critical issues such as violence against women, inequalities in the division of unpaid care work, women's limited access to assets, violations of women's and girls' sexual and reproductive health and rights, and their unequal participation in private and public decision-making beyond national parliaments, remained unaddressed. Tackling these questions requires identifying and acting on the root causes of gender inequality. Effective implementation of the SDGs for women and girls would require strengthening the enabling environment for gender equality. This must include strong political will to create gender-responsive institutions, strong governance and accountability systems, macro-economic policies that are aligned

**Beyond the focus on targets,
there is a need to address the root
causes of gender inequality.**

with human rights standards, and full implementation of CEDAW and all of its obligations and commitments. Robust monitoring and accountability mechanisms are also required to ensure progress.

Due to lack of gender mainstreaming across other goals and targets, several important policy considerations were neglected in the MDG framework, including the persistence of discriminatory laws, social norms and practices and the inequalities experienced by the most marginalized groups of women and girls. Attitudes, beliefs and behaviours which result from social norms – particularly the socialization of both masculine and feminine identities – are still not well recognized as important entry points for policy interventions. Strict gender roles also reinforce existing systemic barriers for women and girls to access services and obtain remedies.

Developing context specific economic and social policies depends on the collection of data. Where such information is available, it is not always disaggregated by sex. Crucial data gaps remain, particularly in sex-disaggregated gender-based violence and domestic violence data. Moreover, by focusing on global and national averages, the MDG 3 targets masked gaps in achievement for marginalized groups of women and girls who experience multiple inequalities based on age, income, location, race, ethnicity, sexuality, disability and other factors. Women, particularly from vulnerable groups, continued facing specific poverty risks regardless of overall poverty rates, for example in case of divorce and single parenthood. Rural women fared worse than urban women and men for every indicator for which data are available. Gaps in access to education still exist in certain countries, and affect specific groups of women and girls,

such as ethnic minorities, girls from remote rural areas, girls with disabilities, or non-Western immigrant women in EU member states. Ensuring high quality and regularly updated data on gender equality is therefore critical.

Countries have not systematically ensured that gender equality and women's rights were central to development policies and poverty reduction strategies. As a result, gender issues have often been side lined or remained invisible in national development and poverty reduction strategies—which do not reflect the gendered nature of poverty, or that women's poverty is a consequence of (among other factors) gender inequalities in economic life. Poverty among women is often deeper, and harder to eliminate, than poverty among men.

The MDGs did not paid attention to the broader context for the realization of gender equality such as the impact of economic crises and macroeconomic policies, persistent conflict and environmental changes. Significant investments must be made in the creation of knowledge and technical expertise in the formulation of gender-aware economic policies, including in gender-equitable fiscal policies. Such policies are necessary for ensuring that addressing gender (and other) inequalities is not an afterthought, but central to policy formulation.

Most measures to counter the crisis have been gender-blind. Reductions in fiscal space often led to funding cuts for healthcare and education, which had disproportionate effects on women. Since social security systems in the region often replicate gender bias in labour markets, they do not address the social protection needs of women to the same degree as the needs of men. Consequently, women live more economically insecure lives and are more vulnerable to poverty than men.

Expenditure on gender equality and on sectors relevant for achieving the MDGs was stagnating, or even falling in several countries, as a result of successive economic crises and associated austerity measures. Adequate and sustained resourcing is critical to reverse the significant underinvestment in gender equality and women's empowerment.

3.2.4 Health

Over the last fifteen years, a significant improvement in overall health has been observed. Putting various health specific outcomes on the MDGs served to mobilize attention, high-level commitment, and additional resources. This was supported through a variety of global conferences³⁷, World Health Assembly and WHO Regional Committee resolutions, national political commitments, global and regional partnerships and funding. By recognizing the threat to international development and human health, the MDGs helped to put major communicable diseases on the global political and development agenda and raised momentum for a growing response. The MDGs also helped to strengthen and empower the organization of an increasingly strong civil society, patient groups and associations, including their engagement in some governance and policy developing structures.

Health 2020, the European policy framework for the promotion of equitable health and well-being, enhances the link between governance, inter-sectorial action for health, resilient communities, health systems and specific health action.

However, the regional progress in meeting health-related goals has been uneven, and substantial inequalities in access to and use of health services and treatment remain within and across countries, with further improvement particularly needed in Central Asia, Eastern Europe and the Caucasus.

Economic pressures and rising healthcare costs

³⁷ For example, the International Conference on Population and Development (ICPD) (1994), its resulting Programme of Action and the Fourth World Conference on Women.

increase the risk of exclusion, too often leaving behind those with the greatest health needs. Securing sustainable investment, both domestic and external, to address these needs remains problematic. Among key drivers in attaining the reduction in child mortality (MDG 4) were investments in cost-effective and scaled-up interventions with a high impact. Essential interventions to improve newborn and child survival are well known and have to be fully integrated in health care delivery systems, especially in resource-limited settings. On the other hand, strategies were often very ambitious but at the same time under-resourced, and their implementation was often not monitored sufficiently. An integrated approach to address major gaps in the continuum of care proved effective. Future funding needs also to consider the necessary investments for advocacy, human rights and programmes focused on key populations.

Country experiences under the MDGs highlight the need for continued public investment in the health sector, removing financial barriers to access and out-of-pocket payments. Investments in health literacy and empowerment of individuals, families and communities will facilitate strengthening health systems, and building resilient communities. Access to care varies importantly by household economic status, in particular in middle-income countries of the region. Reducing inequity in access to health care is therefore a policy priority. MDG6 targets on HIV in Europe and Central Asia have contributed to give priority attention to people and communities that are most vulnerable. While national contexts in the region are diverse, in all the countries of Europe and Central Asia, the HIV epidemic has disproportionately affected key populations who are often socially marginalized and economically vulnerable. Some women belong to one or more of vulnerable groups, and therefore have “accumulated vulnerabilities”.

Efforts to monitor progress have been hampered by data shortcomings. For example, monitoring progress towards MDG 4 in EECCA and SEE countries faced significant challenges, in the light of weak health information systems and significant differences between official data and estimates of international agencies. The UN Inter-agency Group for Child Mortality Estimation³⁸ works to address such differences so as to arrive at the most realistic estimates possible. The investments of international agencies in surveys to measure reproductive, maternal, newborn and child (RMNCH) indicators, including through the Demographic Health Surveys (DHS), and Multiple Indicator Cluster Surveys (MICS), have been critical³⁹.

Efforts for more coherence, integration and coordination between multiple MDGs have also been weak, and have been mainly vertical even within the same sector. For example, progress towards MDG 4 in addressing the needs of the most vulnerable is closely associated to progress in other goals such as MDG 5 on improving maternal health and paying attention to adolescent pregnancy. Progress on MDG 7 had an impact on MDG 4 as it addressed access to safe water and sanitation, which strongly influence the occurrence of diarrhoeal disease among children. Poverty and hunger, addressed by MDG 1, are important determinants of maternal and child health. MDGs 2 and 3, by addressing women’s educational achievement, also influenced child mortality, as children of less-educated mothers tend to be more vulnerable. MDG 3 further focuses on gender-linked inequities and inequalities that have an impact on reproductive health, including maternal health, and child survival and well-being. The response to HIV/AIDS has also been influenced by the progress in addressing gender equality and poverty.

A number of lessons can be drawn from the implementation of programmes to support health-related MDGs. The development and establishment of National Reproductive Health Strategies facilitated a holistic and whole of government approach to the improvement of reproductive health services in general and the improvement of maternal health in particular. Upgrading the quality of care by systematically training health staff and personnel motivated staff to improve the quality of services and encouraged the population to use these services more

³⁸ See www.childmortality.org

³⁹ http://www.who.int/gho/publications/mdgs-sdgs/MDGs-SDGs2015_chapter4.pdf?ua=1

actively. However, poor quality maternal, newborn, child and adolescent health care remains a pervasive problem, preventing further progress in mortality and morbidity reduction even in those settings where coverage rates of health service utilization are increasing. Improving quality care and integrated people-centered services will be key in furthering the prevention, promotion and control of diseases. Systems of quality improvement in health services, including internal and external audits, supportive supervision and mentoring, need to be in place and well-functioning. Country plans and programmes have increasingly focused on achieving high coverage of key interventions for maternal and child health. The continuous monitoring of progress, including mid-term evaluations made, helped to adjust and redirect interventions and programs if necessary.

One of the important lessons of the experience with MDG 6 targets on HIV is that there is a need to take urgent action now. This means, in particular, the need to scale-up targeted, combination HIV prevention programs, with a focus on harm reduction, accelerated progress to reach the 90-90-90 targets by 2020⁴⁰ and the strengthening of infection control measures in health care facilities.

Despite the progress under the MDGs, multiple challenges remain. These include ensuring the effective right to non-discrimination; the provision of continuum of care and a life-course approach; emphasis on prevention, health promotion, and community participation and empowerment; true integration of sexual and reproductive health, including HIV, sexually transmissible infections (STIs) and cervical cancer prevention services and the need for continuous improvement of sexual and reproductive health education in schools. The focus should be not only on expanding coverage but also the quality of care. In addition, reaching out to the most disadvantaged groups, including key populations and their sexual partners, and the achievement of a true gender-and human rights based approach should continue to inform health-related interventions.

The 2030 Agenda for Sustainable Development therefore provides new opportunities. First, it is aligned with Health 2020, while providing the means of implementation. Second it addresses the unfinished MDG agenda while aiming to reach universal health coverage, strengthening health systems and quality of care, as well as improving health financing. Further, it offers new possibilities to reinforce existing inter-linkages in policy responses that go far beyond the mobilization of the health sector and take into account the need to address gender equality, reduce inequalities and violence, provide access to justice, build effective, accountable and inclusive institutions, and create enabling conditions and resilient communities while ensuring that no one is left behind.

3.2.5 Environmental sustainability.

The key lesson that can be derived from the implementation of MDGs is that environmental policy alone cannot ensure environmental sustainability, which needs to be integrated into sectoral policies (e.g. agriculture, energy, health and transport) and cross-cutting policies for disaster risk reduction and climate change adaptation. The ultimate aim should be dealing with different goals and their implementation in an integrated and interconnected way that avoids silo approaches. The SDGs provide a framework for the integration of various aspects relevant for environmental sustainability and, as such, represent a significant advance regarding the more limited considerations in MDG 7.

Environmental sustainability requires a systemic approach based on the integration of different sectoral policies.

A systemic approach is required. Despite significant improvements, production patterns in many countries are still highly energy- and resource-intensive, contributing to the continued

⁴⁰ By 2020, 90 per cent of all people living with HIV will know their HIV status. By 2020, 90 per cent of all people with diagnosed HIV infection will receive sustained antiretroviral therapy. By 2020, 90 per cent of all people receiving antiretroviral therapy will have viral suppression. UN AIDS (2014), 90–90–90 - *An ambitious treatment target to help end the AIDS epidemic*.

deterioration of the environment through emissions of waste, toxic materials, pollutants, and depletion of scarce resources. In order to reduce the ecological footprint, it is necessary to accelerate the shift from 'brown' to 'green' economies, building on the progress that has been made. Bold commitment is required, as well as policy formulation, long-term vision, and leadership to apply and replicate the good practices available.

The wise use and management of natural resources in different sectors should be given the highest importance when pursuing economic development. This requires assessing and taking into account the economic, social and cultural value of the natural capital and ecosystems and improving valuation approaches. These values should be integrated into strategies for development, disaster risk and poverty reduction as well as policy-making and planning processes for the implementation of the 2030 Agenda. Environmental governance needs to be strengthened, especially in the emerging economies of the region.

Unsustainable patterns of consumption and production have become major causes for the continued deterioration of the global environment and the depletion of scarce resources. Therefore, changing consumption and productions patterns and promoting sustainable lifestyles in an integrated and systematic manner will be crucial to the achievement of sustainable development.

Sustainable consumption and production is closely linked with the situation in cities. Patterns of energy use, transport, social cohesion and economic development are shaped in urban areas to a large extent. Therefore, appropriate policies are required to support the transformation of urban agglomerations into sustainable cities full of opportunities and services for all. Suitable urban planning and investment in public infrastructure are crucial for the sustainable development of cities⁴¹. In addition, democratic urban governance, citizen participation and evidence-based decision making will be essential to move towards smart, resilient, liveable and green cities. The SDGs provide a much more comprehensive framework to deal with urban issues than the MDGs, thus making the consideration of these multiple factors possible.

The MDG target on water and sanitation drove significant progress in these areas. However, as in many other regions, there was a failure to meet the sanitation target. This seems due to a general neglect of sanitation and lack of action in the global, regional and national agendas – a reality which has been addressed in the formulation of SDG targets 6.2 and 6.3.

Major factors preventing advances under the MDGs need to be addressed to make faster progress under the SDGs possible. These include the absence of national policies and implementing strategies for human resources and, in particular, of comprehensive national systems for planning, implementing and financing of the water, sanitation and hygiene (WASH) sector. For example, only 3 of the 12 countries from the region participating in the recent UN-Water Global Analysis and Assessment of Sanitation and Drinking Water (GLAAS)⁴² indicated that financing allocated to sanitation was sufficient to cover over 75 per cent of what is needed to meet targets. Whereas national policies for sanitation and drinking-water exist in almost all countries, the level of implementation of these policies is low. Only 30 per cent of countries report to have approved national policies which are fully implemented. Also, human resource strategies exist only in one third of participating countries.

Observed progress in terms of overall access to water and basic sanitation does not provide an appropriate metric for the existing challenges, as this does not show the dynamics regarding quality, quantity, functionality, reliability, continuity and affordability. In the MDG-period, the primary focus was on increasing access to basic water and sanitation infrastructures and services – an emphasis which was partially contributing to insufficient attention to sustainability,

⁴¹ For further information, see UN Habitat (2009), *Global Report On Human Settlements 2009: Planning Sustainable Cities*, Nairobi and UN Habitat (2012), *State of the world's cities 2012/2013: prosperity of cities*, Nairobi.

⁴² WHO 2015. *Investing in water and sanitation: increasing access, reducing inequalities: GLAAS 2014 findings — Highlights for the European Region*, Geneva. Available at: http://www.who.int/water_sanitation_health/publications/glaas-2014-euro-highlights/en/

equity and safety of services. Significant health gains are expected from the transition from access to “basic” to “systematically managed” water sources and sanitation facilities through scaling up systematic risk management approaches, such as the WHO water safety plan and sanitation safety plan approaches, in both policy and practice⁴³.

3.2.6. Global partnership for development

Central to MDG 8 was the recognition that aid, trade and international finance should complement domestic resources to meet development goals. The past dynamics of ODA suggest that the overall economic environment and the state of public finances may influence the willingness of developed countries to render assistance. This has negative implications, as finance is likely to dry out when it is most needed. Moreover, not only the volume of aid but also its predictability and stability are important to provide a better foundation for the financing of programmes.

The transition to the market economy and, for some countries, the accession to the European Union prompted new opportunities for integration into the world economy. However, in EECCA the growth of exports has been accompanied by little structural change and their exports remain dominated by natural resources. There is a need to develop a sustained policy effort to build up competitiveness, enhance and diversify supply capacities and build up economic resilience to external shocks. Structural change cannot be achieved rapidly and the current pattern of specialisation reproduces vulnerability.

Tariffs, which were one of the concerns under the MDGs, represent only a relatively minor barrier to exports for middle-income countries in Europe and Central Asia. By contrast, more emphasis is required on lowering transport costs, improving border crossing procedures and upgrading their ability to meet product standards in export markets. The SDG framework makes it possible to address these questions, which were not covered by the MDGs. However, simmering conflicts and the trend towards the imposition of national barriers can make progress more difficult.

Overall progress in ICT use in the region hides continued access difficulties for particular population groups and differences in quality and ease of access, therefore continued policy attention and sufficiently disaggregated data to monitor developments are required.

There are many good medical products available but sometimes they are not accessible or priced too high and thus not necessarily affordable for patients. A focus on access rather than innovation is a key measure to promote affordability.

Achieving universal health coverage (UHC) is an important target and provides policy space in the SDGs.

The intellectual property regime should strike a balance between creating incentives for innovation and facilitating affordability of essential medicines. In most countries, as WTO members, this regime will be constrained by the obligations under the Trade-related

Aspects of Intellectual Property Rights (TRIPS) Agreement. A wide range of policy options and flexibilities are built into the international intellectual property regime that can be used to pursue public health objectives. However, most of the countries which cannot afford the branded versions, do not in fact qualify for the flexibility given that they are classified as low-middle income countries. The emphasis on universal health coverage in the SDGs, including financial protection for the population, defines a broader policy space for the consideration of affordability issues than the MDGs.

⁴³ WHO 2014. Preventing diarrhoea through better water, sanitation and hygiene: exposures and impacts in low-and middle-income countries, Geneva. Available at: http://www.who.int/water_sanitation_health/publications/preventing-diarrhoea/en/



IV. The way forward



IV. The way forward

Following the adoption of the 2030 Sustainable Development Agenda, governments have taken first steps towards the implementation of this complex and ambitious blueprint for transformative change. The universal character of the Agenda means that all countries are concerned, not only those for which MDGs had already a significant influence in policy strategies. The regional UN system is also reflecting on the challenges ahead and actively supporting member States in their efforts to meet them. This section will consider the way forward as governments and the UN regional system seek to translate the vision of the 2030 Agenda into concrete actions that will make it a reality.

1. What are the initial steps taken by member States to implement the SDGs?

A survey carried out by UNECE and the Regional UN Development Group for Europe and Central Asia among member States in the UNECE region in late 2015/early 2016 on planning, implementation, follow-up and review of the SDGs⁴⁴, provides useful insights on the initiatives deployed by governments, their main concerns and approaches.

Most governments seek to build on existing policy frameworks, updating or adapting existing strategies. A mainstreaming, comprehensive approach is preferred over sectoral interventions. But this is complex work that remains very much in progress, while there are still some missing blocks (for example, regarding indicators). Different government levels and policy areas, both domestic and international, are involved. It is acknowledged that this complexity and wide scope means that progress will depend on awareness of the content and implications of the Agenda – both within the government and beyond.

Governments emphasized in their replies that SDGs have an intersectoral character and this is reflected in the extensive use of inter-ministerial coordination structures. Some countries mentioned the importance of having a “whole of government” approach, including the involvement of different levels. In particular, implementation at the local level is critical.

SDGs have a horizontal character. The definition of priorities should not lead to “cherry-picking” some goals.

Mapping exercises are being carried out to understand needs and identify the required changes in policy frameworks. Some areas may receive particular policy attention but the definition of priorities should not lead to “cherry-picking” (i.e. the neglect of some

goals while focussing only on particular ones). All goals are horizontal and intrinsically linked, so an integrated approach is necessary for implementation. Stocktaking exercises could serve to develop baselines from which progress can be assessed and to provide the basis for a gap analysis.

All countries plan to involve stakeholders in the implementation of SDGs, including through particular institutional structures such as National Councils for Sustainable Development. Respondents emphasised that adaptation to national and local realities is critical, including with the involvement of stakeholders.

Data is essential for effective and transparent monitoring and this is an area where UN work, at different levels,

⁴⁴ <http://www.unece.org/index.php?id=42256>

is particularly significant and support is widely expected. Disaggregation is important to ensure that statistical averages do not mask inequalities. Data may come from different sources, so effective coordination is necessary. Some countries have already in place a well-developed system of sustainable development indicators or datasets that are collected to monitor existing policy actions. On-going diagnosis checks are being carried out at the national level to assess to what extent existing capacities are fit to meet data needs.

Mechanisms for progress assessment are yet to be defined fully and this is an area where plans are comparatively less defined, as some countries feel that it is too early to provide detailed answers or state that work is very much in progress. Analytical aspects, going beyond purely statistical reporting to address issues regarding policy coherence and interlinkages between targets are underlined by some countries while others mentioned that evaluation should take place at the level of the overall sustainable development strategy. The importance of a transparent, inclusive and participatory follow-up and review process, with broad multistakeholder participation was emphasised.

As for reporting, many countries deferred providing more details on this issue until there is more clarity at the global, and for some of them, EU level. The need to avoid duplicative processes and use existing instruments and channels of reporting as much as possible was emphasised. Many countries would welcome guidelines on common reporting that would facilitate fulfilling different obligations. Some of the issues mentioned included the alignment of reporting cycles and the use of national reports under different conventions and other international obligations in reporting on SDG progress. Reports should be disseminated widely and, in particular, could be shared at the regional level including in the context of peer-reviews, to facilitate learning and the exchange of experiences.

2. What can the regional UN system do to support member States?

The 2030 Sustainable Development Agenda is not only universal and complex in nature. It is also deeply interconnected. The UN system, including at the regional level, with its wide variety of technical expertise and access to many countries' experiences, will support the efforts of its Member States in advancing this Agenda, including through the full integration of the SDGs into strategies, policies and programmes at all levels.

A complex, universal agenda that needs to be well communicated

The complex nature of Agenda 2030 makes the SDG planning and implementation a challenging task for all countries in the region. The 169 SDG targets include 107 substantive targets and 62 means of implementation targets (including all 19 targets of the SDG 17). This means that the implementation of the SDG agenda is likely to have a double dimension, concerning both domestic and international or development cooperation aspects. Governments will decide which targets are relevant for each agenda, what they mean in the national context and how one can monitor their implementation. Background analysis, planning and implementation of the agenda present a significant challenge even for the high-income countries of the region. The emerging economies in the region have to cope with additional difficulties because the number of unmet SDG targets is likely to be higher and administrative capacity weaker than in their high-income counterparts.

Awareness and advocacy activities are critical to foster SDG understanding and mobilize support.

Given this wide scope and complexity, the support required from the regional UN system will be substantial. The regional UN system should help its members in translating global SDG targets into relevant national targets, disseminate practical tools

that support SDG implementation and provide capacity building services in different areas that would benefit from this assistance. SDGs are strongly grounded in global standards, values and norms and all existing norms, standards and conventions should be fully used and further developed in pursuing the SDGs.

The UN will need to develop differentiated modes of engagement to respond to complex and diverse needs of member States, particularly in countries with no or limited UN presence, such as high-income countries. For this, it will be important to identify synergies and develop collaboration with other international organizations (e.g. the OECD) and integration groups (e.g. the EU). Moreover, normative issues (including conventions, standards and other instruments) provide a clear area of engagement with these countries. The capacities of middle-income countries to address SDGs should also be supported and strengthened.

Information, advocacy, and awareness raising initiatives about the SDGs should be developed. In most of the region, awareness of the SDGs is limited to ministries of foreign affairs and economy/development, and to NGOs working on international development issues. The SDGs cannot promote whole-of-government sustainable development policy frameworks if this does not change. Insufficient awareness has also financial ramifications. The mobilization of additional funds for SDG implementation will be an uphill task, given the complexity of Agenda 2030 that makes it difficult to communicate its targets to the general public. This could result in a lack of engagement of the private sector and civil society. The regional UN system can support national efforts to address these critical information/awareness challenges while promoting whole-of-society approaches and active citizen engagement. Communication of the complex Agenda 2030 needs to be properly structured in order to make it more accessible to the general public. SDG reports can also be used to attract wide societal engagement during implementation but these reports should be owned by government, which was not always the case with MDG reports. The regional UN system will promote government ownership of the SDG agenda by continuous engagement with national authorities.

Providing channels and platforms for the exchange of experiences

The region includes countries at very different levels of economic development. This variety of situations could be an asset for partnership building, exchange of lessons learned and knowledge-sharing. The disparities between countries could provide an opportunity for transfer of knowledge, horizontal cooperation and ‘peer’ support between member States. All countries of the region would benefit from an exchange of expertise and good practices in economic, social and environmental areas of public policy that are relevant to the SDGs.

The exchange of experiences is important for success in the implementation of SDGs but this requires appropriate mechanisms and platforms.

However, supportive actions are required to reach these potential benefits. The UN could play a greater facilitation role to make these exchanges possible. It could provide a clearing house and platform or exchange of best practices and innovative approaches for the implementation of the SDGs amongst different countries, as well as regions. United Nations

Development Assistance Frameworks (UNDAFs), as the foundation of UN support at country level, including in relation to SDGs, constitute a solid basis and opportunity to exchange best practices in programme work, partnership, research, and investment.

The regional UN system is ready to build on existing mechanisms and engage in an open regional platform to ensure regional SDG follow-up and review, based on national reviews and with full engagement of regional organizations and stakeholders.

Cross-sectoral coordination and new policy spaces

Sustainable improvements in different areas would require efforts that spread beyond individual sectors. Silos must be broken. For example, improvements in child survival and health will require engaging other policy areas that have impact on families with children such as water and sanitation, education, economic and social protection, environment, sustainable consumption, transport and gender. These linkages and interdependencies mean that the UN system needs to reinforce its efforts to improve coordination and deliver as One UN. Strong interagency cooperation can develop synergies at the regional and country levels, resulting in joint high-impact results with multiplier effects.

SDGs define a wider policy space that allows a focus on systemic issues. Cross-sectoral coordination will be critical.

Inter-sectoral coherence, integration and coordination of efforts are essential, as no single SDG can be led or owned by any single UN entity. Greater synergies between normative and programme approaches and more integration between development, humanitarian, human rights, and peace and security pillars of the

UN system are required to effectively support countries efforts to advance the 2030 Agenda.

SDGs have shifted the focus towards more systemic issues, which creates a major opportunity to broaden the areas of intervention but also provides a basis for more balanced and sustainable approach to the achievement of the different targets. Priorities and financing would need to be realigned to seize this opportunity with the support of the regional UN system.

Given the scale and complexity of initiatives undertaken by multiple actors, coordination and alignment of actions is essential. The implementation of Agenda 2030 will be driven by member States, with the UN system playing a supporting role. But UN programming tools should be used so as to avoid duplication as much as possible. The early integration of the SDGs into country work via the UNDAFs and similar coordinated programming tools, including through the strategic framework adopted by the UNDG “SDGs Mainstreaming, Acceleration and Policy Support to UN Country Teams”, is particularly important for effective and coherent support to SDG implementation. Interagency cooperation and operationalization of the UN Joint programmes at the regional and national levels will play a strong role in effectively addressing existing challenges and priorities. The regional UN system could also support the work of national coordination structures, such as sustainable development councils and similar institutions. At the regional level, the expanded use of “issue-based coalitions” (box 2) that have been developed under the auspices of the Regional UNDG Team and the Regional Coordination Mechanism (RCM) can help coordinate support. Together with Results Groups established at country level, they can serve as platforms for engagement with partners in SDG implementation, resource mobilization, partnerships, advocacy, monitoring and review.

Better understanding for better policies

Data is required to monitor progress but also to mobilize support and develop evidence-based policies.

The availability of relevant and accurate data is necessary to underpin advocacy, stimulate political commitment, provide a sound rationale for investments and inform decision making. However, the demands of data collection for the 2030 Agenda will pose challenges even for the advanced countries in the

region. Support for national statistical offices and new analytical frameworks should be strengthened with the assistance of the UN system. The UN should support countries and provide expertise to develop comprehensive

data systems including indicators that are sufficiently disaggregated while facilitating harmonization and international comparability of SDG indicators. It is also necessary to develop appropriate methodologies that capture the know-how developed at the national level so it can be replicable in another context.

Box 2. Issue-based coalitions as strategic platforms of the regional UN system

One of the most distinct measures taken by the regional UN system to work together in support of the 2030 Agenda is the creation of various issue-based coalitions. These coalitions serve as strategic platforms of several UN entities for joint advocacy, analytical and substantive activities on cross-cutting themes.

HEALTH: An issue-based coalition on health is currently under development, building on the previous UN Regional Interagency Thematic Group on Non-Communicable Diseases (NCDs) and Social, Economic and Environmental Determinants, led by WHO and created in 2013. It facilitated better coordination, information exchange, resource mobilization, governance and reporting. NCDs are now acknowledged in prominent sections of all 15 UNDAFs and 14 include targets that are related to NCDs. The Regional Thematic Group is being broadened towards a broader, European Regional Issue-based Coalition on Health. The coalition will act as a pan-European enabling mechanism to facilitate and promote the implementation of SDG 3 on health and well-being and all health-related targets through coordinating the activities of the relevant UN entities and other partners. In particular, the coalition will reach out to other partners, including international organizations, civil society and the private sector to explore ways of collaboration and joint action.

SOCIAL PROTECTION: The formation of an issue-based coalition on Social Protection Floors (SPF) in the region has been led by the ILO, UNDP and UNICEF. The aim is to better coordinate the technical support UN provides at the country level and contribute to the efforts to create a UN system that is “fit for purpose” to deliver on the SDGs. Social Protection Floors are guarantees that follow individuals throughout their lifecycle. They are framed in the context of a human rights based approach, for example using both the ILO Convention on Social Security (Minimum Standards), 1952 (No. 102) and the Social Protection Floors Recommendation, 2012 (No. 202). Initial activities have already been carried out in a number of countries. In Moldova, the SPF Task Team carried out a detailed mapping of work by different agencies and how it covers the four main guarantees of the SPF. In Kyrgyzstan, a joint exercise to carry out an “assessment-based national dialogue” was launched in December of 2014.

GENDER: The existing Regional Working Group on Gender (RWGG), consisting of 11 agencies and led by UNFPA and UN Women, provides greater coherence and coordination at all levels and across participating agencies. It is continued as an Issue-Based Coalition on Gender. One concrete activity suggested for 2016 is the development of an Issue-based Policy Brief on SDGs and Gender, which will be linked to the to-be-developed regionally-tailored guidance on the SDGs.

YOUTH: An issue-based coalition on “No youth left behind” will bring together a number of organizations - UN system, regional entities and interested member States who commit to advance youth agenda in the specific areas of: health, education, employment and participation. The issue based coalition on “No youth left behind”, anchored in the 2030 Agenda for Sustainable Development will be a regional vehicle addressing youth-related inequalities in Europe and Central Asia. The UN Europe and Central Asia Partnership for Youth will act as a secretariat for the issue-based coalition.

A better understanding of how the global goals are being translated in a national context, the prioritization of issues, the social, political and economic factors and conditions that have enabled or hindered the policy agenda, as well as the role and influence of different actors, including the UN offices, will be critical for effective action. This understanding needs to be developed with the help of academic experts, civil society and other stakeholders. The regional UN system can be involved in compiling and analysing regional trends in the achievement of the SDG targets and preparing regional issue-based policy briefs (box 3).

Box 3. The Global Environmental Outlook 6. Regional Assessment

The Global Environment Outlook is a periodic report that provides a comprehensive evidence-based analysis and evaluation of global and regional environmental trends. The sixth *Global Environment Outlook (GEO-6) Assessment for the pan-European region* is focused on sustainable development priorities, trends, governance and emerging issues in 54 countries of the region and based on established mechanisms for regional cooperation. It was prepared by the United Nations Environment Programme in collaboration with the UNECE and with the assistance of the European Environment Agency. The report concludes that a rapid transition to an inclusive low-carbon economy is needed in order to ensure that environmental factors do not threaten health and well-being in the region. GEO-6 was launched at the Eight Environment for Europe (EfE) Ministerial Conference that took place in Batumi, Georgia, on 8-10 June 2016.

The regional UN system can also provide social and economic arguments in policy development that identify the multiple benefits in different sectors of particular actions. Showing evidence of return on investments and multiplier effects, for example, on health-related interventions, would support advocacy initiatives and facilitate broad ownership. This work would concern the mandate of various UN agencies and provides an additional argument for inter-agency cooperation.

National prioritization of the SDGs, particularly in terms of the selection and adaptation of, and the setting of baselines for, SDG targets and indicators is essential, in particular for those countries that are more resource-constrained. The UN can provide the necessary support to these efforts, taking into account needs, gaps, structural dependencies and other factors to suggest appropriate actions and, critically, their sequencing.

The early stages of SDG nationalization and implementation present an important opportunity to analyse the dynamics of localization, to help identify the factors and conditions that enable or hinder policy change as well as the role and influence of different actors.

Case studies on the implementation of SDGs at national level could provide an in-depth analysis of the policy and political context for the implementation of the SDGs, including from a gender perspective, to better understand how the global goals are being translated in a national context, the prioritization of issues, the social, political and economic factors and conditions that have enabled or hindered policy agenda, as well the role and influence of different actors.

Reaching out to build stronger partnerships

The importance of partnerships for advancing the 2030 Sustainable Development Agenda is explicitly recognised in SDG 17. The SDGs provide a new impetus for regional partnerships, building on the efforts made towards meeting the MDGs. Achieving the SDGs will be a complex process that will require working with partners to share lessons learnt, overcome common challenges, and initiate actions in line with convergent strategies. In particular, developing the appropriate policies to create the right incentives for the involvement of the private

The engagement of non-state actors during the SDG consultation process needs to continue during implementation.

sector will be essential, given the large financing costs of SDG implementation. The regional UN system should continue to exercise its catalytic role and convening power to assist countries in advancing sustainable development, including through the revitalization of global and regional partnerships.

A critical aspect for success is to repeat the unprecedented engagement of non-state actors witnessed during the consultation process (civil society, private sector, academia, and the public at large) in the implementation of the new agenda. It is also essential to create opportunities for non-state actors in monitoring the progress

in the integration of the SDGs into national development planning and its implementation. The regional UN system should work to facilitate the wide engagement of all stakeholders. However, the capacity of civil society organizations is uneven across the region and, in some cases, funding is largely dependent on external donors.

3. What are the risk factors that may hamper SDG implementation?

Risk factors for the SDG implementation in the region include weak economic conditions, geopolitical tensions, exposure and vulnerability to natural hazards, a large number of refugees and migrants, insufficient political commitment, lack of financial resources and the unprecedented complexity of Agenda 2030. Regional cooperation is essential for coping with these challenges.

Recent years have been marked by slow growth in advanced countries and commodity price declines that have pushed some of the emerging economies in the region into recessions. The economic outlook remains clouded. A protracted economic stagnation could undermine Agenda 2030 by postponing the overdue massive investments required in education, health, social inclusion, resilient infrastructure, clean technology and other key sectors. Lack of economic dynamism also complicates the achievement of the redistributive objectives of the Agenda and creates intergenerational gaps that will be hard to close.

Geopolitical dynamics also threaten to hamper SDG implementation in the region, given the existence of different unresolved conflicts. Women and children are among the most vulnerable population groups that could suffer particularly from these conflicts. In addition, risks posed by natural hazards, emergencies and disasters (earthquakes, floods, droughts and heat-waves) are common in some countries in the region. Emergency preparedness and humanitarian response must continue to receive priority attention, and humanitarian support should target the most vulnerable, mainly women, adolescents and young people. However, there is the risk that the urgency of a necessary humanitarian response in an emergency situation shifts the focus, commitment and resources away from development programmes, treating only the symptoms, rather than the root causes.

Political instability and humanitarian crises in the Middle East and parts of Africa have spilled over into Western Europe and South Eastern Europe, resulting in large numbers of refugees and migrants and the imposition of temporary border controls within the Schengen area. This situation, which has significant political and economic ramifications, is adding further complexity to the implementation of SDGs. The protection of the rights of refugee and migrant populations poses a major challenge. Access to quality education, labour markets and social or health protection of refugees is especially important for their integration or, with a longer-term view, return to contribute to a post-conflict reconstruction of their home countries.

Insufficient political commitment, in particular concerning some specific goals and targets, may hamper progress. Without this necessary commitment, the translation of SDGs into tangible national targets and concrete action plans that become part of the agendas of relevant sectors may not take place in a sufficiently robust way. This may also lead to the limited involvement of civil society, with negative implications for transparency, accountability and the effectiveness of actions.

Global goals and targets can mobilize support and resources for global priorities, but can also have unintended consequences. Although the 2030 Agenda is far more comprehensive than the MDGs, selectivity in the implementation of targets (for political reasons and/or financial constraints) may lead to the marginalization or neglect of some issues. It will be important to closely monitor and analyse how commitments in the 2030 Agenda are localized, including the prioritization of issues.

As a result of adverse economic and political developments, there is the risk that financial commitments fall short of what is required to deliver on this transformative agenda. The financial needs for SDG implementation

will be higher than for the more limited MDGs. However, there are hardly any new development assistance commitments. The SDG funding gap could be reduced if Western Europe and North America that account for the bulk of ODA would step up their contributions to the targeted level. The gap could be further reduced by the mobilization of private donors and a sensible alignment of economic incentives with sustainable development objectives. The mobilization of domestic resources is closely linked to the overall economic outlook but would also benefit from improvements in the tax system and the ability to reduce external leakage and corruption. Uncertain funding and the absence of multiyear commitments would undermine long term planning and may hamper the new development agenda.

Finally, the complexity of the 2030 Agenda represents a risk for its implementation. The SDGs' integrated nature, broader thematic scope, and greater emphasis on disaggregation by subnational and socio-economic vulnerability criteria constitute a significant improvement on the MDGs. However, from a technical point of view, virtually all of the statistical and indicator challenges that were present with the MDGs remain with the SDGs. This means that significant investments will be required to address these increased data needs.

4. Concluding remarks: working together for SDG implementation

The MDGs resulted in significant advances in multiple areas critical for the welfare of populations and environmental sustainability. The process of implementation of the MDGs also taught us valuable lessons, showing the limitations of the existing framework but also providing numerous examples of how effective progress can be achieved.

There is a need to build on what we have learnt and on past achievements to tackle the much more comprehensive and ambitious 2030 Sustainable Development Agenda. A critical aspect of this Agenda is that it allows addressing the different factors that drive progress in an integrated manner. This defines new and broader policy spaces requiring much closer coordination to seize the opportunities for transformation.

While governments are strengthening mechanisms for intersectoral coordination, the UN system, including at the regional level, has also been developing new initiatives and using existing instruments for coordination to facilitate the implementation of the SDGs.

Silos need to be broken and all stakeholders need to be involved.

By working together, we will be able to deliver on the promise of the SDGs, a future that leaves no one behind.



Statistical Appendix



Table 1. Poverty rate (share of population below 60% of average income or below national poverty line), selected years

	2001	2005	2007	2008	2011	2012	2013
South-Eastern Europe							
Albania	:	18.5	:	12.4	:	14.3	:
Bosnia and Herzegovina	:	:	:	:	:	:	:
Montenegro	:	11.2	8.0	4.9	9.3	11.3	:
Serbia	:	:	:	:	24.6	:	:
The Former Yugoslav Republic of Macedonia	:	:	:	:	:	:	:
Turkey	:	16.4	8.4	6.8	2.8	2.3	:
Eastern Europe, Caucasus and Central Asia							
Armenia	48.3	:	:	27.6	35.0	32.4	32.0
Azerbaijan	49.6	:	15.8	13.2	7.6	6.0	5.3
Belarus	28.9	12.7	7.7	6.1	7.3	6.3	5.5
Georgia	:	:	20.1	17.7	17.7	14.8	:
Kazakhstan	46.7	31.6	12.7	12.1	5.5	3.8	2.9
Kyrgyzstan	:	:	35.0	31.7	36.8	38.0	37.0
Republic of Moldova		29.0	25.8	26.4	17.5	16.6	12.7
Russian Federation	:	17.8	13.3	13.4	12.7	10.7	10.8
Tajikistan	:	:	53.1	:	:	:	:
Turkmenistan	:	:	:	:	:	:	:
Ukraine	:	:	12.7	7.1	7.8	9.1	8.4
Uzbekistan	:	:	:	:	16.0	:	:
New post-transition EU members							
Bulgaria	16.0	:		21.4	22.2	21.2	21.0
Croatia	:	:	:	:	20.9	20.4	19.5
Czech Republic	8.0	10.4	9.6	9.0	9.8	9.6	8.6
Estonia	18.0	18.3	19.4	19.5	17.5	17.5	18.6
Hungary	11.0	13.5	12.3	12.4	14.1	14.3	15.0
Latvia	:	19.4	21.2	25.9	19	19.2	19.4
Lithuania	17.0	20.5	19.1	20.9	19.2	18.6	20.6
Poland	16.0	20.5	17.3	16.9	17.7	17.1	17.3
Romania	17.0	:	24.8	23.4	22.2	22.6	22.4
Slovakia	:	12.2	11.5	12.3	13.6	13.5	14.5
Slovenia	11.0	13.3	10.6	10.9	13.0	13.2	12.8

	2001	2005	2007	2008	2011	2012	2013
European advanced economies							
Austria	12.0	12.6	12.0	15.2	14.5	14.4	14.4
Belgium	13.0	14.8	15.2	14.7	15.3	15.3	15.1
Cyprus	:	16.1	15.5	15.9	14.8	14.7	15.3
Denmark	10.0	11.8	11.7	11.8	12.1	12.0	11.9
Finland	11.0	11.7	13.0	13.6	13.7	13.2	11.8
France	13.0	13.0	13.1	12.5	14.0	14.1	13.7
Germany	11.0	12.2	15.2	15.2	15.8	16.1	16.1
Greece	20.0	19.6	20.3	20.1	21.4	23.1	23.1
Iceland	:	9.7	10.1	10.1	9.2	7.9	9.3
Ireland	21.0	19.7	17.2	15.5	15.2	15.7	14.1
Italy	19.0	19.2	19.5	18.9	19.8	19.5	19.3
Luxembourg	12.0	13.7	13.5	13.4	13.6	15.1	15.9
Malta	:	14.3	15.1	15.3	15.6	15.1	15.7
Netherlands	11.0	10.7	10.2	10.5	11	10.1	10.4
Norway	11.0	11.4	11.9	11.4	10.5	10.0	10.9
Portugal	20.0	19.4	18.1	18.5	18	17.9	18.7
Spain	19.0	20.1	19.7	19.8	20.6	20.8	20.4
Sweden	9.0	9.5	10.5	12.2	14	14.1	14.8
Switzerland	:	:	15	15.7	15.0	15.9	14.5
United Kingdom	18.0	19.0	18.6	18.7	16.2	16.0	15.9

Source: UN MDG Statistical Database (EECCA and SEE countries); Eurostat (European advanced economies and post-transition EU members).

Note: Poverty rate is defined by Eurostat as the percentage of population living in households where the equivalised income is below the threshold of 60% of the national equivalised median income.

This definition was used to calculate poverty levels in post-transition EU members and European advanced economies. National definitions of poverty threshold were used for EECCA and SEE countries.

Table 2. Enrolment rates in primary and tertiary education by sex

	Adjusted net primary enrolment rate (%)				Gross tertiary enrolment ratio (%)			
	Boys		Girls		Men		Women	
	2000	2013-15	2000	2013-15	2000	2013-15	2000	2013-15
South-Eastern Europe								
Albania	96.6	96.5	95.2	95.3	12.8	52.4	18.3	73.8
Bosnia and Herzegovina	:	:	:	:	:	:	:	:
Montenegro	:	94.2	95.0	93.1	:	:	:	:
Serbia	:	98.3	:	98.9	:	50.5	:	66.0
The Former Yugoslav Republic of Macedonia	98.1	:	96.6	:	20.0	34.9	25.6	44.1
Turkey	:	93.7	:	92.6	:	84.9	:	72.9
Eastern Europe, Caucasus and Central Asia								
Armenia	:	:	:	:	30.7	41.9	38.7	51.5
Azerbaijan	88.5	96.1	88.0	94.5	:	21.7	:	24.8
Belarus	:	94.0	:	94.1	47.1	76.5	62.3	102.0
Georgia	:	:	:	:	38.7	34.8	36.9	43.7
Kazakhstan	93.3	99.8	95.0	99.9	29.4	40.5	34.1	51.7
Kyrgyzstan	92.6	98.4	92.3	97.5	34.6	41.4	35.1	53.4
Republic of Moldova	93.0	90.5	92.1	90.6	28.1	36.1	37.1	46.6
Russian Federation	:	96.9	:	98.1	:	69.8	:	86.6
Tajikistan	97.7	97.9	91.1	98.3	25.2	31.5	11.3	21.1
Turkmenistan	:	:	:	:	:	9.7	:	6.2
Ukraine	:	95.5	:	97.6	45.7	76.5	51.8	88.4
Uzbekistan	:	:	:	:	14.4	:	11.9	:
New post-transition EU members								
Bulgaria	98.7	96.1	97.1	96.6	37.0	63.0	52.3	79.0
Croatia	94.1	:	93.7	:	30.0	:	34.8	:
Czech Republic	:	:	:	:	27.9	54.2	29.0	77.1
Estonia	98.0	99.7	100.0	99.4	44.1	58.7	65.6	88.1
Hungary	96.5	96.1	96.7	96.1	32.4	50.1	39.7	64.3
Latvia	:	98.0	:	98.9	40.8	53.7	73.0	80.9
Lithuania	97.8	99.6	97.9	99.9	39.8	58.5	61.0	86.1
Poland	96.0	97.0	96.0	97.2	42.0	56.1	59.3	86.9

	Adjusted net primary enrolment rate (%)				Gross tertiary enrolment ratio (%)			
	Boys		Girls		Men		Women	
	2000	2013-15	2000	2013-15	2000	2013-15	2000	2013-15
Romania	92.1	:	92.5	:	22.6	46.7	25.5	58.0
Slovakia	:	:	:	:	27.7	43.0	29.2	66.4
Slovenia	94.4	97.0	96.7	98.1	46.9	70.0	64.1	101.6
European advanced economies								
Austria	:	:	:	:	54.4	72.8	58.9	87.6
Belgium	99.1	99.0	99.3	99.4	54.2	63.0	60.9	82.0
Cyprus	97.8	96.5	98.4	97.8	16.9	44.1	22.2	62.6
Denmark	97.5	98.3	98.7	99.0	48.5	68.5	66.3	94.5
Finland	:	99.4	:	99.8	74.7	82.6	90.5	99.9
France	99.4	99.1	99.8	99.6	49.0	55.8	60.0	68.7
Germany	:	:	:	:	:	63.5	:	58.6
Greece	97.8	97.6	98.3	96.7	49.2	110.1	54.0	110.2
Iceland	:	:	:	:	34.3	:	56.9	:
Ireland	:	98.9	:	99.6	41.6	71.2	51.1	75.2
Italy	99.8	99.7	99.7	99.2	43.1	53.2	55.8	74.2
Israel	98.1	97.0	97.6	97.5	41.0	56.7	58.5	76.3
Luxembourg	96.0	94.4	98.2	96.1	:	:	:	:
Malta	:	99.0			19.3	41.9	23.3	48.0
Netherlands	100.0	99.0	99.0	99.2	52.0	:	54.0	:
Norway	99.6	99.9	99.8	99.8	56.7	61.1	82.4	91.9
Portugal	:	98.9	:	99.0	41.2	61.6	55.1	70.9
Spain	99.7	99.3	100.0	99.7	53.1	79.2	62.8	95.3
Sweden	99.7	99.6	99.1	99.8	55.0	49.9	79.7	77.6
Switzerland	98.9	:	99.7	:	43.0	55.9	32.3	56.6
United Kingdom	99.9	:	100.0	:	53.6	49.3	63.5	64.7

Source: UNESCO Institute for Statistics Database

Note: Adjusted net primary enrolment rate = total number of students of the official primary school age group who are enrolled at primary or secondary education, expressed as a percentage of the corresponding population. Gross tertiary enrolment ratio = number of students enrolled in tertiary education, expressed as a percentage of the 5-year age group starting from the official secondary school graduation age.

Table 3. Proportion of seats held by women in national parliaments

	2000	2005	2010	2015
South Eastern Europe				
Albania	5.2	6.4	16.4	20.7
Bosnia and Herzegovina	28.6	16.7	19.0	21.4
Montenegro			11.1	17.3
Serbia	:	:	21.6	34.0
The former Yugoslav Republic of Macedonia	7.5	19.2	32.5	33.3
Turkey	4.2	4.4	9.1	14.4
Eastern Europe, Caucasus and Central Asia				
Armenia	3.1	5.3	9.2	10.7
Azerbaijan	12.0	10.5	11.4	15.6
Belarus	4.5	29.4	31.8	27.3
Georgia	7.2	9.4	5.1	11.3
Kazakhstan	10.4	10.4	17.8	26.2
Kyrgyzstan	1.4	10.0	25.6	23.3
Republic of Moldova	8.9	15.8	23.8	20.8
Russian Federation	7.7	9.8	14.0	13.6
Tajikistan	2.8	12.7	17.5	16.9
Turkmenistan	26.0	:	16.8	25.8
Ukraine	7.8	5.3	8.0	11.8
Uzbekistan	6.8	17.5	22.0	16.0
New post-transition EU members				
Bulgaria	10.8	26.3	20.8	20.4
Croatia		21.7	23.5	25.8
Czech Republic	15.0	17.0	15.5	19.0
Estonia	17.8	18.8	22.8	19.8
Hungary	8.3	9.1	11.1	10.1
Latvia	17.0	21.0	22.0	18.0
Lithuania	17.5	22.0	19.1	23.4
Poland	13.0	20.2	20.0	24.1
Romania	7.3	11.4	11.4	13.7
Slovakia	12.7	16.7	18.0	18.7
Slovenia	7.8	12.2	14.4	36.7

	2000	2005	2010	2015
European advanced economies				
Andorra	7.1	14.3	35.7	50.0
Austria	26.8	33.9	27.9	30.6
Belgium	23.3	34.7	38.0	39.3
Cyprus	5.4	16.1	12.5	12.5
Denmark	37.4	38.0	38.0	38.0
Finland	37.0	37.5	40.0	42.5
France	10.9	12.2	18.9	26.2
Germany	30.9	32.8	32.8	36.5
Greece	6.3	14.0	17.3	23.0
Iceland	34.9	30.2	42.9	41.3
Ireland	12.0	13.3	13.9	16.3
Israel	11.7	15.0	19.2	22.5
Italy	11.1	11.5	21.3	31.0
Liechtenstein	4.0	12.0	24.0	20.0
Luxembourg	16.7	23.3	20.0	28.3
Malta	9.2	9.2	8.7	12.9
Monaco	22.2	20.8	26.1	20.8
Netherlands	36.0	36.7	42.0	37.3
Norway	36.4	38.2	39.6	39.6
Portugal	18.7	19.1	27.4	31.3
San Marino	13.3	16.7	16.7	16.7
Spain	21.6	36.0	36.6	41.1
Sweden	42.7	45.3	46.4	43.6
Switzerland	22.5	25.0	29.0	30.5
United Kingdom	18.4	18.1	19.5	22.8

Source: Millennium Development Goals Indicators UN Database

Table 4. Life expectancy at birth (total and by sex), 2000 – 2015

	Total		Female		Male	
	2000-2005	2010-2015	2000-2005	2010-2015	2000-2005	2010-2015
South-Eastern Europe						
Albania	75.31	77.48	78.71	80.19	72.38	75.04
Bosnia and Herzegovina	74.79	76.26	77.47	78.82	72.04	73.71
Montenegro	73.39	76.02	76.19	78.18	70.62	73.83
Serbia	72.36	74.65	75.38	77.50	69.42	71.83
The Former Yugoslav Republic of Macedonia	73.79	75.15	76.41	77.48	71.26	72.87
Turkey	71.37	74.83	74.89	78.12	67.97	71.53
Eastern Europe, Caucasus and Central Asia						
Armenia	72.68	74.43	75.95	78.39	69.10	70.74
Azerbaijan	67.75	70.64	70.43	73.77	65.00	67.54
Belarus	67.83	71.09	73.65	76.97	62.32	65.29
Georgia	72.59	74.64	76.09	78.14	68.86	70.91
Kazakhstan	64.60	69.08	70.42	73.87	59.07	64.29
Kyrgyzstan	66.60	70.29	70.61	74.29	62.70	66.35
Republic of Moldova	67.62	71.33	71.57	75.43	63.64	67.22
Russian Federation	64.95	69.83	71.98	75.55	58.63	64.15
Tajikistan	64.44	69.14	68.60	72.84	60.94	65.90
Turkmenistan	64.22	65.39	68.22	69.69	60.37	61.31
Ukraine	67.46	70.75	73.35	75.67	61.85	65.73
Uzbekistan	67.21	68.24	70.54	71.61	63.92	64.90
New post-transition EU members						
Bulgaria	72.06	74.04	75.62	77.56	68.66	70.64
Croatia	74.94	77.05	78.43	80.38	71.36	73.64
Czech Republic	75.41	78.34	78.69	81.27	72.06	75.36
Estonia	71.59	76.52	77.08	81.05	66.04	71.57
Hungary	72.59	74.97	76.79	78.54	68.36	71.23
Latvia	70.74	73.94	76.16	78.68	65.16	68.85
Lithuania	71.63	73.11	77.54	78.78	65.74	67.39
Poland	74.53	77.14	78.74	81.14	70.31	73.06

	Total		Female		Male	
	2000-2005	2010-2015	2000-2005	2010-2015	2000-2005	2010-2015
Romania	71.47	74.46	75.19	78.07	67.90	70.92
Slovakia	73.83	76.04	77.82	79.73	69.81	72.24
Slovenia	76.67	80.08	80.42	83.14	72.77	76.92
European advanced economies						
Austria	78.80	81.09	81.60	83.59	75.77	78.47
Belgium	78.25	80.52	81.26	83.02	75.19	77.95
Cyprus	78.34	79.90	80.45	82.17	76.25	77.69
Denmark	77.26	79.99	79.58	81.94	74.91	78.00
Finland	78.28	80.52	81.64	83.40	74.81	77.60
France	79.43	81.84	83.12	84.87	75.78	78.76
Germany	78.57	80.65	81.38	83.06	75.58	78.18
Greece	79.08	80.60	81.87	83.60	76.32	77.64
Iceland	80.55	82.30	82.44	83.84	78.63	80.73
Ireland	77.62	80.57	80.19	82.74	75.06	78.40
Israel	79.60	82.07	81.54	83.82	77.52	80.18
Italy	80.16	82.84	82.99	85.23	77.17	80.27
Luxembourg	78.32	81.33	81.37	83.65	75.13	78.94
Malta	78.50	80.29	80.15	81.98	76.75	78.55
Netherlands	78.68	81.31	80.96	83.14	76.24	79.36
Norway	79.22	81.32	81.78	83.38	76.59	79.22
Portugal	77.32	80.54	80.66	83.50	73.92	77.43
Spain	79.64	82.27	83.03	85.05	76.24	79.42
Sweden	80.08	81.93	82.29	83.71	77.81	80.10
Switzerland	80.49	82.66	83.08	84.74	77.72	80.43
United Kingdom	78.35	80.45	80.58	82.39	76.01	78.45

Source: United Nations, Department of Economic and Social Affairs, Population Division (2015). World Population Prospects: The 2015 Revision. New York: United Nations.

Table 5. Children under five mortality rate, per 1000 births, 2000- 2015

	2000	2005	2010	2015
South-Eastern Europe				
Albania	26.2	20.5	16.6	14.0
Bosnia and Herzegovina	9.2	8.3	7.4	5.4
Montenegro	13.8	10.4	6.8	4.7
Serbia	12.6	8.9	7.6	6.7
The Former Yugoslav Republic of Macedonia	16.0	13.7	9.9	5.5
Turkey	39.6	27.7	19.1	13.5
Eastern Europe, Caucasus and Central Asia				
Armenia	30.1	23.4	18.0	14.1
Azerbaijan	74.0	51.7	39.0	31.7
Belarus	14.3	9.4	6.1	4.6
Georgia	35.7	24.6	16.6	11.9
Kazakhstan	43.6	32.5	21.6	14.1
Kyrgyzstan	48.7	39.3	30.0	21.3
Republic of Moldova	31.3	19.7	17.2	15.8
Russian Federation	23.2	16.7	12.0	9.6
Tajikistan	93.0	65.2	52.6	44.8
Turkmenistan	81.6	70.1	60.1	51.4
Ukraine	18.5	14.5	11.8	9.0
Uzbekistan	63.2	54.2	46.1	39.1
New post-transition EU members				
Bulgaria	21.0	15.9	13.0	10.4
Croatia	8.3	6.8	5.4	4.3
Czech Republic	6.6	5.2	4.1	3.4
Estonia	11.0	7.3	4.6	2.9
Hungary	11.2	8.3	6.6	5.9
Latvia	17.2	12.5	9.4	7.9
Lithuania	11.8	9.9	6.7	5.2
Poland	9.3	7.6	5.8	5.2
Romania	26.9	20.9	13.9	11.1
Slovakia	11.7	9.9	8.4	7.3
Slovenia	5.5	4.3	3.3	2.6

	2000	2005	2010	2015
European advanced economies				
Austria	5.5	4.9	4.4	3.5
Belgium	5.8	5.0	4.5	4.1
Cyprus	6.6	4.8	3.6	2.7
Denmark	5.6	4.9	4.0	3.5
Finland	4.3	3.8	3.0	2.3
France	5.4	4.6	4.3	4.3
Germany	5.4	4.7	4.2	3.7
Greece	7.8	5.5	4.7	4.6
Iceland	4.0	3.1	2.4	2.0
Ireland	7.1	5.2	4.2	3.6
Israel	6.9	5.6	4.6	4.0
Italy	5.5	4.4	4.0	3.5
Luxembourg	4.8	3.5	2.4	1.9
Malta	7.8	7.0	6.7	6.4
Netherlands	6.2	5.4	4.4	3.8
Norway	4.9	4.0	3.2	2.6
Portugal	7.2	4.7	3.9	3.6
Spain	6.5	5.7	4.6	4.1
Sweden	4.1	3.6	3.1	3.0
Switzerland	5.6	5.1	4.5	3.9
United Kingdom	6.6	6.0	5.2	4.2

Source: UN Inter-agency Group for Child Mortality Estimation (UNICEF, WHO, World Bank, UN DESA Population Division) at www.childmortality.org.

Table 6. Maternal mortality ratio (modelled estimate) per 100,000 live births, 2000 – 2015

	2000	2005	2010	2015
South-Eastern Europe				
Albania	43	30	30	29
Bosnia and Herzegovina	17	14	13	11
Montenegro	11	9	8	7
Serbia	17	15	16	17
The Former Yugoslav Republic of Macedonia	12	10	8	8
Turkey	79	57	23	16
Eastern Europe, Caucasus and Central Asia				
Armenia	40	40	33	25
Azerbaijan	48	34	27	25
Belarus	26	13	5	4
Georgia	37	37	40	36
Kazakhstan	65	44	20	12
Kyrgyzstan	74	85	84	76
Republic of Moldova	49	39	34	23
Russian Federation	57	42	29	25
Tajikistan	68	46	35	32
Turkmenistan	59	53	46	42
Ukraine	34	30	26	24
Uzbekistan	34	42	39	36
New post-transition EU members				
Bulgaria	21	15	11	11
Croatia	11	11	10	8
Czech Republic	7	6	5	4
Estonia	26	15	8	9
Hungary	15	14	15	17
Latvia	30	22	19	18
Lithuania	16	12	9	10
Poland	8	6	4	3
Romania	51	33	30	31
Slovakia	8	7	6	6
Slovenia	12	11	9	9

	2000	2005	2010	2015
European advanced economies				
Austria	5	5	4	4
Belgium	9	8	8	7
Cyprus	15	12	8	7
Denmark	9	8	7	6
Finland	5	4	3	3
France	12	10	9	8
Germany	8	7	7	6
Greece	4	3	3	3
Iceland	5	4	4	3
Ireland	9	8	7	8
Israel	8	7	6	5
Italy	5	4	4	4
Luxembourg	13	13	11	10
Malta	15	13	11	9
Netherlands	14	11	8	7
Norway	7	7	6	5
Portugal	13	12	11	10
Spain	5	5	5	5
Sweden	5	5	4	4
Switzerland	7	7	6	5
United Kingdom	12	12	10	9

Source: UN MDG Statistical Database.

Note: Maternal mortality ratio is the number of women who die from pregnancy-related causes while pregnant or within 42 days of pregnancy termination per 100,000 live births.

Table 7. GDP per unit of energy use (PPP \$ per kg of oil equivalent), 2000 – 2014

	2000	2005	2010	2013-14
South-Eastern Europe				
Albania	7.1	8.6	12.8	13.0
Bosnia and Herzegovina	3.8	4.9	5.3	6.0
Montenegro	:	4.8	7.1	8.9
Serbia	3.2	4.1	5.5	6.6
The Former Yugoslav Republic of Macedonia	4.7	6.0	8.4	9.4
Turkey	7.8	9.3	11.1	12.6
Eastern Europe, Caucasus and Central Asia				
Armenia	3.5	5.7	7.6	8.0
Azerbaijan	2.5	4.5	12.2	11.6
Belarus	2.4	3.5	5.3	6.1
Georgia	4.0	6.4	8.3	8.2
Kazakhstan	3.2	4.1	4.5	4.8
Kyrgyzstan	3.5	4.2	5.4	4.7
Republic of Moldova	2.3	3.0	3.9	5.4
Russian Federation	1.6	2.6	4.2	4.4
Tajikistan	2.7	4.5	7.2	8.4
Turkmenistan	1.3	1.4	2.2	2.8
Ukraine	1.4	2.1	2.7	3.4
Uzbekistan	0.9	1.5	2.7	3.6
New post-transition EU members				
Bulgaria	2.8	3.9	6.2	7.1
Croatia	6.3	7.8	9.8	11.8
Czech Republic	4.1	5.1	6.4	7.9
Estonia	2.9	4.3	5.0	6.1
Hungary	4.9	6.3	8.4	10.9
Latvia	5.0	7.0	8.1	10.4
Lithuania	4.3	5.5	8.8	11.2
Poland	4.6	5.7	7.9	10.1
Romania	3.5	5.3	9.6	12.3
Slovakia	3.4	4.7	7.4	10.0
Slovenia	5.5	6.6	7.8	9.3

	2000	2005	2010	2013-14
European advanced economies				
Austria	8.3	8.5	10.3	12.7
Belgium	4.9	5.9	7.0	9.0
Cyprus	6.7	9.1	11.5	13.7
Denmark	8.5	9.8	11.9	15.7
Finland	4.2	4.9	5.6	6.5
France	6.3	7.1	8.9	10.8
Germany	6.5	7.9	9.9	12.4
Greece	7.7	9.2	11.7	13.0
Iceland	2.7	3.4	2.3	2.5
Ireland	8.2	11.5	13.7	17.8
Israel	8.6	9.4	9.5	11.8
Italy	8.8	9.4	12.1	14.7
Luxembourg	7.4	7.1	10.2	14.5
Malta	10.8	9.6	13.4	17.0
Netherlands	6.9	7.8	8.9	11.2
Norway	6.3	8.3	8.5	11.2
Portugal	7.5	8.8	12.1	14.2
Spain	7.2	8.6	11.8	13.7
Sweden	5.5	6.0	7.7	9.4
Switzerland	9.9	11.2	15.3	19.4
United Kingdom	7.2	9.4	11.1	14.6

Source: World Bank (World Development Indicators)

Table 8. Carbon dioxide emissions (metric tons per capita), 2000 - 2011

	2000	2005	2010	2011
South-Eastern Europe				
Albania	0.9	1.3	1.4	1.5
Bosnia and Herzegovina	3.6	4.2	5.5	6.2
Montenegro	:	:	4.2	4.1
Serbia	:	:	4.8	5.1
The Former Yugoslav Republic of Macedonia	5.9	5.4	4.1	4.4
Turkey	3.4	3.5	4.1	4.4
Eastern Europe, Caucasus and Central Asia				
Armenia	1.1	1.4	1.4	1.7
Azerbaijan	3.6	4.0	3.4	3.6
Belarus	5.4	6.1	6.6	6.7
Georgia	1.0	1.1	1.5	1.8
Kazakhstan	8.8	11.7	15.5	16.3
Kyrgyzstan	0.9	1.0	1.1	1.2
Republic of Moldova	1.0	1.4	1.4	1.4
Russian Federation	10.6	11.3	12.2	12.6
Tajikistan	0.4	0.4	0.4	0.4
Turkmenistan	7.9	9.6	11.4	12.2
Ukraine	6.5	7.1	6.6	6.2
Uzbekistan	4.9	4.3	3.8	4.1
New post-transition EU members				
Bulgaria	5.4	6.2	6.0	6.7
Croatia	4.4	5.2	4.7	4.8
Czech Republic	12.1	11.7	10.5	10.3
Estonia	11.1	12.7	14.1	14.4
Hungary	5.5	5.7	5.1	4.9
Latvia	2.6	3.2	4.0	3.8
Lithuania	3.5	4.2	4.3	4.5
Poland	7.8	7.9	8.3	8.3
Romania	4.0	4.3	3.6	3.9
Slovakia	6.7	7.3	6.7	6.3
Slovenia	7.2	7.9	7.5	7.5

	2000	2005	2010	2011
European advanced economies				
Austria	7.8	9.0	8.1	7.7
Belgium	11.2	10.3	10.0	8.9
Cyprus	7.3	7.3	7.0	6.7
Denmark	9.6	8.7	8.4	7.2
Finland	10.1	10.4	11.5	10.2
France	6.1	6.4	5.7	5.3
Germany	9.9	9.5	9.0	8.8
Greece	8.3	8.9	7.8	7.6
Iceland	7.7	7.4	6.2	5.8
Ireland	10.8	10.5	9.0	8.0
Israel	10.0	8.6	9.3	9.2
Italy	7.9	8.1	6.7	6.6
Luxembourg	18.9	24.8	21.6	20.9
Malta	5.1	6.5	6.2	5.9
Netherlands	10.4	10.5	10.9	10.1
Norway	8.6	9.2	11.6	9.2
Portugal	6.1	6.2	4.7	4.7
Spain	7.3	8.1	5.8	5.8
Sweden	5.6	5.7	5.6	5.5
Switzerland	5.4	5.6	5.0	4.6
United Kingdom	9.2	9.0	7.9	7.2

Source: UN MDG Statistical Database.

Table 9. Internet users per 100 inhabitants, 2000 - 2014

	2000	2005	2010	2014
South-Eastern Europe				
Albania	0.1	6.0	45	60.1
Bosnia and Herzegovina	1.1	21.3	42.8	60.8
Montenegro	:	27.1	37.5	61.0
Serbia	:	26.3	40.9	53.5
The Former Yugoslav Republic of Macedonia	2.5	26.5	51.9	68.1
Turkey	3.8	15.5	39.8	51.0
Eastern Europe, Caucasus and Central Asia				
Armenia	1.3	5.3	25.0	46.3
Azerbaijan	0.1	8.0	46.0	61.0
Belarus	1.9	:	31.8	59.0
Georgia	0.5	6.1	26.9	48.9
Kazakhstan	0.7	3.0	31.6	54.9
Kyrgyzstan	1.0	10.5	16.3	28.3
Republic of Moldova	1.3	14.6	32.3	46.6
Russian Federation	2.0	15.2	43.0	70.5
Tajikistan	0.0	0.3	11.6	17.5
Turkmenistan	0.1	1.0	3.0	12.2
Ukraine	0.7	3.7	23.3	43.4
Uzbekistan	0.5	3.3	20.0	43.6
New post-transition EU members				
Bulgaria	5.4	20.0	46.2	55.5
Croatia	6.6	33.1	56.6	68.6
Czech Republic	9.8	35.3	68.8	79.7
Estonia	28.6	61.5	74.1	84.2
Hungary	7.0	39.0	65.0	76.1
Latvia	6.3	46.0	68.4	75.8
Lithuania	6.4	36.2	62.1	72.1
Poland	7.3	38.8	62.3	66.6
Romania	3.6	21.5	39.9	54.1
Slovakia	9.4	55.2	75.7	80.0
Slovenia	15.1	46.8	70.0	71.6

	2000	2005	2010	2014
European advanced economies				
Austria	33.7	58.0	75.2	81.0
Belgium	29.4	55.8	75.0	85.0
Cyprus	15.3	32.8	53.0	69.3
Denmark	39.2	82.7	88.7	96.0
Finland	37.2	74.5	86.9	92.4
France	14.3	42.9	77.3	83.8
Germany	30.2	68.7	82.0	86.2
Greece	9.1	24.0	44.4	63.2
Iceland	44.5	87.0	93.4	98.2
Ireland	17.9	41.6	69.9	79.7
Israel	20.9	25.2	67.5	71.5
Italy	23.1	35.0	53.7	62.0
Luxembourg	22.9	70.0	90.6	94.7
Malta	13.1	41.2	63.0	73.2
Netherlands	44.0	81.0	90.7	93.2
Norway	52.0	82.0	93.4	96.3
Portugal	16.4	35.0	53.3	64.6
Spain	13.6	47.9	65.8	76.2
Sweden	45.7	84.8	90.0	92.5
Switzerland	47.1	70.1	83.9	87.0
United Kingdom	26.8	70.0	85.0	91.6

Source: UN MDG Statistical Database.

Table 10. Net ODA disbursements and receipts (% of GNI), selected countries, 2000 – 2014

	Net ODA receipts (% of GNI)			
	2000	2005	2010	2014
South-Eastern Europe				
Albania	8.50	3.84	3.08	2.15
Bosnia and Herzegovina	12.11	4.69	2.91	3.37
Montenegro	:	0.17	1.94	2.19
Serbia	17.34	4.11	1.71	0.88
The Former Yugoslav Republic of Macedonia	6.76	3.70	2.08	1.91
Turkey	0.12	0.08	0.14	0.44
Eastern Europe, Caucasus and Central Asia				
Armenia	10.99	3.34	3.52	2.17
Azerbaijan	2.79	1.87	0.32	0.30
Belarus	0.00	0.19	0.26	0.16
Georgia	5.33	4.51	5.50	3.44
Kazakhstan	1.11	0.44	0.18	0.05
Kyrgyzstan	16.67	11.29	8.50	8.70
Republic of Moldova	9.35	5.05	7.49	5.89
Tajikistan	14.99	11.26	7.79	3.90
Turkmenistan	1.29	0.40	0.23	0.08
Ukraine	:	0.48	0.48	1.08
Uzbekistan	1.37	1.19	0.57	0.49
	Net ODA disbursements (% of GNI)			
	2000	2005	2010	2014
New post-transition EU members				
Czech Republic	0.03	0.11	0.13	0.11
Estonia	:	0.08	0.10	0.14
Hungary	:	0.11	0.09	0.11
Lithuania	:	0.06	0.10	0.10
Poland	0.02	0.07	0.08	0.09
Romania		0.00	0.07	0.11
Slovakia	0.03	0.07	0.09	0.09

	Net ODA disbursements (% of GNI)			
	2000	2005	2010	2014
European advanced economies				
Austria	0.23	0.52	0.32	0.28
Belgium	0.36	0.53	0.64	0.46
Denmark	1.06	0.81	0.91	0.86
Finland	0.31	0.46	0.55	0.59
France	0.30	0.47	0.50	0.37
Germany	0.27	0.36	0.39	0.42
Greece	0.20	0.17	0.17	0.11
Iceland	0.10	0.18	0.29	0.22
Ireland	0.29	0.42	0.52	0.38
Italy	0.13	0.29	0.15	0.19
Luxembourg	0.70	0.79	1.05	1.06
Netherlands	0.84	0.82	0.81	0.64
Norway	0.76	0.94	1.05	1.00
Portugal	0.26	0.21	0.29	0.19
Spain	0.22	0.27	0.43	0.13
Sweden	0.80	0.94	0.97	1.09
Switzerland	0.32	0.42	0.39	0.50
United Kingdom	0.32	0.47	0.57	0.70

Source: OECD, World Bank (World Development Indicators).

