



GOVERNMENT OF THE REPUBLIC OF SURINAME MDG PROGRESS REPORT 2014



*Empowered Lives.
Resilient Nations.*



GOVERNMENT OF THE REPUBLIC OF SURINAME
MDG PROGRESS REPORT 2014
November 2014

SURINAME MDG PROGRESS REPORT 2014

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Ministry of Foreign Affairs

General Bureau of Statistics (ABS)

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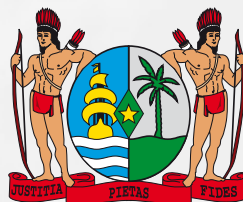
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List of Abbreviations

ABS	General Bureau of Statistics	CSMDGs	CARICOM Specific Millennium Development Goals
ABR	Adolescent Birth Rate	CSME	CARICOM Single Market and Economy
ACP-EU	African, Caribbean and Pacific Group of States and the European Union Cooperation	CSNR	Central Suriname Nature Reserve
ACTO	Amazon Cooperation Treaty Organization	CSR	Corporate Social Responsibility
AFOLU	Agriculture, Forestry and Other Land Use	DAC	Development Assistance Committee
AIDS	Acquired Immune Deficiency Syndrome	DOTS	Directly Observed Treatment Short Course
AMC	Anti – Malaria Campaign	DPT	Diphtheria, Peruses and Tetanus
API	Annual Parasite Incidence	DWV	Division Water supply
ART	Antiretroviral Drugs Treatment	ECD	Early Childhood Development
ARVAS	Association for Airconditioning, Refrigerator and Ventilation in Suriname	EEZ	Exclusive Economic Zone
ASP	Agricultural Sector Plan	EIA	Environmental Impact Assessment
ATM	Ministry of Labour, Technological Development and Environment	EMIS	Education Management Information System
BFP	Basic Food Package	EML	Essential Medicines List
BIZA	Ministry of Home Affairs	EPA	Economic Partnership Agreement
BO	Special Education	EPI	Expanded Program Immunization
BOG	Bureau of Public Health	ESIA	Environmental and Social Impact Assessment
BRD	Bycatch Reduction Device	ESP	Export Support Programme
BSL	Bank Supervision Law	EU	European Union
BUZA	Ministry of Foreign Affairs	FAO	Food and Agriculture Organization
CH ₄	Methane	FMP	Forest Management Plan
CAL	Computer Aid Learning	GDP	Gross Domestic Product
CARICOM	Caribbean Community	GER	Gross Enrolment Ratio
CBB	Central Office for Civil Registration	GHG	Green House Gasses
CEDAW	Convention on the Elimination of all forms of Discrimination Against Women	GIS	Geographic Information System
CELAC	Community of Latin American and Caribbean States	GLO	Primary Education
CFCs	Consumption of ozone depletion substances	GLC	Gross Labour Cost
COHSOD	CARICOM Council for Human and Social Development	GNI	Gross National Income
CO ₂	Carbon dioxide	GOS	Government of Suriname
		GPI	Gender Parity Index
		HAVO	Senior Secondary General Education
		HBO	Higher Vocational Education
		HCFC	Hydro chlorofluorocarbon

HI	Ministry of Trade and Industry	MERCOSUR	Common Market of the South
HIPC	Heavily Indebted Poor Countries	MICS	Multiple Indicator Cluster Survey
HIV	Human Immunodeficiency Virus	MMR	Maternal Mortality Ratio
HLPF	High Level Political Forum on Sustainable Development	MMR	Mumps, Measles & Rubella (immunization)
HPV	Human Papilloma Virus	MINOV	Ministry of Education and Community Development
ICT	Information, Communication and Technology	MPH	Multi Annual Program of Housing
IDB	Inter-American Development Bank	MR	Mortality Rate
IDCS	Investment and Development Corporation Suriname	MSM	Men having Sex with Men
IDI	ICT Development Index	MULO	Junior Secondary General Education
IFMIS	Integrated Financial Information System	MUMA	Multiple Use Management Area
IMR	Infant Mortality Rate	MZ	Medical Mission
ITAP	Industrial Technical Assistance Programme	N ₂ O	Nitrous Oxide
ITCZ	Inter-Tropical Convergence Zone	NA	Not available
ITN	Insecticide Treated Net	NAP	National AIDS Programme
IUCN	International Union for Conservation of Nature	NBG	National Bureau for Gender Policy
IUD	The Division for Import, Export and Foreign Exchange Control	NER	Net Enrolment Rate
JP	Ministry of Justice and Police	NFP	National Forest Policy
KLO	Pre-Primary Education	NGO	Non-Governmental Organizations
LBGO	Junior Secondary General Vocational Education	NHIS	National Health Information System
LBO	Junior Secondary Vocational Education	NHSP	National Health Sector Plan
LDC	Least Developed Countries	NIMOS	National Institute for Environment and Development in Suriname
LISP	Low Income Shelter Programme	NOU	National Ozone Unit
LLDC	Landlocked Developing Country	NSP	National Strategic Plan
LVV	Ministry of Agriculture, Animal Husbandry and Fisheries	ODA	Official Development Assistance
LULUCF	Land Use, land-Use Change and Forestry	ODS	Ozone Depleting Substances
MBO	Senior Secondary Vocational Education	OP	(Multi – Annual) Development Plan
MCP	Multi-Purpose Corantijn Canal Project	OPV	Oral Polio Vaccination
MCS	Monitoring Control and Surveillance	PAHO	Pan American Health Organization
MDA	Ministerial Department Agencies	PCG	Programme Coordination Group
MDG	Millennium Development Goal	PLOS	Ministry of Planning and Development Cooperation
MDRI	Multilateral Debt Relief Initiative	PMTCT	Prevalence of Mother to Child Transmission

PPE	Personal Protected Equipment	TCT	Ministry of Transport, Communication & Tourism
PPP	Purchasing Power Parity	U5MR	Under-five Mortality Rate
REDD+	Reducing emissions from deforestation and forest degradation	UMIC	Upper Middle Income Country
RGD	Regional Health Division	UNASUR	Union of South American Nations
RIL	Reduced Impact Logging	UNCSD	United Nations Conference on Sustainable Development Goals
RPP	Readiness Preparation Proposal	UNDAF	United Nations Development Assistance Framework
ROGB	Ministry of Planning, Land and Forest Management	UNDAP	United Nations Development Assistance Framework Action Plan
SAO	Foundation for Labour Mobilization and Development	UNCED	United Nations Conference on Environment and Development
SBB	Foundation of Forest Management and Production Control	UNESCO	United Nations Educational, Scientific and Cultural Organization
SD	Standard Deviation	UNFCCC	United Nations Framework Convention on Climate Change
SDGs	Sustainable Development Goals	UNDP	United Nations Development Programme
SDMO	Suriname Debt Management Office	UN-HABITAT	United Nations Human Settlements Programme
SER	Social Economic Council	UNICEF	United Nations Children's Fund
SG-SCS	Suriname Guyana Submarine Cable System	UV	Ultra Violet radiation
SIDS	Small Island Developing States	VG	Ministry of Health
SOZAVO	Ministry of Social Affairs and Housing	VMS	Vessel Monitoring System
SPWE	Foundation Productive Work Units	VOJ	Secondary Junior Education
SR	Survival Rate	VOS	Secondary Senior Education
SRD	Surinamese Dollars	VVOB	Flemish Association for Development Cooperation and Technical Assistance
SSN	Social Safety Net	VWO	Pre-University Education
SSNC	Suriname's Second National Communication to the United Nations Framework Convention on Climate Change	WASH	Water, Sanitation and Hygiene
SW	Sex Workers	WHO	World Health Organization
SWM	Surinamese Water Company	WTO	World Trade Organization
SZF	State Health Insurance Fund	YUR	Youth Unemployment Rate
TAS	Telecommunication Authority Suriname		
TB	Tuberculosis		
TED	Turtle Excluder Device		



Preface and Acknowledgements

It has been 14 years since the adoption of the Millennium Declaration by 189 nations, which was signed by Heads of States during the United Nations Millennium Summit in September 2000. The international community will soon adopt a new development strategy, based on the “sustainable development” approach by integrating social, economic and environmental dimensions of sustainability.

Aware of the fact that we are approaching the end of the Millennium Development Goals (MDGs) and are on the eve of the Post-2015 Development Agenda, Suriname has been engaged in the process of reviewing the MDGs, which has been integrated into the national development plan.

This 3rd national report builds on existing national progress reports and takes stock of the achievements, challenges and best practices. Moreover, this report emphasizes the strategies and actions towards and beyond 2015.

Overall, there has been major progress made in certain areas; however, like many other nations, Suriname is facing some challenges in the area of poverty eradication, gender equality and health.

The present Development Plan 2012 – 2016 (OP 2012 – 2016) reflects the Government policies in achieving the national development goals, with

the emphasis on building national capabilities.

Some significant improvements in specific areas:

- The legislation on social security system including, the minimum wage law, old age pension law and the basic health insurance law, which has passed the council of Ministers and has been recently adopted by the National Assembly;
- The increase of the Old Age Pension;
- Providing financial assistance to persons with disability;
- The increase of the General Child Allowance;
- Free medical care for children aged 0-16 years and elderly aged 60 years and above;
- Removal of the annual school enrolment fee up to secondary school level;
- Adoption of the housing plan by the National Assembly;
- Construction of a large number of affordable houses, in cooperation with the private sector.

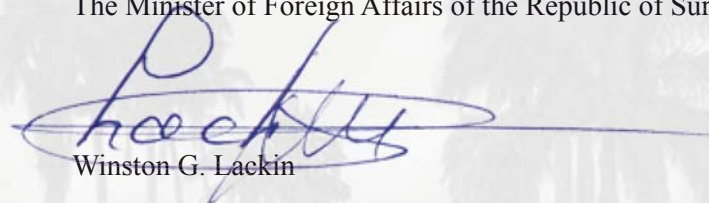
The Government of Suriname believes that through accelerated social, economic, and environmental action, and building on the lessons learnt and best practices of the MDGs, we can assure that the Post-2015 development framework will provide a more realistic and sustainable future for all.

As it has been the case in the previous national reports, the General Bureau of Statistics (ABS), has again been involved in the current reporting process by providing the technical support, while the various line ministries and institutions provided valuable contributions in the compilation of this report.

On behalf of the Government of Suriname, the Ministry of Foreign Affairs wishes to extend its deepest appreciation to all Government and non-Government actors, including amongst others, the Major Groups, for their contribution to this report. Special recognition goes also to the members of the Technical Clusters, Drafting Committee and the Steering Committee.

Finally, as has been the case in the previous two MDG reports, the United Nations Development Programme (UNDP) provided technical assistance for this 3rd national report for which the Ministry expresses its appreciation to the UNDP country office.

The Minister of Foreign Affairs of the Republic of Suriname,



Winston G. Lackin

1. Introduction: The Millennium Development Goals, Targets and Indicators

Since the early 1970s, various international summits, most notably the first United Nations Conference on Environment and Development (UNCED) in Stockholm, have been convened at which extensive agendas for human development were adopted, including selected defined goals, a time span for achieving these goals, and measurable targets and indicators to achieve the agreed development goals.

On September 8th, 2000 the UN General Assembly adopted the Millennium Declaration. The Millennium Development Goals (MDGs) emerged from this Millennium Declaration. The MDGs were approved by 189 nations and signed by 147 heads of state and governments during the United Nations Millennium Summit in September 2000. The MDGs synthesize in a single package the most important commitments made separately at a series of international conferences and summits to respond to the world's main development challenges namely: Peace, Democracy, Good Governance, Poverty eradication and Sustainable Human Development.

In the CARICOM region, the MDGs were taken as point of departure by the CARICOM Council for Human and Social development (COHSOD).

During its twelfth meeting in April 2005, the COHSOD:
“**Endorsed** the view that the MDGs should be seen as an integrated framework and not as a set of individual goals, and inter alia

Recommended that:

- (I) indicators are reviewed with regard to their relevance for the CARICOM Member States;
- (II) gender-based violence is included as an indicator;
- (III) priority is given to the strengthening of the data collection systems including system for the registration of births and deaths, and the training and retention of human resources.”

The CARICOM approach resulted in so-called CSMDGs (CARICOM Specific Millennium Development Goals).

The original MDGs consisted of 8 ambitious goals, 18 targets and 48 indicators to be achieved mainly by 2015. Modifications to the MDGs have been made a few times, most notably resulting from further agreement by UN member states at the 2005 World Summit (Resolution adopted by the General Assembly - A/RES/60/1). On 15 January 2008 a revision of the list of MDG indicators took place. Target 8G focusing on strategies for decent and productive work for youth was removed from the list.

This MDG country report describes the current situation (including some data gaps) based on the revised list of MDG indicators with potential strategies for action designed to meet the goals and commitments of the Millennium Declaration. It should be noted that the previous indicator 8.17 on youth unemployment is addressed in Goal 1, target 1B.

Table 1
Millennium Development Goals, Targets and Indicators¹

	Goals and Targets From the Millennium Declaration		Indicators For Monitoring Progress
Goal 1	Eradicate Extreme Poverty and Hunger		
Target 1A	Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 1.2 1.3	Proportion of population below \$1 (PPP) per day Poverty gap ratio Share of poorest quintile in national consumption
Target 1B	Achieve full and productive employment and decent work for all, including women and young people	1.4 1.5 1.6 1.7	Growth rate of GDP per person employed Employment-to-population ratio Proportion of employed people living below \$1 (PPP) per day Proportion of own-account and contributing family workers in total employment
Target 1C	Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 1.9	Prevalence of underweight children under-five years of age Proportion of population below minimum level of dietary energy consumption
Goal 2	Achieve Universal Primary Education		
Target 2A	Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 2.2 2.3	Net enrolment ratio in primary education Proportion of pupils starting grade 1 who reach last grade of primary Literacy rate of 15-24 year-olds, women and men
Goal 3	Promote Gender Equality and Empower Women		
Target 3A	Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 3.2 3.3	Ratio of girls to boys in primary, secondary and tertiary education Share of women in wage employment in the non-agricultural sector Proportion of seats held by women in national parliament

1. For definition of indicators, see annex 3. In chapter 5 some indicators are customized to country specific circumstances.

	Goals and Targets From the Millennium Declaration		Indicators For Monitoring Progress
Goal 4	Reduce Child Mortality		
Target 4A	Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	4.1	Under-five mortality rate
		4.2	Infant mortality rate
		4.3	Proportion of 1 year-old children immunized against measles
Goal 5	Improve Maternal Health		
Target 5A	Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1	Maternal mortality ratio
		5.2	Proportion of births attended by skilled health personnel
Target 5B	Achieve, by 2015, universal access to reproductive health	5.3	Contraceptive prevalence rate
		5.4	Adolescent birth rate
		5.5	Antenatal care coverage
		5.6	Unmet need for family planning
Goal 6	Combat HIV/AIDS, Malaria and other Diseases		
Target 6A	Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1	HIV prevalence among population aged 15-24 years
		6.2	Condom use at last high-risk sex
		6.3	Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS
		6.4	Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Target 6B	Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5	Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6C	Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6	Incidence and death rates associated with malaria
		6.7	Proportion of children under 5 sleeping under insecticide-treated bed nets

	Goals and Targets From the Millennium Declaration		Indicators For Monitoring Progress
		6.8	Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs
		6.9	Incidence, prevalence and death rates associated with tuberculosis
		6.10	Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7	Ensure Environmental Sustainability		
Target 7A	Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	7.1	Proportion of land area covered by forest
		7.2	Carbon dioxide (CO ₂) emissions, total, per capita and per \$1 GDP (PPP)
		7.3	Consumption of ozone-depleting substances
		7.4	Proportion of fish stocks within safe biological limits
		7.5	Proportion of total water resources used
Target 7B	Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.6	Proportion of terrestrial and marine areas protected
		7.7	Proportion of species threatened with extinction
Target 7C	Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8	Proportion of population using an improved drinking water source
		7.9	Proportion of population using an improved sanitation facility
Target 7D	By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10	Proportion of urban population living in slums
Goal 8	Develop a Global Partnership for Development		
Target 8A	Develop further an open, rule-based, predictable, non-discriminatory trading and financial system		<i>Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and Small Island Developing States.</i>

	Goals and Targets From the Millennium Declaration		Indicators For Monitoring Progress
Target 8B	Includes a commitment to good governance, development and poverty reduction - both nationally and internationally	8.1	Official development assistance (ODA) Net ODA, total and to the least developed countries, as a percentage of OECD/DAC donors' gross national income
	Address the special needs of the least developed countries	8.2	Proportion of total bilateral, sector- allocable ODA of OECD/DAC, donors to basic social services(basic education, primary health care, nutrition, safe water and sanitation)
	Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction	8.3	Proportion of bilateral official development assistance of OECD/ DAC donors that is untied
		8.4	ODA received in landlocked countries as a proportion of their gross national incomes
Target 8C	Address the special needs of landlocked countries and Small Island Developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly)	8.5	Market access ODA received in Small Island Developing States as proportion of their gross national incomes
		8.6	Proportion of total developed country imports (by value and excluding arms) from developing countries and from the least developed countries, admitted free of duty
		8.7	Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries
Target 8D	Deal comprehensively with the debt problems of developing countries through national and international	8.8	Agricultural support estimate for OECD countries as a percentage of their gross domestic product

	Goals and Targets From the Millennium Declaration		Indicators For Monitoring Progress
	measures in order to make debt sustainable in the long term	8.9	Proportion of ODA provided to help build trade capacity
		8.10	Debt sustainability Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)
		8.11	Debt relief committed under HIPC and MDRI Initiatives
		8.12	Debt service as a percentage of exports of goods and services
Target 8E	In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13	Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8F	In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14	Telephone lines per 100 population
		8.15	Cellular subscribers per 100 population
		8.16	Internet users per 100 population

Source: <http://unstats.un.org/unsd/mdg/Host.aspx?Content=Indicators/OfficialList.htm>

Approaching the end of the MDGs, the global world is seeking momentum to take stock of the 8 ambitious goals to define a more realistic and sustainable agenda for beyond 2015. The United Nations Conference on Sustainable Development Goals (UNCSD), or Rio +20, took place in Rio de Janeiro, Brazil on 20-22 June 2012. It resulted in a political outcome document entitled "The Future We Want" to ensure the promotion of an economically, socially and environmentally sustainable future for all. In Rio, Member States agreed to launch a process to develop a set of Sustainable Development Goals (SDGs), which will build upon the MDGs and converge with the post 2015 development agenda. The goals should address in a balanced way all three dimensions of sustainable development: economic, social and environmental. A High Level Political Forum on Sustainable Development (HLPF) was created to provide leadership and review progress on sustainable development.

As quoted by the President of the 68th session of the General Assembly, John W. Ashe, this political forum is created for:

".....delivering more effectively on our aspirations and agendas at a time when we realize that the practice of sustainability provides the only real bridge from our past to our present and our future and from our planet to our peoples and our prosperity."

This MDG report also elaborates on the proposed actions and strategies towards and beyond 2015.



2. Millennium Development Goals in Suriname: Structure and Mode of Operation

The Republic of Suriname is committed to achieving the Millennium Development Goals (MDGs) at the national level. Monitoring of national development goals and the MDG reporting process require Suriname to report annually on its performance towards reaching the intended targets.

The objective of this report is to monitor progress and provide projections on what the current situation is, regarding all relevant goals and how and when they might be achieved on a sustainable basis. While all substantive chapters are relevant and elaborate on the situation and progress made, or lack thereof, chapter 6 provides the status at a glance.

The report provides an overview of data with regard to the Millennium Development Goals as of 2000 up to the most recent date for which pertinent data is available. It is worth mentioning that to the extent possible goals, targets and indicators have been aligned with the OP 2012-2016 and Suriname UNDAF 2012-2016, which itself had been aligned with OP 2012-2016.

OP 2012-2016 has the following Major Policy Areas:

- Governance and Justice;
- Economics;
- Education, Science and Culture;
- Welfare;
- Security and International policy;
- Spatial Planning and the Environment.

These have been subdivided into 15 priority (focal) areas.

The MDG reporting process itself is monitored by the MDG Steering committee consisting of experts from the Government and Non-Government sectors including the private sector and NGOs. The executive activities are delegated to the MDG Technical Committee comprising representatives of all ministries in Suriname, plus a few specialized agencies (such as the ABS, the National Planning Office and NIMOS) and is subdivided into three clusters (also see annex 1). Participation in the clusters is based on the MDG goals and indicators for which these are directly related. The General Bureau of Statistics (ABS) plays a coordinating role and reports to the MDG Steering committee chaired by the Ministry of Foreign Affairs on the Government side.

At the executive level, an MDG Drafting committee, which is held responsible for drafting and finalizing the MDG report, has been installed.

Structure and Mode of Operation are summarized in the table below:

Table 2
UNDAP PCG and MDG Cluster

PCG* + MDAs	CLUSTER 1* Population, Families, Households and Health	CLUSTER 2* Economy, Education, Work and Poverty	CLUSTER 3* Decision Making and Environment
WASH (NH, RO)			7.8, 7.9
ENVIRONMENT (ABS, ATM, SBB, LVV, ROGB, NH, NIMOS)			7.1 – 7.10
AGRICULTURE (LVV)			7.2****+7.4** + 7.5****+7.6** + 7.7**
EDUCATION (MINOV)		2.1, 2.2, 2.3 and 3.1	
GOVERNANCE (MINOV, ATM, LVV, SOZAVO, BUZA, BIZA)		1.4	3.3
HEALTH, HIV, NUTRITION (VG, SOZAVO)	1.8, (1.9), 4.1, 4.2, 4.3, 5.1-5.6, 6.1-6.10		7.10****
SOCIAL SERVICES (ATM, SOZAVO)	1.8, (1.9)		
DATA (All 17 Ministries)	1.8, (1.9), 4.1, 4.2, 4.3, 5.1-5.6, 6.1-6.10	1.4, 1.5, 1.7, 2.1, 2.2, 2.3, 3.1, 3.2	
TOTAL (MDG Indicators)	1.8, 1.9, 4.1, 4.2, 4.3, 5.1-5.6, 6.1-6.10	1.1-1.7, 2.1, 2.2, 2.3, 3.1, 3.2	3.3, 7.1-7.10

Notes:

- *) PCG “Emergencies” is not included, because they are not in any cluster. ABS and BUZA are co-chairing all clusters.
- **) Indicator 7.4 and 7.7 reports on data, text and Policies received from the Fishery Department
- ***) Indicator 7.2, 7.5 and 7.6 consists of text on CO2 emissions, water resources used for the rice sector and protected terrestrial and marine areas and also policies.
- ****) Indicator 7.10 consists of text regarding policies for the housing problem in Suriname

In addition, it should be noted that the process to update MDG 8 fell outside of the aforementioned structure.

3. Economic, Social and Environmental Profile of Suriname

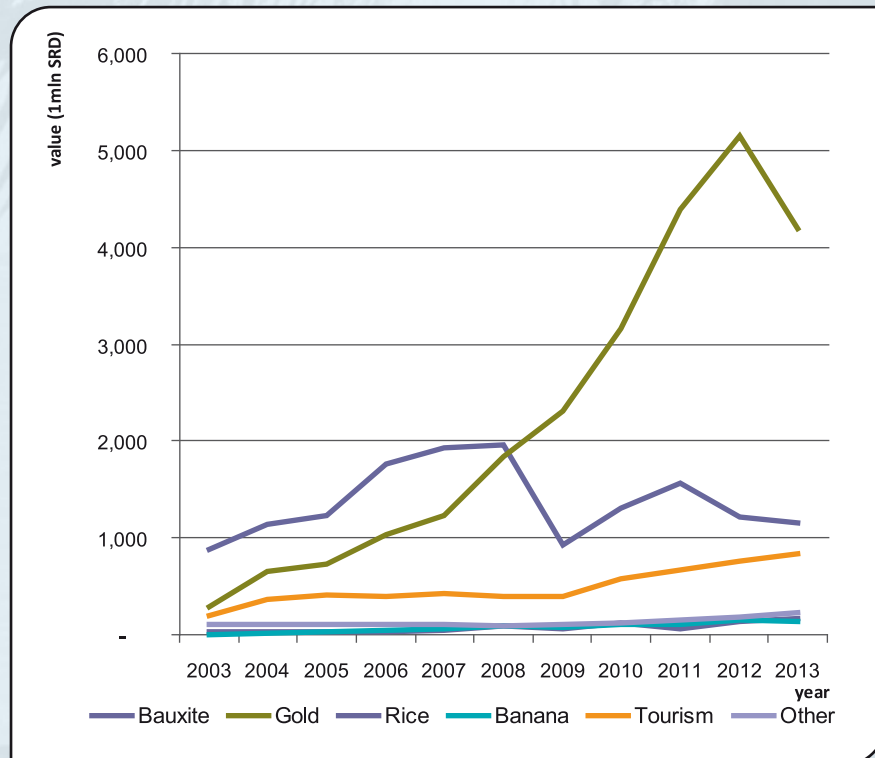
Economic Profile

Mining, agriculture and manufacturing are still the most important sectors in the Suriname economy. Since 2005 the mining sector experienced significant growth. For the period 2009-2013 gold, bauxite and oil extraction represent respectively 86.3%, 89.3%, 87.4%, 87.2% and 88.7% of total foreign exchange earnings. For the period 2009-2013 the manufacturing of gold, bauxite and oil extraction accounted for

respectively; 15.4%, 18.9%, 23.8% and 20.2% to the GDP at current market prices.

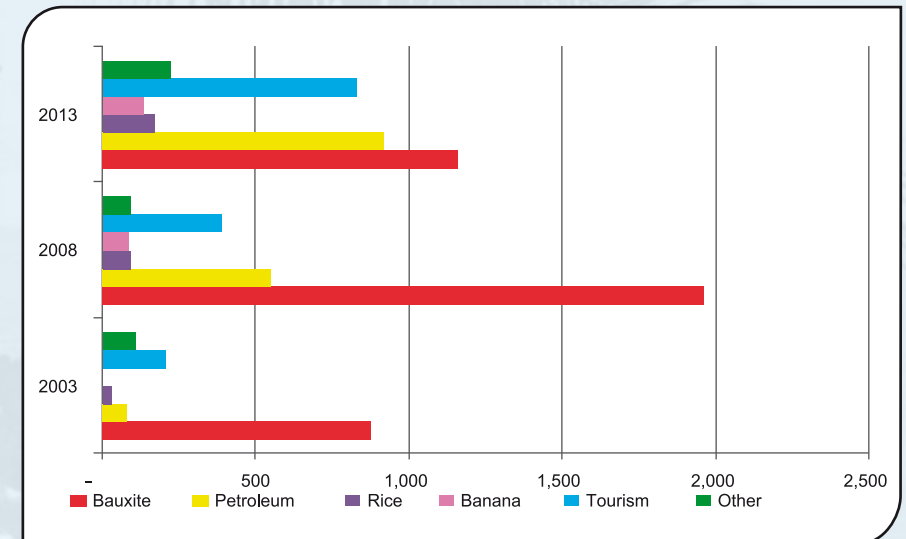
The growth in real GDP has been variable over the past three to five years, but on average annual real GDP growth was circa 4.1% over the period 2008 – 2012. Total Real GDP moved from SRD 8,394,000 to SRD 9,857,000.

Graph 1
Value of export products (x SRD 1 mln), 2003-2013



Source: ABS

Graph 2
Value of export products (x SRD 1 mln), 2003-2013



Source: ABS

The Consumer Price Index (CPI) is a measure of the average change in the price of a fixed (in terms of quality and quantity) market basket of goods and services. Prices are measured in the districts Paramaribo, Wanica,

Nickerie, Coronie, Saramacca and Commewijne. The monthly inflation over the period January 2013 – March 2014 marks a few deflations. The highest inflation is 1.3%.

Table 3

Consumer Price Index number & inflation, January 2013 up to April 2014:

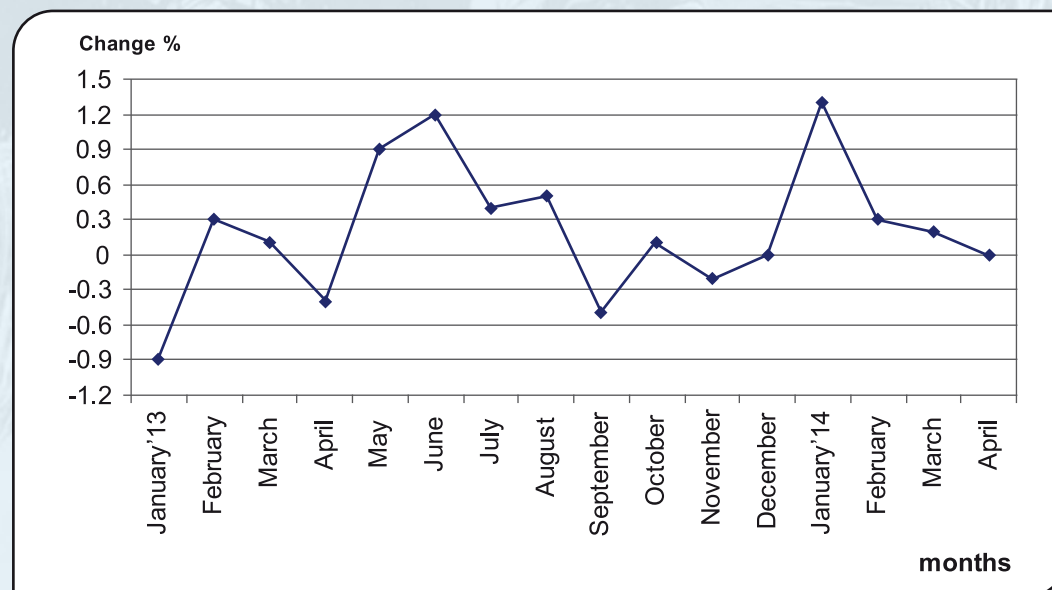
Paramaribo, Wanica, Nickerie, Saramacca, Coronie and Commewijne base period April - June 2009 (=100)

Period	Major Groups												% changes I(t, t-1)
	1	2	3	4	5	6	7	8	9/10	11	12	Total	
January '13	137.9	153.2	110.5	116.4	123.3	122.8	168.4	120.5	136.6	129.0	127.4	134.9	-0.9
February	136.5	153.2	110.7	116.4	123.2	122.8	176.1	120.5	136.6	129.5	127.3	135.2	0.3
March	136.5	153.2	110.1	116.6	123.4	122.8	177.4	120.4	136.1	129.7	127.5	135.4	0.1
April	135.6	153.3	110.1	120.0	123.9	122.8	171.9	120.4	134.7	130.5	127.5	134.8	-0.4
May	139.2	153.3	110.0	120.0	124.1	122.8	170.4	120.4	134.5	130.7	127.7	136.1	0.9
June	143.0	153.4	110.4	120.0	125.0	122.8	170.9	120.4	134.1	131.2	127.8	137.8	1.2
July	142.3	153.5	110.5	119.8	124.3	122.8	169.0	120.4	134.0	131.7	127.9	137.2	0.4
August	141.4	153.5	111.1	119.8	124.5	122.8	176.9	120.5	134.1	131.7	128.1	137.9	0.5
September	140.2	154.0	111.2	121.5	125.1	122.8	172.0	120.5	134.4	131.7	128.4	137.1	-0.5
October	140.4	158.7	111.8	123.2	125.8	122.8	167.6	120.7	135.4	132.0	128.8	137.2	0.1
November	139.6	161.1	111.8	123.2	125.9	122.8	166.9	120.7	136.0	132.1	129.0	136.9	-0.2
December	138.7	161.2	112.4	125.5	126.2	122.8	166.8	120.7	136.4	132.7	129.2	136.9	0
January '14	141.5	161.5	112.4	125.5	126.3	127.7	170.2	120.7	138.7	132.8	129.2	138.7	1.3
February	141.9	161.6	112.4	125.9	126.8	128.8	171.1	120.7	140.0	132.9	129.3	139.2	0.3
March	142.4	161.6	113.1	125.9	127.2	128.8	171.9	120.8	140.2	133.4	129.4	139.5	0.2
April	142.2	161.7	113.1	125.9	127.6	128.8	172.5	120.8	140.7	133.8	129.5	139.6	0.0

Source: ABS

Graph 3

Monthly change %, January 2013 - April 2014



Source: ABS

Table 4

Key MDG indicators

Indicator	Value	Year	Value	Year
Total Exports in US\$ (merchandise trade)	1,746,594,143	2012	2,838,316,182	2013
Total Imports in US\$ (merchandise trade)	1,223,818,219	2012	2,819,152,200	2013
Trade Balance in US\$	522,775,924	2012	19,163,982	2013
All items consumer price index annual average	133.9	2012	136.5	2013
Number of Civil Servants (December)	44,061	2012	44,784	2013
Real GDP (x 1mln SRD, market prices)	8,394	2008	9,857	2012*
GDP per capita (US\$)	6,921	2008	9,010	2012

Source: ABS
* provisional figure

Social Profile

The social profile of Suriname will be discussed in the following chapters of this report. Based on demographic characteristics and settlement patterns the country is divided into urban coastal, rural coastal and rural interior. Because of the remoteness there is an uneven provisioning for the latter.

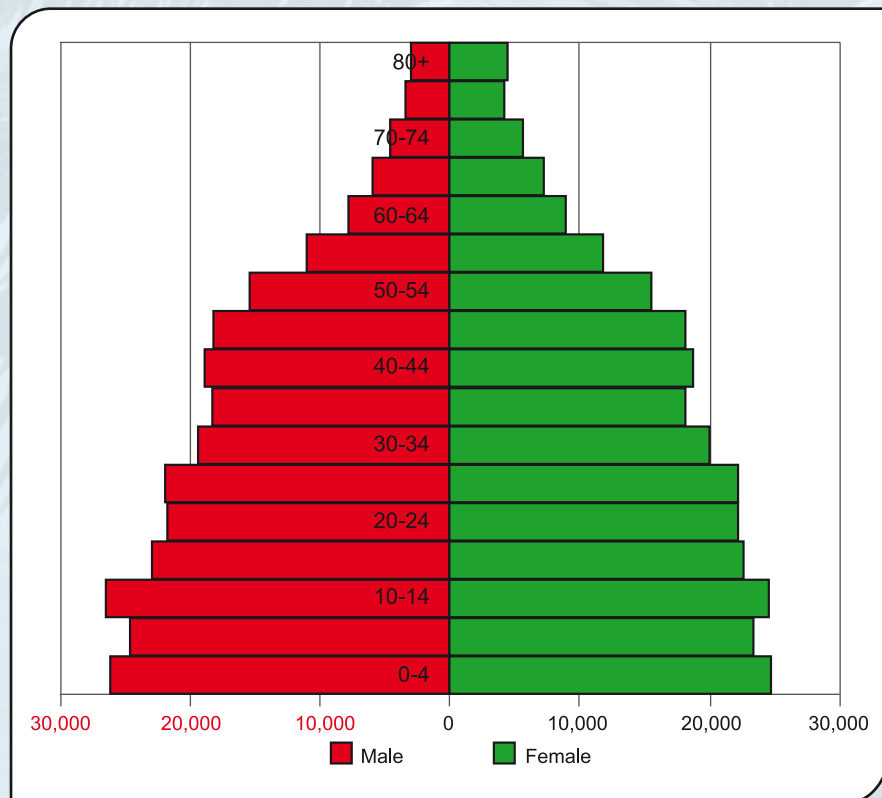
With regard to the health indicators, some of these show that Suriname has a desirable health profile. The infant mortality rate decreased from 20 per thousand in 2005 to 17.9 per thousand in 2008 and 14.6 per thousand in 2012. The life expectancy was stable in 2012, at 69.3 for males and 75.0 years for females on average.

Table 5
Key MDG indicators

Indicator	Value	Year	Value	Year
Population Mid-Year	517,052	2008	541,638	2012
Average population growth	1.2 %	2008	1.2%	2012
Total Fertility Rate	2.4	2007	2.56	2012
Life expectancy at birth (in years) males	67.7	2007	69.3	2012
Life expectancy at birth (in years) females	71.9	2007	75.0	2012
Infant mortality rate (per 1000 live births)	17.9	2008	14.6	2012

Source: ABS

Graph 4
Population pyramid Suriname (census-2012)



Source: Census 2012, ABS

Environmental Profile

Suriname is located on the north-eastern coast of South America, between 2° C and 6° C north latitude and 54° C and 58° C west longitude. It is bordered to the east by French Guiana, to the south by Brazil, to the west by Guyana and to the north by the Atlantic Ocean. The total area of Suriname is about 163,820 km².

The climate in Suriname is of a semi-humid type, influenced by the up and down movement of the Inter-Tropical Convergence Zone (ITCZ). Hence, two rainy and two dry seasons are observed annually over the largest part of the country, with a mean annual air temperature of about 27° C, ranging from 26° C in January to 31° C in October.

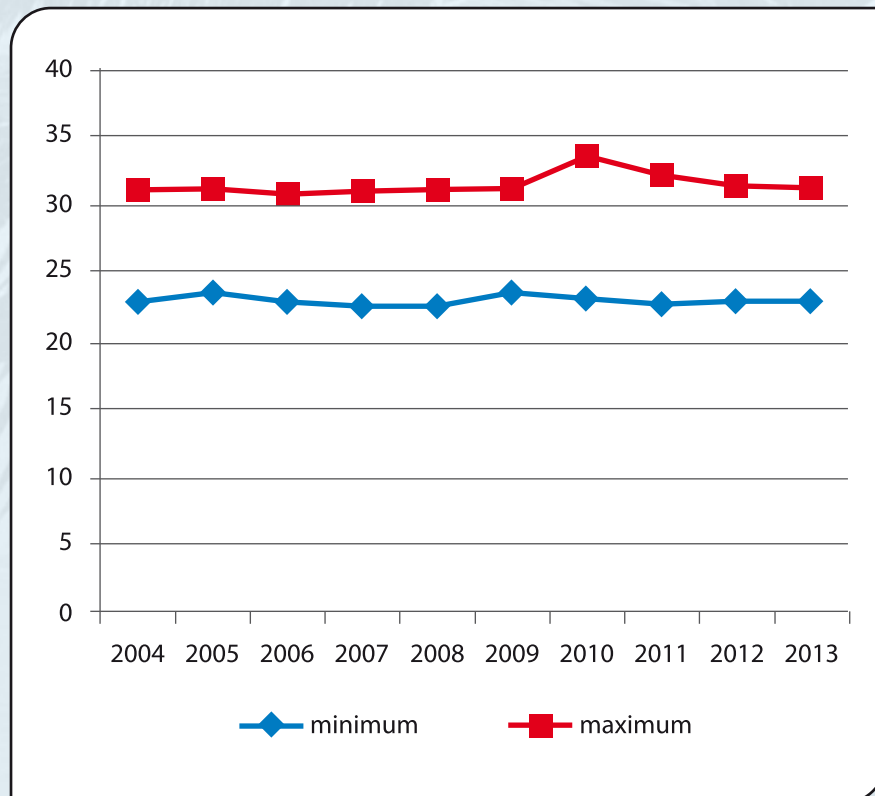
Suriname is home to many unique ecosystems. In the coastal plain mangrove forests are found, and these are important breeding, feeding and nursery grounds for fish, marine invertebrates, sea turtles and enormous numbers of migratory birds. This coastal region is considered to be the principal South American wintering ground for shore birds from boreal and arctic regions. High biological diversity has been inventoried in the tropical rainforests of Suriname. Forest covers about 94% or 15 million ha of the total land area of the country, of which about 2 million ha or 13% has the status of Protected Area (four Multiple-use Management Areas, one nature park and eleven Nature Reserves). Forests comprise one of Suriname's most important natural resources.

Table 6
Key MDG and environment indicators

Indicator	Value	Year	Value	Year
Total Surface Area (sq. km)	163,820	2008	163,820	2012
Total Forest Area (sq.km)	148,000	2008	148,000	2012
Total Forest Area (%)	93.78	2008	93.68	2012
Protected Area (sq. km)	22,665	2008	22,698	2012
Protected Area (%)	14	2008	14	2012
Terrestrial and Marine Protected Area (%)	12.1	2008	13.2	2012
Average Relative Humidity	78.3	2008	81.3	2012
Temperature in 0 C (average)	27.7	2010	27.4	2012
Minimum	25.2	2010	23.1	2012
Maximum	30.1	2010	31.6	2012
Total ODS (HCFC 22 & HCFC 141)	1.66	2008	1.29	2010
Fish stocks within biological limits (%) for 8 types of fish	100	2011	100	2012
% Population with sustainable access to an improved water source	86.8	2004	93.7	2012
% Population with access to improved sanitation	90.1	2010	91.4	2012
Amount of waste disposal (m3)	75,920	2008	77,200	2012

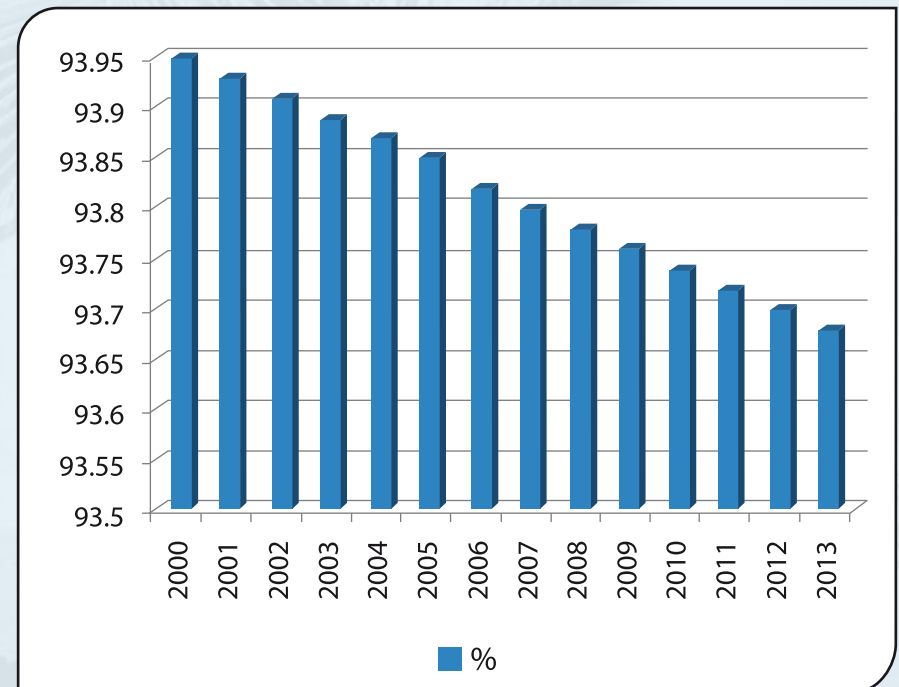
Source: ABS

Graph 5
Annual temperature in Suriname (°C), 2004-2013



Source: Division Meteorology Service

Graph 6
Proportion of land area covered by forest (%), 2000-2013



Source: Foundation for Forest Management and Production Control



4. Government of Suriname Policy Commitments

The Millennium Declaration and the Millennium Development Goals are important international development commitments and therefore basic principles for the national development policy of Suriname.

The present Development Plan 2012 – 2016 (OP 2012-2016) reflects this concept and has identified the following national development goals: social development and social inclusion through a "social agreement" with all social partners and the people of Suriname based on solidarity, mutual respect and understanding. Despite the positive economic outlook from 2004 onwards, the country still faces challenges to eradicate poverty and to achieve social and economic development amongst the vulnerable and poor segments of its people.

Moreover, the ranking of Suriname as a middle income country based on GDP per capita has disadvantaged the country in the mobilization of official development assistance (ODA). As a small and open economy, Suriname is still vulnerable to fluctuations in the global economy.

Suriname is considered a Small Island Developing State (SIDS) and is vulnerable to the negative effects of climate change. Hence, mobilizing resources is needed to strengthen institutional capabilities of the Government and Non-Government actors.

The OP sets out the shift in foreign policy from the traditional North-South cooperation to the increasing South-South cooperation to achieve the national development goals.

The OP 2012 – 2016 sets out the following building blocks for development:

- Rationalize the government administration to facilitate projects to be initiated and developed by the government and the private sector to increase earning capacity;

- Decentralize the government administration to serve the interests of the districts through locally appointed and/or elected representatives;
- Implement an organizational structure for the public sector that provides room for governing in a new style that meets current and future changing demands;
- Maintain law and order and ensure legal protection for all taking into account the human rights principles;
- Increase the country's earning capacity by closing favourable contracts in the mining sector with both local and international investors;
- Restructure the educational system with the focus on bridging the widening gap between education and the needs of the labour market;
- Identify and make use of all existing forms of cultural expression in its broadest sense including artistic expressions, cultural heritage, media, literature and libraries;
- Create a youth and child friendly society in which our children can grow up healthy and safe, develop their talents and contribute actively to self-development and the Surinamese society;
- Increase employment opportunities with consideration of sustainable employment;
- Promote a sport minded society by formulating a sports development policy;
- Promote and enhance the safety and security of all Surinamese citizens and those who are on Surinamese territory;
- Exploit the opportunities of tourism by developing this into a strategic and renewable sector;
- Encourage and develop entrepreneurship focused on export. The strengthening of the private sector and its innovative development will serve economic activities within Surinamese transformation process;

- Implement a responsible environmental policy taking into consideration the negative effects of climate change as well as the improper use of the land and nature;
- Promote the quality of life within the Surinamese society by providing care to citizens with disabilities and elderly, tackling poverty and addressing the issue of sustainable livelihoods and care for the underprivileged.

The programmes to achieve the objectives stated above will be financed through the national budget and from other institutions, national and international. In order to maximize the effectiveness of the programmes,

the Government of Suriname will work together with the private sector, the so-called Public-Private Partnership. Furthermore, reforms will be undertaken in other spheres of activities, in which behavioural change is needed.

To increase the country's earning capacity the OP focuses on sustainable development based on social-economic development and environmental protection, with a strong emphasis on the following thematic areas: mining, agriculture, health, education, tourism, housing, infrastructure, energy, youth, gender, and ICT.

5. Millennium Development Goals

Goal 1: Eradicate Extreme Poverty and Hunger

Targets and Indicators:

1A Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

- Proportion of population below \$1 (1985 PPP) per day (1.1);
- Poverty gap ratio [incidence x depth of poverty] (1.2);
- Share of poorest quintile in national consumption (1.3).

1B Achieve full and productive employment and decent work for all, including women and young people

- Growth rate of GDP per person employed (1.4);

- Employment-to-population ratio (1.5);
- Proportion of employed people living below \$1 per day (1.6);
- Proportion of own-account and contributing family workers in total employment (1.7).

1C Halve, between 1990 and 2015, the proportion of people who suffer from hunger

- Prevalence of underweight children under 5 years of age (1.8);
- Proportion of population below minimum level of dietary energy consumption (1.9).

Table 1.1

Poverty indicators, 2004-2012

Indicator	2004	2005	2006	2007	2008	2009	2010	2011	2012
1.1 Proportion of population below \$1 per day	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
1.2 Poverty gap ratio	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
1.3 Share of poorest quintile in national consumption	n.a.	n.a.	n.a.	n.a.	4.93	n.a.	n.a.	n.a.	n.a.
1.4 Growth rate of GDP per person employed	n.a.	n.a.	n.a.	n.a.	17.5	8.7	10.9	16.5	11.2
1.5 Employment-to-population ratio (census years)	50	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	54
1.5 Employment-to-population ratio (Paramaribo + Wanica)	n.a.	54	54	55	56	56	57	56	n.a.
1.6 Proportion of employed people living below \$1 per day	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
1.7 Proportion of own-account and contributing family workers in total employment	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	22
1.8 Prevalence of underweight children under-five years of age (severe malnutrition)*	n.a.	n.a.	n.a.	0.8	n.a.	n.a.	1.3	n.a.	n.a.
1.9 Proportion of population below minimum level of dietary energy consumption	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

Source: ABS. For 2004 and 2012, Census data is used and for the other years data is based on results of the Continuous Household Survey (conducted in Paramaribo and Wanica)

n.a. = data not available

*) See more info on page 37



Performance Summary

Target 1A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

- **Indicator 1.1: Population living below \$1.25 (2005 PPP) a day**
Definition: *This proportion of population living below \$1.25 (2005 PPP) a day is defined as the proportion of the population living in households below the international poverty line where the average daily consumption (or income) per person is less than \$1.25 a day measured at 2005 international prices, adjusted for purchasing power parity (PPP). This indicator replaced the \$1 a day poverty since 2008. As a result of revisions in PPP exchange rates, poverty rates cannot be compared with poverty rates reported previously for individual countries.*

To measure poverty, Suriname does not use the 1, 2 or 4 USD (1985 PPP) per day poverty line.

One of the main challenges of poverty eradication is the transfer of economic growth into human development and poverty reduction. While sustaining and increasing economic growth, Suriname is determined to keep strong focus on the increase of decent and productive employment, reducing economic and social inequalities to reach its main goal as a country. Suriname is convinced that poverty eradication demands an integrated approach and should be a joint effort between government, civil society and the private sector.

There is an urgent need for a national discussion on the definition of poverty and a consensus on calculation of poverty lines for Suriname. For Suriname, ABS has only used income (or consumption) poverty as the poverty measurement tool in the past.

Since 2009, there is no data available on income (or consumption) poverty in Suriname (After controversies surrounding poverty data in the previous MDG Report, ABS put the poverty calculations on hold, awaiting the instalment of a national committee responsible for the poverty definition and calculations).

- **Indicator 1.2: Poverty gap ratio [incidence x depth of poverty]**
Definition: *The poverty gap ratio is the mean shortfall of the total population from the poverty line (counting the non-poor as having zero shortfall), expressed as a percentage of the poverty line.*
- **Indicator 1.3: Share of poorest quintile in national consumption**
Definition: *The share of poorest quintile in national consumption is defined as the share of a country's national consumption or income that accrues to the poorest quintile (fifth) of the population. This indicator is expressed as a percentage.*

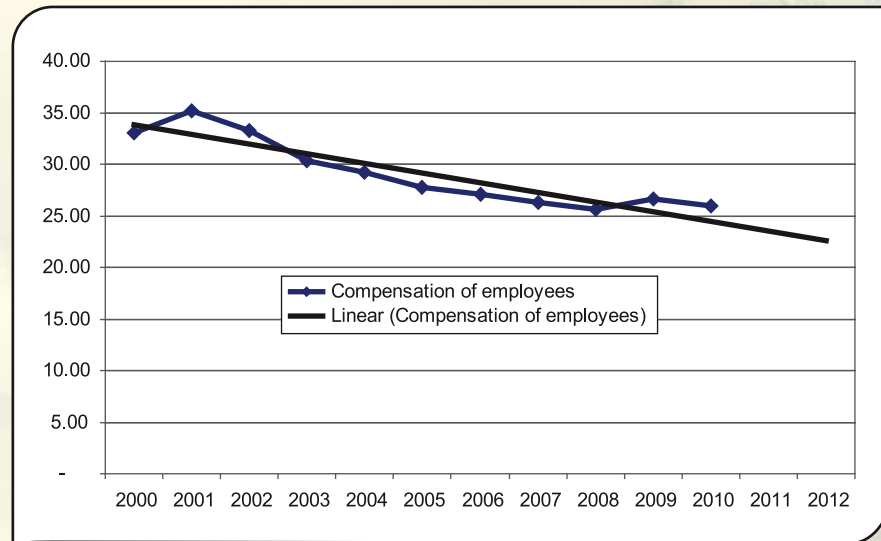
Even if the usual poverty figures are not available, some background variables that give an idea of socio-economic development will be presented and discussed. The variables chosen are:

1. Share of compensation of employees in GDP;
2. Per employee Gross Labour Cost (pertaining to establishments with 10 and more employees in all sectors except Agriculture);
3. Developments in the tax threshold versus per capita GDP developments and some indication of inequality.

The relevant tables and graphs will start with BG (for background).

Graph 1.1

BG-1: Compensation of employees, 2000-2010



Source: ABS; Tax Office

Compensation of employees as a share of GDP decreased from circa 33% in 2000 to circa 26% in 2010. As can be seen from the graph, there is a clear downward trend. Of course it is also possible that other sources of income are accrued to the same population.

Between 2004 and 2012 Real Gross Labour Cost grew by 20%. Of course this does not mean that the working population’s “take-home pay” also grew by 20%, as this depends on the shares of wages and other components (to be paid by the employer for the benefit of the employee).

Looking at the developments in the tax threshold versus individual income, fixed at the level of nominal per capita GDP, the following picture emerges.

Table 1.2

BG-2: Nominal Labour Cost, CPI and Real Labour Cost, 2004-2012

	Nominal Labour Cost		CPI	Real Labour Cost			
	Per Year	Per month		Per Year	Per month	% change	Cum-change
2004	18,241	1,520	100.0	18,241	1,520		
2005	20,653	1,721	109.5	18,860	1,572	3.4	3.4
2006	24,070	2,006	121.9	19,753	1,646	4.7	8.3
2007	25,727	2,144	129.6	19,847	1,654	0.5	8.8
2008	27,755	2,313	148.7	18,665	1,555	-6.0	2.3
2009	32,267	2,689	148.5	21,726	1,810	16.4	19.1
2010	34,811	2,901	158.8	21,921	1,827	0.9	20.2
2011	40,511	3,376	187.0	21,669	1,806	-1.2	18.8
2012	42,961	3,580	196.3	21,881	1,823	1.0	20.0

Source: ABS; Tax Office

Table 1.3

BG-3: Nominal Gross Income, Nominal Net Income and Real Net Income, 2004-2012

Year	GDP-pc	Tax-Free	Gross income	Net income*	gdp-defl	Real net	% Change
2004	863	157.5	863	761	100.0	761	
2005	1,021	157.5	1,021	885	116.0	763	0.2
2006	1,191	220.5	1,191	1,007	129.1	780	2.3
2007	1,317	220.5	1,317	1,151	136.9	841	7.8
2008	1,563	220.5	1,563	1,367	160.2	853	1.5
2009	1,691	220.5	1,691	1,469	168.2	873	2.3
2010	1,881	220.5	1,881	1,618	183.9	880	0.7
2011	2,201	220.5	2,201	1,892	203.0	932	5.9
2012	2,545	220.5	2,545	2,129	228.2	933	0.1

Source: ABS; Tax Office

* Net of Taxes and Old Age Pension contribution

From 2004 to 2012, gross individual income (fixed at the level of nominal per capita GDP) almost tripled. Net income did not stay far behind, but when one looks at the real figures, the improvement over the 8 year period has been more modest, namely circa 23% (which yields a respectable 2.57% annual increase).

Level and average data provides a mixed picture: growing long-term levels, both nominal and real, but decreasing share. However, the picture is incomplete if no effort is made to obtain a measure of inequality. The most widely used indicator of income inequality is the Gini ratio (sometimes called Gini coefficient), which takes values between 0 (complete equality) and 1 (complete inequality). The Gini ratio requires information on income (or consumption distribution). In the absence

of an empirical distribution, estimates are often based on mathematical distributions (with two to five parameters), such as the Beta distribution, the Lognormal distribution, the Pareto distribution, the Dagum distribution, the Singh-Maddala and the Weibull distribution. It has been established that of all the parametric specifications belonging to the Generalized Beta Distribution, the Weibull distribution outperforms all other distributions with 2 parameters. However, because it is much more amenable the Lognormal distribution is more often used. Since the assumption cannot be made that inequality has remained unchanged, instead of using a mathematical distribution, the ratio between the maximum per employee gross labor cost and the prevailing tax free allowance is used to get a sense of inequality.

Table 1.4

BG-4: Indications of inequality, 2004-2012

Year	2004	2005	2006	2007	2008	2009	2010	2011	2012
GLC-max	59,653	63,340	76,309	74,869	84,501	92,366	103,297	126,237	142,084
Tax	1890	1890	2646	2646	2646	2646	2646	2646	2646
Ratio	31.6	33.5	28.8	28.3	31.9	34.9	39.0	47.7	53.7
Gini ratio	0.55	n.a.	n.a.	n.a.	0.45	n.a.	n.a.	n.a.	n.a.

Source: ABS and Tax Office

n.a. = data not available

The Gini ratio for 2004 is from the 7th Population and Housing Census (Personal Income distribution) and the Gini ratio for 2008 is from Household Budget Survey 2007/2008 (distribution of Household Consumption). It is well-known that consumption is usually more evenly distributed than income, so the two Gini ratios are not really comparable.

The tails (i.e. lowest and highest values) from the distribution seem to be getting further apart, but since it is not clear what is happening in the middle, nothing can be said with authority about what is happening to inequality as a whole.

Looking at developments in all the measures provided, between 2000 and 2012 (or parts thereof) the following summary and conclusions, which provide a mixed picture, can be presented:

- The share of compensation of employees in GDP decreased;
- Real net income increased;
- The ratio between Maximum Gross Labor Cost and the Tax Allowance worsened.

Target 1B: Achieve full and productive employment and decent work for all, including women and young people

Creating employment opportunities in Suriname is still a major challenge, especially for the youth. The Ministry of Labour, Technological Development and Environment (ATM) has stressed that creating employment opportunities for all is imperative for achieving goal 1. Policies have been developed to assist in poverty eradication.

- **Indicator 1.4: Growth rate of GDP per person employed**

Definition: *The growth rate of gross domestic product (GDP) per person employed is defined as the growth rate of output per unit of labour input.*

For the given period there is an increase in GDP and the number of employees, which resulted in an increase in GDP per person employed.

- **Indicator 1.5: Employment-to-population ratio**

Definition: *The employment-to-population ratio is defined as the proportion of a country's working-age population that is employed. This indicator is expressed as a percentage.*

Table 1.5

Total number of employees and Gross Domestic Product (GDP), 2007-2012

Year	2007	2008	2009	2010	2011	2012
Number of employees	68,318	69,981	70,640	71,798	73,321	76,494
GDP basic prices	7,412,941	9,036,125	9,769,200	11,136,725	12,940,117	15,113,897
GDP market prices	8,060,532	9,698,055	10,638,424	11,991,817	14,259,256	16,539,502
GDP/ person employed (basic prices)	108.5	129.1	138.3	155.1	176.5	197.6
GDP/ person employed (market prices)	118.0	138.6	150.6	167.0	194.5	216.2

Source: ABS

In the census years 2004 and 2012 there was a slight increase in the employment to population ratio in the districts of Paramaribo and Wanica, the largest districts of Suriname in terms of resident population. The employed population increased with an annual average of circa 3%. During the 2012 census there were 188,229 employed persons. The disparity between the two sexes is great, as men comprise 63% (118,745) and women 37% (69,484). The youth between 15 – 24 years comprise 12% of the employed population while 88% consists of persons between the age group of 25 – 65 years old (see table 1.7).

Table 1.6

The economically active population (15-64 years) by district, 2004 and 2012

District	Economic active population					
	Employed persons		Unemployed		Total	
	2004	2012	2004	2012	2004	2012
Paramaribo	84,127	91,062	7,867	9,260	91,994	100,322
Wanica	28,048	41,315	2,395	4,408	30,443	45,723
Nickerie	11,373	11,888	1,173	1,341	12,546	13,229
Coronie	791	1,130	297	307	1,088	1,434
Saramacca	4,764	6,374	436	447	5,200	6,821
Commewijne	8,701	12,339	665	1,044	9,366	13,383
Marowijne	3,962	4,512	509	1,001	4,471	5,513
Para	4,908	7,071	789	1,132	5,697	8,203
Brokopondo	4,225	5,389	789	860	5,014	6,249
Sipaliwini	5,806	7,149	1,505	1,712	7,311	8,861
Total	156,705	188,229	16,425	21,512	173,130	209,741

Source: Census 2004 and census 2012, ABS

Table 1.7
Employed population by age group and sex, 2012

Age group	Men		Women		Total	
	Number	%	Number	%	Number	%
15 – 19	3,486	2.9	793	1.1	4,279	2.3
20 – 24	12,667	10.7	5,253	7.6	17,920	9.5
25 – 29	17,396	14.6	10,171	14.6	27,567	14.6
30 – 34	16,333	13.8	10,243	14.7	26,576	14.1
35 – 39	15,562	13.1	9,580	13.8	25,142	13.4
40 – 44	15,951	13.4	10,132	14.6	26,083	13.9
45 – 49	15,128	12.7	9,590	13.8	24,718	13.1
50 – 54	12,353	10.4	7,766	11.2	20,119	10.7
55 – 59	7,750	6.5	4,975	7.2	12,725	6.8
60 – 64	2,119	1.8	981	1.4	3,100	1.6
Total	118,745	100.0	69,484	100.0	188,229	100.0

Source: Census 2012, ABS

Table 1.8
Unemployment rate of young people aged 15-24 years, each sex and total, 2000-2013

Unemployment rate	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total	39	39	28	19	22*	25	25	24	22	20	13	20	24*	16
Male	40	40	29	20	16*	14	19	16	15	13	8	12	16*	11
Female	37	37	26	18	33*	45	34	43	40	35	25	37	40*	25

Source: *Census 2004 and 2012 of ABS; the other years are from ABS Continuous Household Survey 2009-2011 and 2013 are provisional results.

Based on the revised official list of indicators of 2008, the following indicator 8.17 on youth unemployment is addressed in this paragraph.

- **Indicator 8.17: Unemployment rate of young people aged 15-24 years, each sex and total**
Definition: *The proportion of the youth labour force that is unemployed. The unemployed comprise all persons above a specified age who, during the reference period, were: (a) without work; (b) currently available for work; and (c) actively seeking work. The labour force is the sum of the number of persons employed and the number of persons unemployed.*

According to census data, the total Youth Unemployment Ratio (YUR) slightly increased from 22% in 2004 to 24% in 2012. Table 1.8 shows that the unemployment rate for female youth was higher (40%) compared to males (16%).

Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

With regard to this target, Suriname is on track as compared to some other developing countries. Suriname is rich in agricultural and other natural resources. Compared to other developing countries in the world there is almost no shortage of food or starvation from hunger. However Suriname is facing arising challenges regarding the Health sector. It is clear that if monitored properly this target can easily be met.

- **Indicator 1.8: Prevalence of underweight children under 5 years of age**

Definition: *The prevalence of underweight children under five years of age is defined as the percentage of children aged 0–59 months, whose*

weights are less than two standard deviations below the median weight for age groups in the international reference population.

Child malnutrition as reflected in body weight is also used as an indicator for poverty. Significant progress has been made in the reduction of child malnutrition since 2000 due to improved health policies (see table 1.9).

These figures show that since 2000 there is a decrease in the prevalence of underweight children under five in Suriname. Almost 6% of children under age five are moderately or severely underweight (5.8%) and 1.3% are classified as severely underweight. Just under one tenth of children (9%) are moderately or severely stunted or too short for their age and 5% are moderately or severely wasted or too thin for their height. MICS 2010 data also showed that 4% of the children aged under 5 face overweight.

Table 1.9

Prevalence of underweight children under five years of age, 2000-2010

Target	Indicator 1.8	2000	2006	2010
1C	% of < 5 years with moderate malnutrition (weight for age:-2 SD)	13.3	9.9	5.8
	% of < 5 years with severe malnutrition (weight for age:-3 SD)	2.1	0.8	1.3
	% of < 5 years with moderate malnutrition (height for age:-2 SD)	9.9	7.7	8.8
	% of < 5 years with severe malnutrition (height for age:-3 SD)	2.7	1.4	2.2
	% of < 5 years with moderate malnutrition (weight for height: -2 SD)	6.5	4.9	5.0
	% of < 5 years with severe malnutrition (weight for height: -3 SD)	1.5	0.4	0.8

Source: MICS 2000, 2006, 2010

Note: Standard Deviation indicates how much variation there is (in the data) from the average (mean).

- **Indicator 1.9: Proportion of population below minimum level of dietary energy consumption**

Definition: *The proportion of the population below the minimum level of dietary energy consumption, referred to as the proportion of undernourished people, is defined as the proportion of people in a population who suffer from hunger or food deprivation.*

In Suriname there are no sources or surveys measuring the specific indicator as yet, so there is no data available to report on the indicator.

However, according to the Health authorities, Suriname is not facing issues of people suffering from hunger. This is an issue which is well under control in Suriname and as for prevention, the Government has different activities implemented and planned.

However, there are cases of malnutrition, obesity and wrong diets or eating patterns.

According to the FAO estimates Suriname is showing a downward trend regarding prevalence of undernourishment, as are the whole regions Latin America and the Caribbean.

Table 1.10

Prevalence of undernourishment and progress towards the World Food Summit (WFS) and the Millennium Development Goal (MDG) targets in the developing regions, 1990-2013

Regions/ Sub regions/ Countries	Number of people undernourished						Change so far (%)	Number of people undernourished					
	1990- 1992	2000- 2002	2005- 2007	2008- 2010	2011- 2013	Change so far (%)		1990- 1992	2000- 2002	2005- 2007	2008- 2010	2011- 2013	Change so far (%)
Latin Am. & the Caribbean	65.7	61	54.6	50.3	47	-28.4	▼	14.7	11.7	9.8	8.7	7.9	-46.6
Caribbean	8.3	7.2	7.5	6.8	7.2	-13.3	▼	27.6	21.3	21	18.8	19.3	-29.9
Latin America	57.4	53.8	47.2	43.5	39.8	-30.6	▼	13.8	11	9	8	7.1	-48.5
Suriname	0.1	0.1	0.1	0.1	0.1	-24.2	▼	17.5	17.7	15.4	14.5	10.2	-41.4

Source: FAO paper "The State of Food Insecurity in the World 2013, page 45

Government Policies, Achievements, Challenges and Next Steps

Target 1A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	Social protection	<p>The Ministry of Social Affairs and Public Housing has the following policy in place:</p> <ul style="list-style-type: none"> • Financial assistance to needy families, the so called “behoeftege gezinnen”, and persons with disabilities. • School supplies provided to needy families. • Old age allowance for elderly 60 years and older. • General Child allowance for those children whose parents are not receiving allowance from their employer. 		<ul style="list-style-type: none"> • Continue implementation of policy.
2.	Basic health care	<ul style="list-style-type: none"> • Legislation on social security including the Basic Health Insurance has been approved by the National Assembly. The Basic Health Insurance (planned to be established in phases) was initially enforced on 1 July 2013. This is a major step towards Universal Health Coverage. Children aged 0 to 16 years and persons 60 years and older are amongst the first population groups to benefit from free access to health care. 		<ul style="list-style-type: none"> • To further implement the Basic Health Insurance.

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
3.	National pension scheme	<ul style="list-style-type: none"> Legislation on a national pension scheme has been approved by the National Assembly. 		<ul style="list-style-type: none"> To implement the national pension scheme.
4.	Minimum wage	<ul style="list-style-type: none"> Legislation on minimum wage has been approved by the National Assembly. A survey on income and wages has been conducted. 	<ul style="list-style-type: none"> Very low response by sampled companies on the minimum wage survey 	<ul style="list-style-type: none"> Presenting the results of the minimum wage survey. To introduce the minimum wage.

Target 1B: Achieve full and productive employment and decent work for all, including women and young people

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	To address unemployment and decent work	<ul style="list-style-type: none"> Draft Policy Document on Employment 2011–2016, to tackle the serious employment and poverty situation with the emphasis on improved quality of vocational training, cultivating of entrepreneurship, extensive skills training in the field of hotel and restaurants business and tourism, and labour recruitment and placement. Foundation Labour Mobilization and Development (SAO) provides vocational training for mainly drop-outs and low-skilled people. From 2005 to 2013 there has been an increase in the number of graduates 	<ul style="list-style-type: none"> Mismatch between the supply and demand of labour. To restructure the informal sector focusing on decent work and sustainability. 	<ul style="list-style-type: none"> To diversify the employment by matching the requirements of the labour market and the graduate specializations. Strengthening of life-long learning and re-integration; Further creation of structural employment; Continue skills development of low-educated persons. Continue coaching and guidance to small entrepreneurs Continue providing free service for jobseekers in the urban and rural areas. To finalize the Decent Work Programme for implementation.

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
		<p>from the SAO. The number of graduates in 2013 (1086) has more than doubled compared to 2005 (498).</p> <ul style="list-style-type: none"> • Coaching and guidance to small entrepreneurs is provided by the Foundation Productive Work Units (SPWE). • Establishment of the Labour Exchange Service providing free services for jobseekers and employers. As of 2012, this service was extended to those neighbourhoods in the urban and rural areas with high incidence of unemployment to reach the target group. • The Ministry of Labour, Technological Development and Environment is in the process of drafting a Decent Work Programme with technical assistance of the ILO. 		

Target IC: Halve, between 1990 and 2015, the proportion of people who suffer from hunger

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	To provide shelter and care to the homeless through the Foundation for “Dak- en Thuislozen”	<ul style="list-style-type: none"> • The homeless receive food, clothing and daily care from the foundation for “Dak- en Thuislozen”. 	<ul style="list-style-type: none"> • Due to late financial deposits or lack of funding sometimes, the work of the foundation gets delayed. 	

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
2.	Growth and development monitoring activities amongst children	<ul style="list-style-type: none"> • There are child care homes specifically for children who cope with malnutrition and neglect. • More than 90% of children go to consultative agencies to receive their vaccinations so that under nutrition problems can be detected in early stages. 		
3.	To provide information regarding healthy food	<ul style="list-style-type: none"> • The homeless receive food, clothing and daily care from the foundation for “Dak- en Thuislozen”. 	<ul style="list-style-type: none"> • Alarming situations regarding obesity (overweight) and unhealthy lifestyle choices are presenting themselves. These situations make persons more vulnerable for diseases like diabetes, hypertension and kidney diseases 	<ul style="list-style-type: none"> • The Ministry of Health and the Ministry of Sport & Youth Affairs both have activities planned in order to work on preventive information in the case of different “healthy lifestyle/ awareness programmes”.
4.	Funding of “infant nutrition milk”, for all children in the age group 0-2 years	<ul style="list-style-type: none"> • All children in the age group of 0-2 years are eligible to receiving infant nutrition milk for reduced prices via the Regional Health Departments, reciting under the Ministry of Health. 		
5.	To provide food and food packages to needy families	<ul style="list-style-type: none"> • The Ministry of Social Affairs & Public Housing provides food and food packages to needy families, the so called “behoefte gezinnen”, where young children are underfed (mostly in the coastal areas) and this is done based on medical or social grounds. 	<ul style="list-style-type: none"> • The number of families applying for monthly food packages at the Ministry of Social Affairs is getting bigger, which results in serious issues regarding the indicator and broadens a financial burden for the Ministry. 	

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
		<ul style="list-style-type: none"> These needy families can apply for a monthly food package, intended for children in the age group 0-17 years. Also day care centres/ kindergarten/ social organizations can apply for food packages from the Ministry. 		
6.	To develop a national food and nutrition security policy	<ul style="list-style-type: none"> The Ministry of Agriculture in cooperation with the UN-FAO and the CARICOM has implemented a regional project resulting in a draft national food and nutrition security policy in alignment with the CARICOM food and nutrition security policy, the Jagdeo Initiative and the Community Agricultural Policy. 		<ul style="list-style-type: none"> The national food and nutrition security policy document has to be finalized and can function as baseline in the future to develop a strategy for improving human welfare based on a balanced daily food basket among others.

Will the targets be met?

Target 1A: *Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day:*

The usual poverty figures are not available. Instead some background variables that give an idea of socio-economic development are presented. Suriname is facing the issue of inequality, however due to limited data availability it is not clear to what extent inequality exists. There are policies in place in order to improve social security and to reduce social and economic inequality.

Target 1B: *Achieve full and productive employment and decent work for all, including women and young people:*

Potentially.

Target 1C: *Halve, between 1990 and 2015, the proportion of people who suffer from hunger:*

Yes.



Goal 2: Achieve Universal Primary Education

Target and Indicators:

2A Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

- Net enrolment ratio in primary education (2.1);
- Proportion of pupils starting grade 1 who reach last grade of primary school (2.2);
- Literacy rate of 15-24 year-old, women and men (2.3).

Table 2.1

Education indicators, 2005-2013

	Indicator	2005	2006	2007	2008	2009	2010	2011	2012	2013
2.1	Net enrolment rate in primary education (%)	91	93	95	92	97	98	98	98	97
2.1a	Net enrolment rate in primary education (%) by sex:	91	92	95	91	97	98	97	98	96
	Male									
2.1b	Net enrolment rate in primary education (%) by sex:	90	92	95	93	96	98	98	98	98
	Female									
2.2	Proportion of pupils starting grade 1 who reach last grade of primary school	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	92	92	n.a.
2.3	Literacy rate of 15-24 year old, women and men	n.a.	n.a.	n.a.	n.a.	n.a.	92*	n.a.	n.a.	n.a.

Source: Ministry of Education and Community Development (MINOV)

*MICS 2010 (only women)

n.a. = data not available

Performance Summary

Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling

- **Indicator 2.1 b: Net enrolment ratio in primary education**

Definition: The net enrolment rate (NER) in primary education is the ratio of the number of children of official primary school age who are enrolled in primary education to the total population of children of official primary school age, expressed as a percentage.

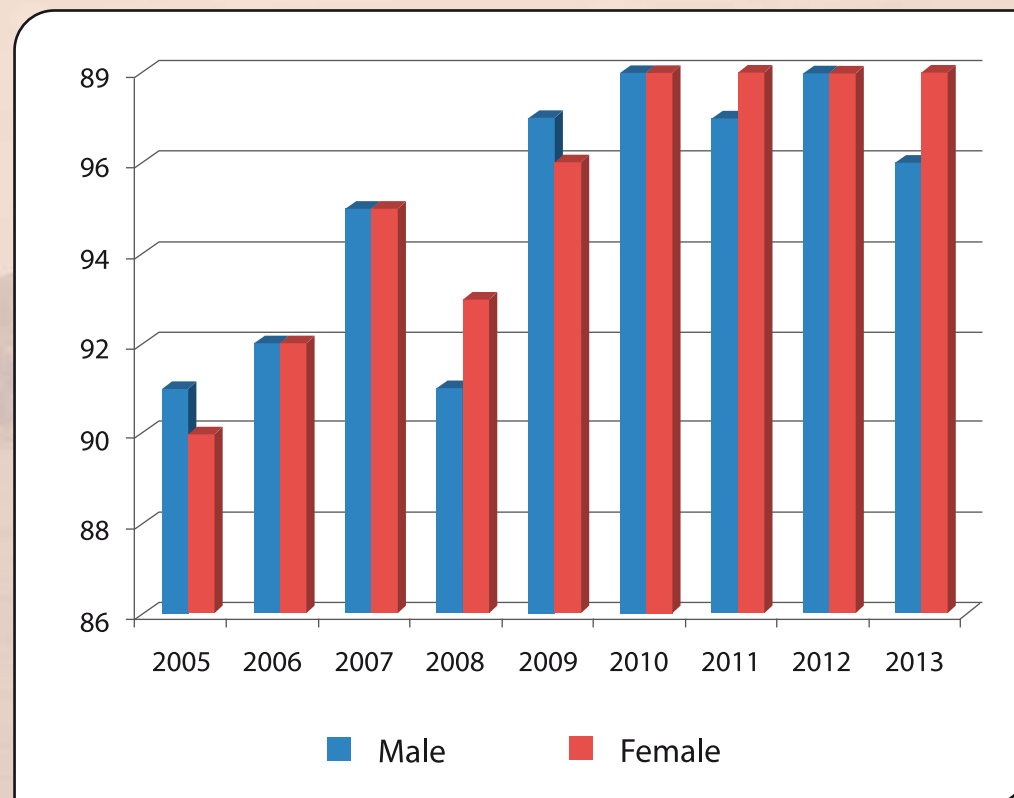
Suriname uses the UNESCO definition for the aforementioned indicator, which can be described as followed: Enrolment of the official age group for a given level of education, in this case primary education, expressed as a percentage of the corresponding population. The relevant age group for this indicator is 6–11 years old.

The purpose of this indicator is to show the extent of coverage in a given level of education of children and youths belonging to the official age group corresponding to the given level of education.² A high NER denotes a high degree of coverage for the official school-age population. The theoretical maximum value is 100%.

Overall, Suriname performs well with this indicator since there is coverage of nearly 100%. The NER however differs by geographical area. MICS 2010 shows that 97% of the children within primary school age are attending primary or secondary school as opposed to 94% in rural areas.

Graph 2.1

Net enrolment rate in primary education, 2005-2013 (%)



Source: Ministry of Education and Community Development (MINOV)

2. UNESCO, Education Indicator Technical Guidelines 2009: 10

The proportion observed specifically in the rural areas is noticeably lower, being estimated at 90%³.

- **Indicator 2.2: Proportion of pupils starting grade 1 who reach last grade of primary school (grade 6)**

Definition: *The proportion of pupils starting grade 1 who reach last grade of primary school measures the percentage of a cohort of pupils enrolled in grade 1 of the primary level of education in a given school year who are expected to reach the last grade of primary school, regardless of repetition.*

This indicator is measured through the Survival Rate (SR). According to the UNESCO the SR is the percentage of a cohort of pupils (or students) enrolled in the first grade of a given level or cycle of education in a given school year who are expected to reach successive grades.

The purpose of this rate is to measure the retention capacity and internal efficiency of an education system. It illustrates the situation regarding retention of pupils (or students) from grade to grade in schools, and conversely the magnitude of dropout by grade⁴.

According to MICS 2010, of all children starting grade one, the majority (96%) will reach grade 6. This number includes children that repeat grades. A greater proportion of girls (97%) than boys (95%) will eventually reach grade 6 having entered first grade. Across urban and rural areas, the MICS data suggest that there has not been much variation in the

proportion of children reaching grade 6 having entered first grade though somewhat lower proportions are observed in the cases of Brokopondo (89%), among the districts and the rural interior (91% among the areas)⁵. The SR in 2011 and 2012 were respectively 92.4% and 91.7%. These survival rates suggest that there is a low incidence of dropouts within primary school, but as illustrated above there are differences between urban and rural areas.

- **Indicator 2.3: Adult literacy**

Definition: *The literacy rate of 15-24 year-olds is defined as the proportion of the population aged 15-24 years who can both read and write with understanding a short simple statement on everyday life.*

In MICS, since only a women's questionnaire was administered, the results are based only on females aged 15-24. Literacy is assessed on the ability of the respondent to read a short simple statement or based on school attendance.

MICS 2006 and 2010 data showed that the percentage of women aged 15-24 years that are literate is respectively 91.9% and 92%, with considerable geographic disparities. According to the MICS 2010 report, literacy rates in urban areas are higher than those in rural areas being 96% and 80% respectively and have been observed to be substantially lower in the rural interior (54%) compared to the rural coastal areas (93%). MICS 2006 showed that the literacy figures for the urban coastal, rural coastal and

3. Multiple Indicator Cluster Survey 2010:125

4. UNESCO, Education Indicator Technical Guidelines 2009:14

5. Multiple Indicator Cluster Survey 2010:131

rural interior were 96.2%, 94.2% and 45.0% respectively. There is a positive association between socio-economic status of females

15-24 years and literacy rates with just 73% of women in the poorest household being literate⁶.

Government Policies, Achievements, Challenges and Next Steps

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	100% access to basic education	<ul style="list-style-type: none"> • Exemption of school fees from 2011. This measure only counts for pre-primary, primary and lower secondary. • Renovation and building of new schools and classrooms. • Implementation of the after school programme. • School feeding programme. • The amendment and renewal of the law on primary education in 2013. <p>Early Childhood Development (ECD):</p> <ul style="list-style-type: none"> • Approval of the bill on child care (Raamwet Kinderopvang). • Stimulation of ECD (introducing pre-school for children at age 3). • Implementation of programmes towards strengthening the 	<ul style="list-style-type: none"> • Increasing the budget to guarantee or improve the quality of primary education. • Ensuring adequate infrastructure, learning materials, educational tools and other supplies needed, at the various schools. • Employing an adequate number of professionally educated teachers at all levels within education nationwide. • Accommodation of all 3 year old children selected for the pre-school. 	<ul style="list-style-type: none"> • Continuation of the reform of the education system with the implementation of the 2nd Basic Education Improvement Project (BEIP) funded by the IDB. • Continuation of programme implementation with the assistance of UNICEF and VVOB to strengthen the pre-schools and primary schools. • Finalize the revised law on primary education. • Introduce a structure of 8 learning years. • Integration of pre-primary education within the primary education. • Continuation and improvement of the after school programme implementation. • Streamlining definitions regarding

6. Multiple Indicator Cluster Survey 2010:122

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
		<p>pre-schools and primary schools.</p> <ul style="list-style-type: none"> • Pilot executed in primary schools towards child friendliness and child-centred approaches. • MINOV is working on rules & regulations and policy. Current status: <ol style="list-style-type: none"> 1. Policy on basic education is in Parliament for approval 2. Policy on Higher Education is in development 		<p>certain education indicators and geographical working areas (zones).</p> <ul style="list-style-type: none"> • Continue coordination of policies, programmes and interventions in other sectors (health, social protection, labour, etc.) in support of a multi-sectoral effort for ECD.
2.	Guarantee equity regarding quality of education	<ul style="list-style-type: none"> • Refreshment training for teachers and headmasters. • New curricula developed. • The reintroduction of the diagnostic exams within the 4th and 5th grade of primary school. The aim is early detection of problems/ bottlenecks within learning areas of pupils and detection of specific training needs of teachers. 	<ul style="list-style-type: none"> • Employing an adequate number of professionally educated teachers. • Increasing the budget to guarantee or improve the quality of primary education. • Use of modern technology within the educational system, which can also be used for functional elimination of illiteracy and to reach the most vulnerable groups. • Adjustment of curriculum to changing global technological, economic, social and political developments. Also taken into account the cultural diversities and local languages, but also 	<ul style="list-style-type: none"> • Increase the participation of parents as one of the key stakeholders in improving the education system.

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
			<p>the social, emotional, creative and physical development of the child.</p>	
3.	<p>Increase completion of primary education</p>	<ul style="list-style-type: none"> Reduction in the percentage of repeaters in the past years. A research on “out-of-school” youth (school mapping) has been conducted in 2008 in the districts of Sipaliwini and Marowijne to gain a better insight into the problems leading to dropouts and repeaters in primary education. 	<ul style="list-style-type: none"> Taking measures to be able to trace the number of repeaters, dropouts. Defining the term dropout: when can a child be categorized as a dropout? 	<ul style="list-style-type: none"> Conduct research for policy purposes (e.g. the reasons of dropouts for boys and girls, literacy rates among men).
4.	<p>Improve data availability and quality for evidence based policy</p>	<ul style="list-style-type: none"> From 2004 an education management information system (EMIS) has been set up for monitoring of pupils performance. 	<ul style="list-style-type: none"> A proper pupil tracking system. Gaps in data collection and processing. Streamline the data for comparability purposes. No uniform data processing system within MINOV. The availability of relevant information for the development of educational policy through the school administration. Access to obtain data mainly from private primary institutions. 	<ul style="list-style-type: none"> Improve data systems and dissemination in public as well as private schools and within the Ministry. Legalization of compulsory education for children 4-14 years (proposal in draft new education law is 4-16 years).

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
5.	Increasing school performance through the application of Computer Aided Learning (CAL)	<ul style="list-style-type: none"> All 5 CAL Pilot schools implement computer practice classes on a weekly basis. All staff of the CAL pilot schools participated in individual and/or peer consultation sessions. Training on the CAL programme provided for MINOV educational support staff at one of the pilot schools. A CAL intermediate assessment is implemented and shared with all stakeholders. 	<ul style="list-style-type: none"> Continuation of the implementation of the Computer Aided Learning. 	<ul style="list-style-type: none"> Completion of the study on the status of ICT 4 Education in the five pilot schools, including recommendations for up-scaling/ continuation of the project.

Will the targets be met?

Target 2A: *Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling:*

Potentially.

- Indicator 2.1: Net enrolment ratio in primary education. According to the data, 100% enrolment is likely to be reached in 2015. However, the inequity between geographical areas remains an issue.
- Indicator 2.2: Proportion of pupils starting grade 1 who reach last

grade of primary school. Suriname is on track, however, there are differences between urban and rural areas and there is a major challenge in improving the quality of education.

- Indicator 2.3: Literacy rate of 15 – 24 year old, women and men. A more aggressive and assertive approach to illiteracy is crucial to reach this goal by 2015.



Herdenking 11 oktober
Wereldmeisjesdag
Ministerie van Binnenlandse Zaken
WAT IK EEN
TJEBEN

SURINAME

Goal 3: Promote Gender Equality and Empower Women

Target and Indicators:

3A Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

- Ratio of girls to boys in primary, secondary and tertiary education (3.1A);
- Ratio of literate women to men, 15-24 years old (3.1B);
- Share of women in wage employment in the non-agricultural sector (3.2);
- Proportion of seats held by women in national parliament (3.3).

Table 3.1

Gender indicators*, 2000-2012

	Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
3.1a	Ratio of girls to boys in primary education	1	1	1	1	1	1	1	1	1	1	1	1	1
3.1b	Ratio of girls to boys in Secondary education	2	2	2	2	2	2	2	2	2	2	2	2	1
3.1c	Ratio of girls to boys in tertiary education	2	2	2	2	2	2	2	2	2	2	2	2	2
3.2	Share of women in wage employment in the non-agricultural sector	n.a.	n.a.	n.a.	n.a.	36.3	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	37.7
3.3	Proportion of seats held by women in National Parliament	18	20	20	20	20	25	25	25	25	25	10	12	12

Source: 3.1a + 3.1b: Ministry of Education and Community Development

3.2: Census 2004 and 2012

3.3: Ministry of Home Affairs.

For indicators 3.1a, b and c data over the period 2000-2008 was presented in the MDG Progress Report 2009.

n.a. = data not available

*There might be marginal changes with the above mentioned data, but due to the limitations of the data entry method this is not taken into consideration.

Performance Summary

Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

- **Indicator 3.1A:** Ratio of girls to boys in primary, secondary and tertiary education

Definition: The ratio of girls to boys in primary, secondary or tertiary education, or Gender Parity Index, is the ratio between the Gross Enrolment Ratio (GER) of girls and that of boys, for each level of education.

This indicator is measured through the Gender Parity Index (GPI). The UNESCO defines the GPI as the ratio of female to male values of a given indicator⁷.

Table 3.2a

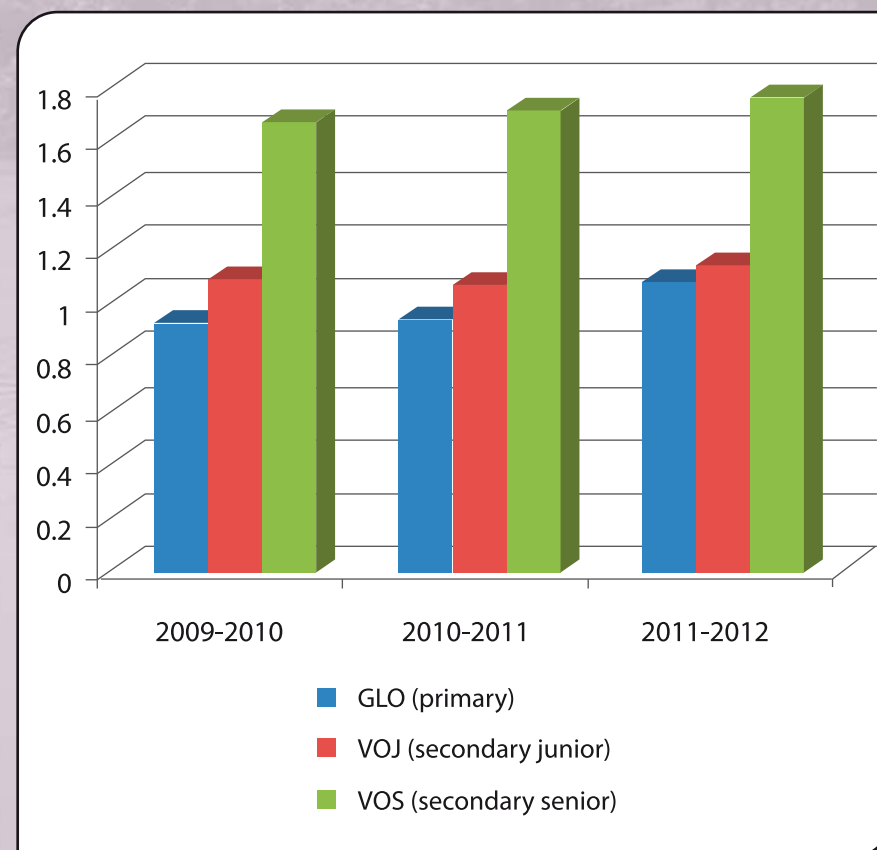
Ratio of girls to boys in primary, secondary and tertiary education, 2009-2012

Educational level	2009-2010	2010-2011	2011-2012
GLO (primary)	0.93	0.94	1.08
VOJ (secondary junior)	1.09	1.07	1.14
VOS (secondary senior)	1.67	1.71	1.76
Tertiary education	1.93	1.93	NA

Source: Ministry of Education and Community Development (MINOV)

Graph 3.1a

Proportion of girls and boys in primary, secondary and tertiary education, 2009-2012



Source: Ministry of Education and Community Development (MINOV)

Table 3.2b

Proportion of boys to girls in primary, secondary and tertiary education by sex, 2009-2013

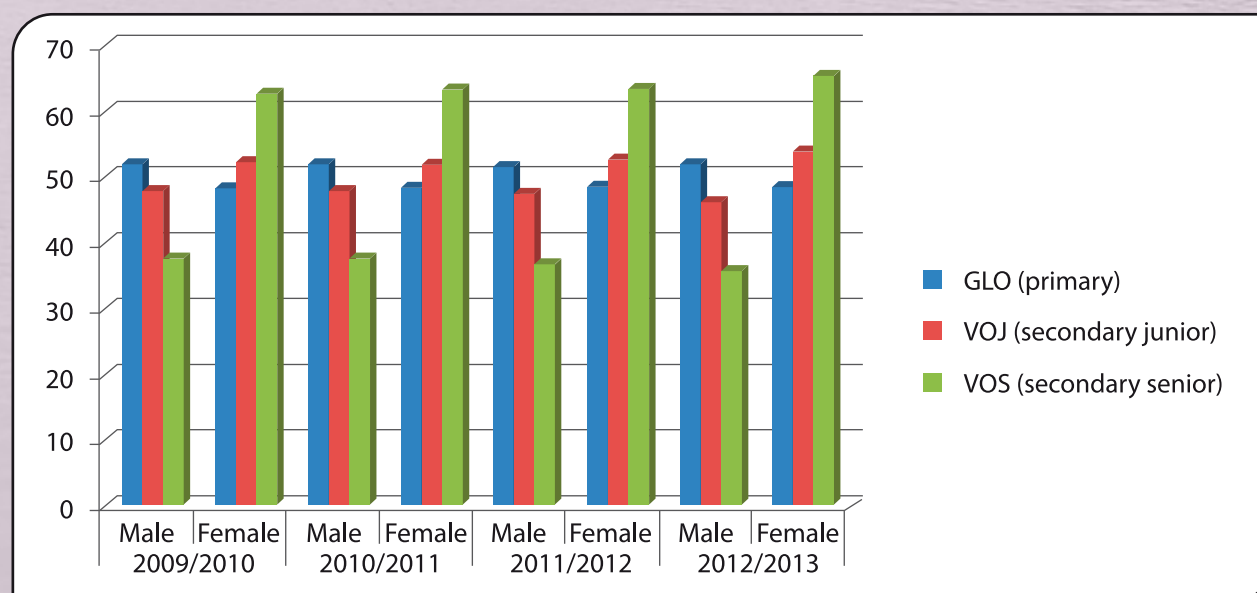
Educational level	2009-2010		2010-2011		2011-2012		2012-2013	
	Male	Female	Male	Female	Male	Female	Male	Female
GLO (primary)	51.9	48.1	51.7	48.3	51.7	48.5	51.7	41.3
VOJ (secondary junior)	47.8	52.2	48.2	51.8	47.4	52.6	46.2	53.8
VOS (secondary senior)	37.4	62.6	36.8	63.2	36.6	63.4	35.6	65.4
Tertiary education	34.1	65.9	34.2	65.8	n.a.	n.a.	n.a.	n.a.

Source: Ministry of Education and Community Development (MINOV)

The purpose of the GPI is to measure progress towards gender parity in education participation and/or learning opportunities available for women in relation to those available to men. It also reflects the level of women's empowerment in society.

Graph 3.1b

Ratio of girls to boys in primary and secondary education, 2009-2013



Source: Ministry of Education and Community Development (MINOV)

Graph 3.1b indicates that the participation of women in education increases through the years and also with educational level. Within primary education, girls and boys are more or less equally represented. It can be noted that the presence of boys decreases in the secondary and tertiary level. Overall, the dropout among boys is higher than among girls in the education system.

Table 3.3a

Number of students at the Anton de Kom University by sex, faculty and academic year, 2007-2013

Faculty	2007/2008		2008/2009		2009/2010		2010/2011		2011/2012		2012/2013	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Medical Science	144	174	142	179	147	188	148	191	143	193	168	252
Technological Science	375	335	459	423	455	434	455	448	460	518	467	588
Social Science	718	1,775	778	1,912	726	1,936	698	1,973	650	1,877	628	1,898
Bridging year (schakeljaar)	182	293	200	366	217	386	265	331	182	386	165	422

Source: Anton de Kom University of Suriname

The data from table 3.3a shows that through the given period within medical and even technological science the number of females is increasing in each year. Regarding social science there is a drop in the academic year 2011/2012 and a slight increase in 2012/2013.

The data from table 3.3b shows that through all faculties women are highly represented. The representation of women is the highest in the faculty of social science. However, there is a steady decrease of the representation of women within the faculty of medical science.

Table 3.3b

Graduates of Anton De Kom University by sex, faculty and year of graduation, 2007-2013

Faculty	2007/2008		2008/2009		2009/2010		2010/2011		2011/2012		2012/2013	
	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female	Male	Female
Medical Science	9.1	90.9	28.6	71.4	44.0	56.0	66.7	33.3	35.0	65.0	70.6	29.4
Technological Science	47.3	52.7	50.7	49.3	42.9	57.1	55.4	44.6	40.0	60.0	47.4	52.6
Social Science	25.3	74.7	23.1	76.9	19.0	81.0	23.8	76.2	25.3	74.7	19.9	80.1

Source: Anton de Kom University of Suriname

Table 3.4

Persons (5 years and older) by highest attained type of formal education level and sex, 2012

Sex	Total	Highest Attained type of Formal Education Level										
		KLO	GLO/BO	VOJ	MBO	Teachers Training College	VWO/ HAVO	HBO	University	No education	Don't know	No answer
Male	244,661	12,206	81,590	76,057	15,818	1,581	8,778	5,681	6,027	11,174	18,080	7,669
Female	246,429	10,865	75,775	72,435	9,635	12,673	10,890	9,868	6,770	18,351	11,605	7,562
Total	491,090	23,071	157,365	148,492	25,453	14,254	19,668	15,549	12,797	29,525	29,685	15,231

Source: Census 2012, ABS

KLO = Pre Primary Education / BO = Special Education / GLO = Primary Education / VOJ = Secondary Junior Education / HAVO = Senior Secondary General Education / VWO = Pre-University Education / MBO = Senior Secondary Vocational Education / HBO = Senior High Vocational School

The data from the table above shows that more males attained MBO than females, but that females overcome the males when it comes to Teachers Training College.

- **Indicator 3.2: Share of women in wage employment in the non-agricultural sector**

Definition: *The share of women in wage employment in the non-agricultural sector is expressed as a percentage of female workers in total wage employment in the non-agricultural sector.*

Table 3.5

The active population (non-institutional and share special groups, 15-64 years) to profession excluding the profession Agriculture Livestock Forestry and Fisheries by sex, 2004 and 2012

All professions excluding Agriculture, Livestock, Forestry and Fisheries	Number Male	%	Number Female	%	Number Total	%
2004	91,795	90.1	52,302	95.5	144,112	92
2012	111,880	94.2	67,758	97.5	179,638	95.4

Source: Census 2004 and 2012 Country results Vol. 2, ABS

Table 3.6

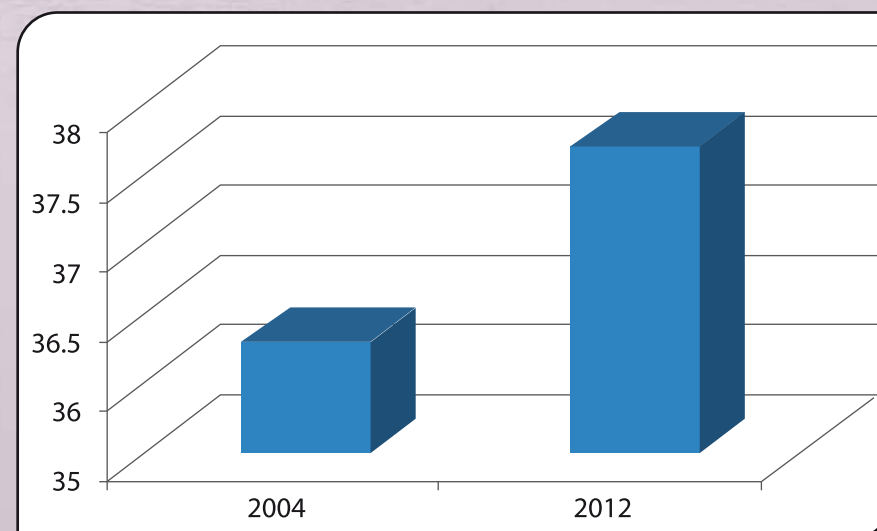
Share of women in wage employment in the non-agricultural sector, 2004 and 2012

3.2: Share of women in wage employment in the non -agricultural sector	2004	2012
	36.3	37.7

Source: Census 2004 and 2012 Country results Vol. 2, ABS

Graph 3.2

Share of women in wage employment in the non-agriculture sector, 2004 and 2012



Source: Census 2004 and 2012 Country results Vol. 2, ABS

The data from the graph above shows that in an 8 year period there was a slight increase of approximately 1.6%.

- **Indicator 3.3: Proportion of seats held by women in national parliament**

Definition: *The number and percentage of women members in single or lower chambers of national parliaments. The minimum benchmark used by the United Nations (UN) to ensure a critical mass of women parliamentarians is 30%.*

Table 3.7a

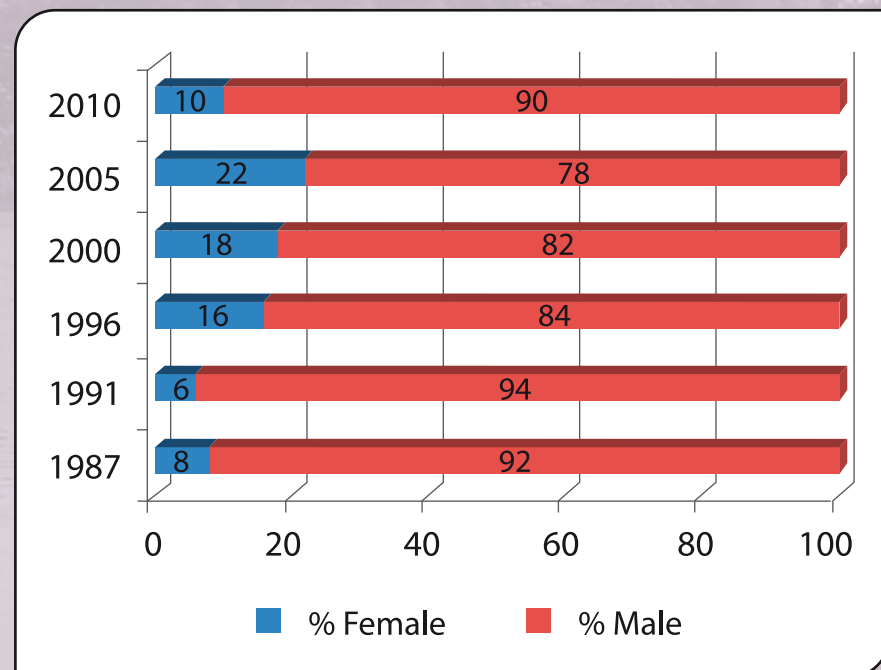
Elected members of Parliament by sex in the election years, 1987-2010

Period	Designation of Legislative Body	M	F	Total	%M	%F
1987	The National Assembly	47	4	51	92	8
1991	The National Assembly	48	3	51	94	6
1996	The National Assembly	43	8	51	84	16
2000	The National Assembly	42	9	51	82	18
2005	The National Assembly	40	11	51	78	22
2010	The National Assembly	46	5	51	90	10

Source: National Assembly

Graph 3.3

Proportion of elected seats in Parliament by sex, 1987-2010



Source: National Assembly

Table 3.7b

Elected members of Parliament by sex in the election year, 2010

District	Male		Female		Total	
	%	Number	%	Number	%	Number
Paramaribo	82.4	14	17.6	3	100	17
Saramacca	100.0	3	0.0	0	100	3
Commewijne	75.0	3	25.0	1	100	4
Marowijne	100.0	3	0.0	0	100	3
Para	100.0	3	0.0	0	100	3
Sipaliwini	100.0	4	0.0	0	100	4
Brokopondo	66.7	2	33.3	1	100	3
Coronie	100.0	2	0.0	0	100	2
Nickerie	100.0	5	0.0	0	100	5
Wanica	100.0	7	0.0	0	100	7
Total	92.4	46	76.0	5	100	51

Source: Ministry of Home Affairs

Participation of women in decision-making and executive positions can help ensure the eventual elimination of inequalities faced by women. Elections are held every five years and since 1996 – when the first female Speaker of parliament was elected – until 2005 there has been a steady improvement regarding the number of women in, among other things, parliamentary positions. However, in the elections of 2010 there has been a decrease of 12%. See also the corresponding statistics below, identifying the disparity between the two sexes and the improvements.

In the administrative period 2005 – 2010 and in current administrative period 2010 – 2015, four positions were held by women in the Council

of Ministers. However, in the past 3 years ministers were reshuffled. In 2013, the number of female Ministers is one. That is a drop from 24% to 6%.

Suriname is divided into 10 districts and 62 “sub-districts” by law, the so called “ressorts”. These are subdivisions at the district level. Each district is headed by a District Commissioner. A District Council is the supreme political governance organ of the district, which is chaired by the District Commissioner. The District Commissioner, the representative of the Minister of Regional Development, is the head of the District’s Governance and has executive power. The District Council is the highest political and administrative organ of the “sub-districts”. The members are elected at the same time as the general elections for the National Assembly of Suriname, every 5 years.

Table 3.8

Appointed members of Cabinet by sex after elections, 1987-2010

Period	Designation of Legislative Body	M	F	Total	%M	%F
1987	The Council of Ministers	16	1	17	94	6
1991	The Council of Ministers	17	-	17	100	0
1996	The Council of Ministers	14	1	15	93	7
2000	The Council of Ministers	14	2	16	87	13
2005	The Council of Ministers	14	3	17	82	18
2010	The Council of Ministers	15	2	17	88	12

Source: National Assembly

Table 3.9
Women representation in political bodies, 1996-2010

Number of appointed District Commissioners by sex, 1996- 2010					
Function	Male	Female	Total	% Male	% Female
1996	2	9	11	78	22
2000	0	11	11	100	0
2005	3	8	11	73	27
2010	11	4	15	73	27
Awarded members of District Council by sex in the election year 1996-2010					
Function	Male	Female	Total	% Male	% Female
1996	98	7	105	93	7
2000	86	19	105	82	18
2005	80	26	106	75	25
2010	78	37	115	68	32
Elected Local Council by sex in the election year 1996-2010					
Function	Male	Female	Total	% Male	% Female
1996	573	134	707	81	19
2000	540	177	717	75	25
2005	509	225	734	69	31
2010	479	258	737	65	35

Source: Ministry of Home Affairs

Table 3.9 shows that there is a decrease in the representation of women in political bodies.

Regarding the representation of women in the District Councils, it can be deduced that a growth from 13% in 1991 to 31% in 2010 took place, while the proportion of women in the local councils increased from 17% in 1991 to 31% in 2010.

In general, the minimum benchmark used by the UN to ensure a critical mass of women parliamentarians is 30%. Taking this into consideration and the growth in the representation of women in the National Parliament since 1987 till 2010, it can be stated that Suriname is not on track. However, at district level Suriname has already reached the minimum benchmark of the UN.

Government Policies, Achievement, Challenges and Next Steps

Suriname is fully aware of its international commitment to gender equality. The Development Plan 2012-2016 highlights the importance of gender equality and equal opportunities for men and women in all sectors of society. In this regard, priority has been granted to a number of important issues addressed in international fora, including women and development. One of the principles of Suriname's human rights based development strategy indicates that a cross-cutting gender perspective should be mainstreamed in all plans and programmes.

Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	To improve data systems for evidence based policy		<ul style="list-style-type: none"> • Availability of gender specific data on literacy rate. • Accurate data availability of public and private institutions at tertiary level. • Accreditation of public and private institutions at tertiary level. 	<ul style="list-style-type: none"> • Improve data systems and dissemination for both public and private schools as well within MINOV.
2.	To improve the vocational education	<ul style="list-style-type: none"> • In 2013 started the restructuring process of the lower vocational education sector (LBO structure). 		
3.	To improve the higher/tertiary education	<ul style="list-style-type: none"> • Initiation and amendment of the law on higher/ tertiary education in Suriname in 2013. 		
4.	To reduce gender disparity	<ul style="list-style-type: none"> • Draft Gender Work plan 2013 was formulated in collaboration with several stakeholders (NGOs, National Assembly and several ministries). This work plan contains five priority areas for the above mentioned period: <ol style="list-style-type: none"> 1. Education, 2. Labour, 3. Income and Poverty, 4. Violence, 5. Health and 6. Decision – making. 	<ul style="list-style-type: none"> • Although more women have a higher education, this does not necessarily translate into participation in decision making processes. • Cultural factors in general form the basis for unequal participation of men and women in public and political life. • To formulate a quota legislation in order to guarantee the critical mass of women's representation 	<ul style="list-style-type: none"> • To empower women, changes in political culture, legislation and gender ideology in general are needed. • Increase awareness programmes on gender mainstreaming.

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
		<ul style="list-style-type: none"> Regarding labour the government (through the S.A.O.) and the NGO (the National Women's Movement), set up employment projects for women to acquire skills in traditional male professions such as furniture maker and bricklayer. 2012 quota policy workshops organized by the National Assembly and as outcome the political parties are recommended to develop an action plan on how to involve women in the decision-making position within their political party. 	in Parliament and in Cabinet.	

Will the targets be met?

Target 3A: *Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015:*

Potentially for secondary education and not likely for tertiary education.

- Indicator 3.1: Ratio of girls to boys in primary, secondary and tertiary education. Primary education is on track. Regarding secondary and tertiary education, the ratio is in favour of girls.

- Indicator 3.2: Share of women in wage employment in the non-agricultural sector. There is a slight increase of women in wage employment.
- Indicator 3.3: Proportion of seats held by women in national parliament. Not likely to be met.



Baby & Peuter Boek

Mitsubishi
Pharmaceuticals

Goal 4: Reduce Child Mortality

Target and Indicators:

4A Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

- Under – five mortality rate (4.1);
- Infant mortality rate (4.2);
- Proportion of 1 year-old children immunized against measles (4.3).

Table 4.1

Child mortality indicators, 2000-2012

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
4.1 Under-five mortality rate	27.2	21.7	22.6	23.9	24.5	24.7	24.9	23.0	22.3	23.3	24	17.5	16.8
4.2 Infant mortality rate	20.2	15.9	21.1	19.9	19.2	20.2	19.1	19.8	17.9	19.1	20.4	15.1	14.6
4.3 Immunization coverage	70.7	71.7	73.3	73.0	85.0	86.0	83.7	84.3	85.3	87.7	87.3	86.3	80.3

Source: 4.1 and 4.2: Epidemiology – BOG, NHIS – Ministry of VG
4.3: Epidemiology – BOG, NIP – BOG, NHIS – Ministry of VG

Performance Summary

Target 4A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

- **Indicator 4.1: Under-five mortality rate**

Definition: *The under-five mortality rate (U5MR) is the probability for a child born in a specified year to die before reaching the age of five, if subject to current age-specific mortality rates. This indicator is expressed as number of deaths per 1,000 live births.*

The under-five mortality rate (U5MR) for children measures the probability that the child will die before reaching the age of five. Since the previous reporting period (up to 2008) there was an increase from 22.3 /1,000 live births in 2008 to 24 in 2010, and a decrease to 16.8 in 2012.

• **Indicator 4.2: Infant mortality rate**

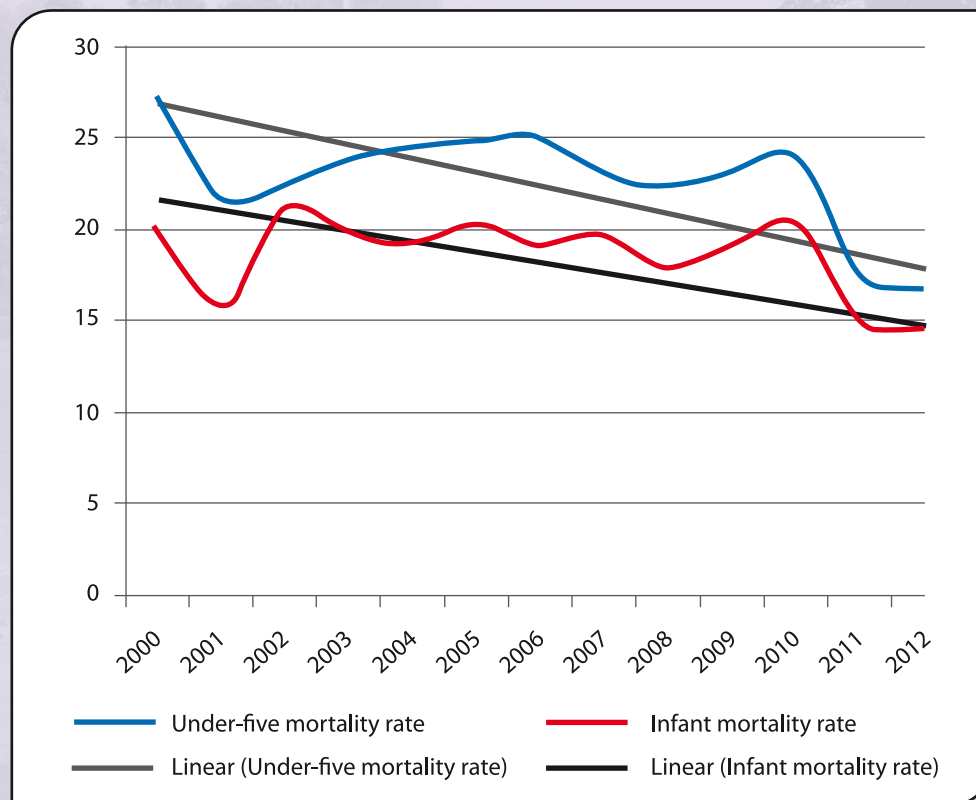
Definition: *The infant mortality rate (IMR) is the probability that a child born in a specified year will die before reaching the age of one, if subject to current age-specific mortality rates.*

This indicator is expressed in terms of deaths per 1,000 live births.

The infant mortality rate (IMR) measures the chance that the child will die before even reaching the age of one. The IMR shows a similar trend as the U5MR. Since the previous reporting period (up to 2008) there was an increase from 17.9 /1,000 live births in 2008 to 20.4 in 2010, and a decrease to 14.6 in 2012. It should be noted that both under five mortality and infant mortality have recorded a decrease in 2011 and 2012.

A summary overview of both indicators is provided in table 4.2a and graph 4.1. Table 4.2b shows a disaggregation of child mortality by age category.

Graph 4.1
Child mortality indicators, 2000-2012



Source: Epidemiology – BOG, NHIS – Ministry of VG

Table 4.2a

Infant mortality and under-five mortality, 2000-2012

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
4.1 Under-five mortality rate	27.2	21.7	22.6	23.9	24.5	24.7	24.9	23.0	22.3	23.3	24	17.5	16.8
4.2 Infant mortality rate	20.2	15.9	21.1	19.9	19.2	20.2	19.1	19.8	17.9	19.1	20.4	15.1	14.6

Source: Epidemiology – BOG, NHIS – Ministry of VG;

Table 4.2b
Infant mortality and under-five mortality by age, 2000-2012

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Early neonatal deaths (0 - 7 days)	111	89	116	119	123	107	99	113	120	126	128	87	96
Late neonatal deaths (8 - 28 days)	20	16	28	19	10	12	29	24	22	31	22	22	18
Neonatal Deaths (0 - 28 days)	131	105	144	129	133	119	128	137	142	157	150	109	114
Infant Deaths (< 1 years)	198	154	215	192	174	173	173	190	184	199	198	147	149
Deaths in Children 1-4 years	69	57	45	38	48	41	53	34	44	41	35	23	23
Deaths in Under fives	267	211	260	230	222	214	226	224	228	240	233	170	172

Source: Epidemiology – BOG, NHIS – Ministry of VG

- Indicator 4.3: Proportion of 1 year-old children immunized against measles**

Definition: *The proportion of 1 year-old children immunized against measles is the proportion of children under one year of age who have received at least one dose of measles-containing vaccine.*

Proportion of 1 year old children immunized against measles is measured in Suriname by the MMR (Mumps, Measles and Rubella) immunization coverage. Similar to the previous reporting period, MMR coverage fluctuated with an increase from 86% in 2008 to 90% in 2010, and a significant drop to 73% in 2012.

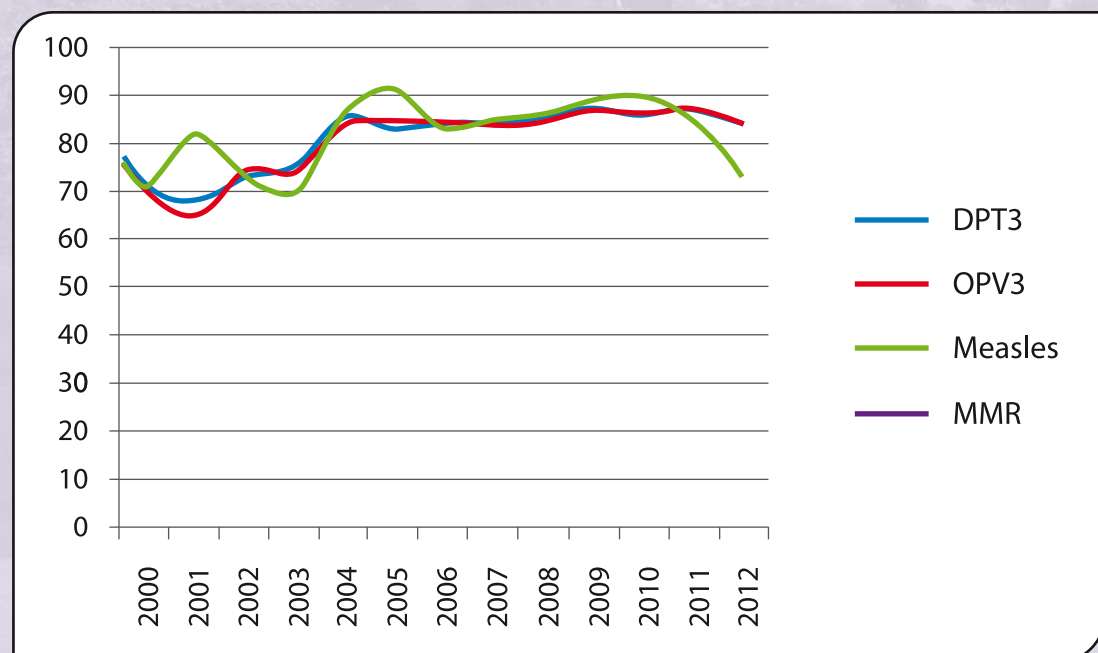
The overall immunization coverage of 0-12 months was approximately 85% during the period 2004 – 2012 (Table 4.3 and graph 4.2).

Table 4.3
Immunization coverage among 0-1 year old children, 2000-2012

	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
DPT3	71	68	73	75	85	83	84	84	85	87	86	87	84
OPV3	70	65	74	74	84	84	84	84	85	87	86	87	84
Measles/MMR	71	82	73	70	86	91	83	85	86	89	90	85	73

Source: Epidemiology – BOG, NHIS – Ministry of VG

Graph 4.2
 Immunization coverage, 2000-2012



Source: Epidemiology – BOG, NIP – BOG, NHIS – Ministry of VG

Government Policies, Achievements, Challenges and Next Steps

The OP 2012 – 2016 emphasizes the importance of comprehensive care towards improved health of all Surinamese citizens, and specifically mentions pregnant women and children among the vulnerable population groups, deserving extra attention.

Target 4A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	Improve access to basic health care.	<ul style="list-style-type: none"> Children aged 0 to 16 years and persons 60 years and older are amongst the first population groups to benefit from free access to health care. 	<ul style="list-style-type: none"> Limited access to primary and secondary health care for the population (including children) in the remote areas due to physical and infrastructural barriers. 	<ul style="list-style-type: none"> Pregnant women will be included in the implementation, to enjoy free health care in the periods before, during and after delivery.

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
2.	Safe motherhood and healthy new-borns	<ul style="list-style-type: none"> A national Safe Motherhood and New-born Health Action Plan 2013-2016 was developed; this plan includes the PMTCT (Prevention of Mother to Child Transmission) of HIV, Syphilis and Hepatitis B. 	<ul style="list-style-type: none"> More emphasis on the integration of preventive primary health care (e.g. immunization; maternal, neonatal and child health; infant and young child feeding practices, including breastfeeding, and family planning). 	<ul style="list-style-type: none"> Implementation of the National Safe Motherhood and New-born Health Action Plan 2013-2016.
3,	Access to free primary health care	<ul style="list-style-type: none"> Child immunization, as part of the prevention and primary health care program, is free of charge. An average of 85% Immunization coverage which has been stable since 2004. Introduction of HPV vaccination for girls at age 9 to 12 years in October 2013. 		<ul style="list-style-type: none"> Further broaden the Governments' emphasis on prevention and protection of the health of the young population Scaling up of the immunization coverage to > 95%.
4.	To monitor and coordinate development regarding infant and under 5 mortality rates in the country	<ul style="list-style-type: none"> There has been a stable decrease in both infant and under 5 mortality rates. 	<ul style="list-style-type: none"> Capacity strengthening of health workers and institutional strengthening of health facilities remain critical elements to successfully reduce child mortality. 	<ul style="list-style-type: none"> Further development of a national health information system to provide quality data for health planning, especially in the area of child health. More emphasis on the right to health for all children, according to the CRC, with special focus on equal access to health care through decentralized service provision.

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
5.	To develop an integrated policy on children and adolescents.	<ul style="list-style-type: none"> • A Presidential Taskforce was installed in order to focus on early childhood development and adolescents. • Integrated Child Services developed in Under Five Clinics as part of the ECD programme. • Draft Integrated Adolescents Policy (including a health component) by the Presidential Taskforce. 	<ul style="list-style-type: none"> • Coordination and integration of all programmes dealing with various child diseases to achieve a national comprehensive approach to child health. 	<ul style="list-style-type: none"> • Further development and implementation of a multi-sectoral, comprehensive and integrated child health policy, within the framework of “A Promise Renewed”.

Will the targets be met?

Target 4A: *Reduce by two thirds, between 1990 and 2015, the under-five mortality rate:*

Potentially.

Taking into consideration all the challenges and next steps mentioned above, it is still possible to reach this target by 2015. A major effort is required and a more aggressive and assertive approach is needed.

Goal 5: Improve Maternal Health

Target and Indicators:

5A Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

- Maternal mortality ratio (per 100.000 live births) (5.1);
- The proportion of births attended by skilled health personnel (5.2).

5B Achieve, by 2015, universal access to reproductive health

- Contraceptive prevalence rate (5.3);
- Adolescent birth rate (5.4);
- Antenatal care coverage (5.5);
- Unmet need for family planning (5.6).

Table 5.1

Maternal health indicators, 2000-2012

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
5.1 Maternal mortality ratio	153	154.4	137.4	124.6	88.3	115.5	107.4	184.3	79.2	122.5	92.7	113.4	48.9
5.2 Proportion of births attended by skilled health personnel	84.5	n.a.	n.a.	n.a.	n.a.	n.a.	93.4	n.a.	n.a.	n.a.	94.3	n.a.	n.a.
5.3 Contraceptive prevalence rate	42.1	n.a.	n.a.	n.a.	n.a.	n.a.	45	n.a.	n.a.	n.a.	48	n.a.	n.a.
5.4 Adolescent birth rate (ABR)	n.a.	n.a.	n.a.	n.a.	n.a.	58.4	58.5	62.4	65.1	63	61	58	51.9
5.5 Antenatal care coverage	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	90	n.a.	n.a.	n.a.	94.9	n.a.	n.a.
5.6 Unmet need for family planning	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	18.4*	n.a.	n.a.	n.a.	16.9	n.a.	n.a.

Source: 5.1: Epidemiology - BOG, Ministry of VG and CBB, 2009-2010-2011-2012

For the other indicators: MICS 2000, 2006, 2010

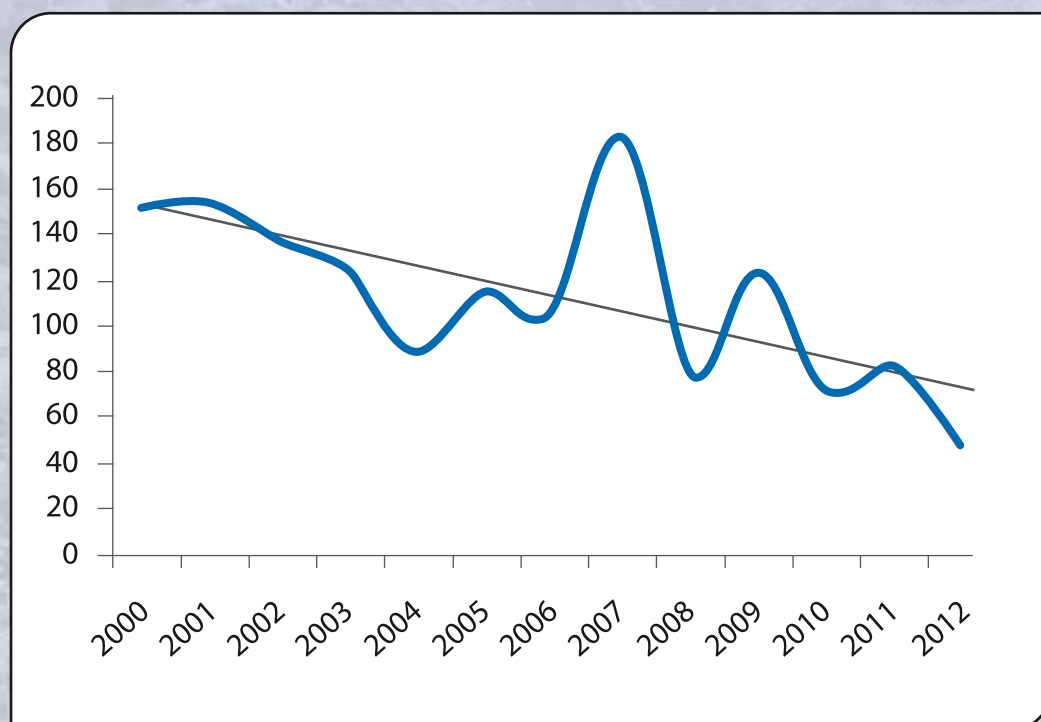
n.a. = data not available



Performance Summary

Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Graph 5.1
Maternal mortality ratio, 2000-2012



Source: Epidemiology – BOG, NHIS – Ministry of VG

- Indicator 5.1: Maternal mortality ratio (per 100,000 live births)

Definition: *The maternal mortality ratio (MMR) is the annual number of maternal deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within.*

The official maternal mortality ratio (MMR) fluctuated over the period 2000 – 2012 but the linear trend line shows an overall decline in MMR. The most important causes of maternal mortality are Pregnancy - Induced Hypertension disorders and haemorrhages during pregnancy.

Table 5.2
Maternal mortality figures, 2000-2012

Year	Maternal Mortality Ratio	Live births	Maternal deaths
2000	153	9,804	15
2001	154.4	9,717	15
2002	137.4	10,188	14
2003	124.6	9,634	12
2004	88.3	9,062	8
2005	115.5	8,657	10
2006	107.4	9,311	10
2007	184.3	9,769	18
2008	79.2	10,100	8
2009	122.5	9,792	12
2010	92.7	9,712	9
2011	113.4	9,703	11
2012	48.9	10,217	5

Source: Epidemiology - BOG, Ministry of VG and CBB, 2009-2010-2011-2012

- **Indicator 5.2: The proportion of births attended by skilled health personnel**

Definition: *The proportion of births attended by skilled health personnel is the proportion of total live births that are attended by a skilled birth attendant trained in providing lifesaving obstetric care.*

About 92.3% of all deliveries took place in a health facility of which 71.5% in public health facility and 20.8% in private health facility (outpatients' departments, private clinics) (MICS 2010).

- 3.9% of the deliveries took place at home (MICS 2010).
- 94.3% of all deliveries were attended by skilled health personnel (MICS 2010) compared to 93.4% in 2006 and 84.5% in 2000.

Table 5.3

Proportion of births attended by skilled health personnel (%), 2000-2010

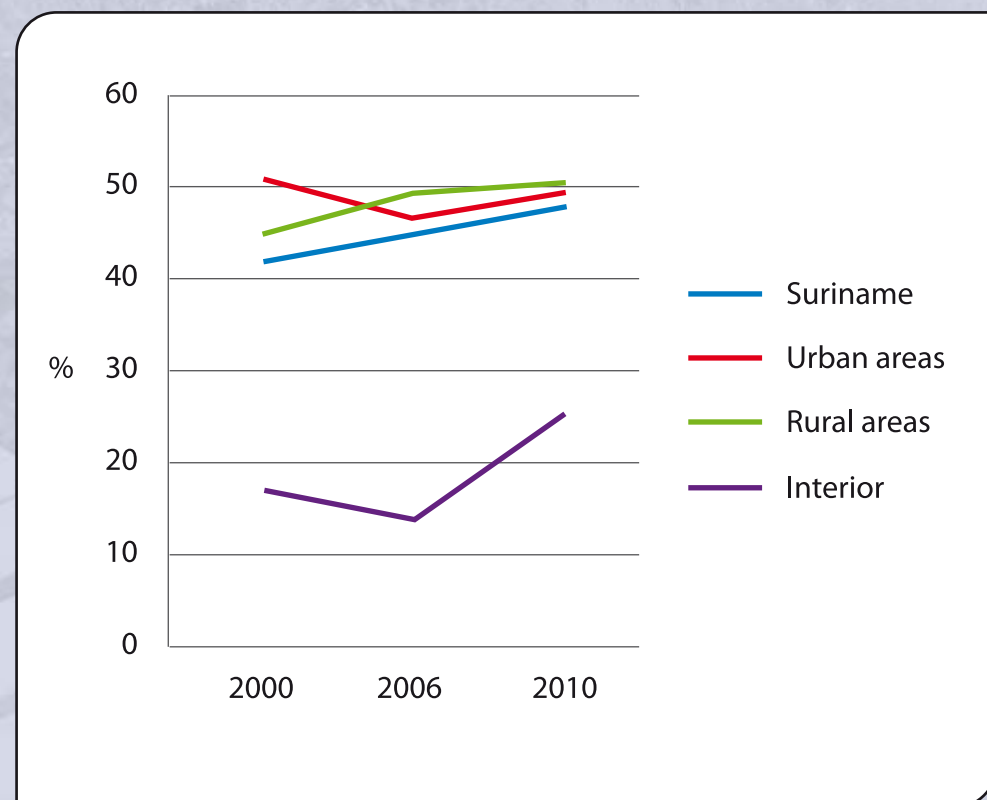
Type of personnel assisting at delivery	2000				2006				2010			
	Urban	Rural	Interior	Total	Urban	Rural	Interior	Total	Urban	Rural	Interior	Total
Doctor	31.1	32.5	7.1	24.0	28.5	23.7	18.6	25.8	37.2	36.7	33.3	36.4
Midwife	49.5	49.2	11.2	37.6	62.6	64.0	50.6	60.7	56.1	56.5	42.6	53.6
Nurse	12.1	8.3	6.1	9.3	3.7	3.2	2.3	3.3	1.2	1.6	0.6	1.2
Village health worker	0	0	43.9	13.6	0.2	0	19.1	3.6	0.5	0.3	14.6	3.1
Traditional birth attendant	0	1.7	25.5	8.3	0	0	6.7	1.2	0.7	0	4.5	1.3
Relative/friend	n.a.	n.a.	n.a.	n.a.	1.3	2.7	2.2	1.7	0.2	2.9	1.6	1.0
Missing	6.3	7.5	6.1	6.6	3.2	5.1	0	3.0	n.a.	n.a.	n.a.	n.a.
No assistance received	1.1	0.8	0	0.7	0.4	1.2	0.6	0.6	0	0	0.2	0
Any skilled personnel	92.7	90.0	68.3	84.5	95.0	90.9	90.6	93.4	95.0	95.1	91.1	94.3

Source: MICS 2000, 2006 and 2010
n.a. = data not available

Target 5B: Achieve, by 2015, universal access to reproductive health

Graph 5.2

Contraceptive prevalence rate, 2000-2010



Source: MICS 2000, 2006, 2010

Table 5.4

Contraceptive prevalence rate, using any modern method, 2000-2010

Area	2000	2006	2010
Suriname	42.1	45	48
Urban areas	51	46.8	49.3
Rural areas	45	49.5	50.6
Interior	17	13.9	25.3
Rural areas & Interior	-	-	43.5

Source: MICS 2000, 2006, 2010

• **Indicator 5.3: Contraceptive prevalence rate**

Definition: The contraceptive prevalence rate is the percentage of women of reproductive age who are currently using, or whose sexual partner is currently using, at least one contraceptive method, regardless of the method used. It is reported for women aged 15 to 49 who are married or in a union.

The Contraceptive prevalence rate is around 48%. In Suriname according to the MICS report 2010, current use of contraception was reported by 48% of women currently married or in union. The most popular method is the oral contraceptive (birth control pill) which is used by one in four

married women in Suriname. The second most prevalent method is female sterilization, which accounts for 11% of married women.

Variable proportions ranging between 2% and 5% of women reported use of the Intra-uterine devices (IUD), injectable contraceptive, and the male condom. Less than 1% uses periodic abstinence, withdrawal, male sterilization, implants, the female condom, or any other method.

Contraceptive prevalence is highest in Commewijne at approximately 62%. Though lower than in Commewijne, a similar magnitude of contraceptive prevalence is observed in Wanica (52%), Nickerie (51%), and Saramacca (54%). The lowest contraceptive prevalence is in Brokopondo (26%) and Sipaliwini (25%). Having been married or in a union, women 15-24 years are less likely to use contraception compared to older women. Specifically, 42% of 15-19 year olds and 41% of 20-24 year olds reported that they were currently using contraception.

Contraceptive prevalence is highest among women 35-39 years being approximately 56%.

Contraceptive prevalence is strongly associated with women's education level. The percentage of women using any method of contraception increases from 19% among those with no education to 42% among women with primary education, and to 52% among women with at least secondary education.

- **Indicator 5.4: Adolescent birth rate**

Definition: *The adolescent birth rate is the annual number of live births to adolescent women per 1,000 adolescent women.*

The Adolescent birth rate is around 58 births for women 15 to 19 years of age per 1,000 women in that age group (year 2011 – births 1,373, women 23670).

According to Census 2012 the adolescent birth rate decreased to 51.9 births for women 15 to 19 years of age per 1,000 women in that age group. (Census year 2012 – births 1,159, women 22,336) (Census data 2012 Volume I page 36)

- **Indicator 5.5: Antenatal care coverage**

Definition: *Antenatal care coverage (at least one visit) is the percentage of women aged 15–49 with a live birth in a given time period that received antenatal care provided by skilled health personnel at least once during their pregnancy. Antenatal care coverage (at least four visits) is the percentage of women aged 15–49 with a live birth in a given time period that received antenatal care by any provider four or more times during their pregnancy.*

The Antenatal care coverage is 94.9%. (MICS 2010)

- **Indicator 5.6: Unmet need for family planning**

Definition: *This indicator is defined as the percentage of women of reproductive age, either married or in a consensual union, who have an unmet need for family planning.*

The Unmet need for family planning is around 16.9%. (MICS 2010)

Table 5.5
Health indicators, 2000-2012

Indicator	2000	2005	2006	2007	2008	2009	2010	2011	2012
5.4 Adolescent birth rate (ABR)	59.3	58.4	58.5	62.4	65.1	63	61	58	51.9
5.5 Antenatal care coverage	90	n.a.	90	n.a.	n.a.	n.a.	94.9	n.a.	n.a.
5.6 Unmet need for family planning	n.a.	n.a.	18.4*	n.a.	n.a.	n.a.	16.9	n.a.	n.a.

Source: MICS 2000, 2006, 2010

*This indicator was for the first time measured during the MICS 2006 survey.

The ABR measures the annual number of births to women between 15 to 19 years of age per 1,000 women in that age group

Government Policies, Achievements, Challenges and Next Steps

Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	Benefits for pregnant women, mothers and babies	<ul style="list-style-type: none"> Implementation of policies regarding prenatal care, health centres, day-care centres and school children, by the Bureau for Public Health (BOG)*. Increase of CPR and skilled attendance at birth. Safe Motherhood Needs Assessment Plan and Plan of Action to reduce MMR are finalized and approved by the Ministry of Health. 	<ul style="list-style-type: none"> More investment in basic health care (health care professionals and facilities), particularly in the districts and in the hinterland. Upgrading and standardization of care and improving quality control and supervision. Ensuring culturally, sensitive and sufficient education about mother and child care. Strengthening of the network agencies of the Ministry of Health with regard to data collection and processing of statistics. 	<ul style="list-style-type: none"> Implementation of obstetric protocols. Implementation of the Plan of action for Safe Motherhood and neo-natal health.

Note: * Women can get prenatal guidance through the outpatients' departments of the Regional Health Department, the Medical Mission clinics and health centres and private physicians, and after delivery post natal care guidance is received through health centres and well-baby clinics.

Target 5B: Achieve, by 2015, universal access to reproductive health

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	To formulate a Sexual and Reproduction Health policy document	<ul style="list-style-type: none"> The Sexual and Reproduction Health policy document has recently been drafted. 		<ul style="list-style-type: none"> Implementation of the Sexual and Reproductive Health policy.

Note: * Women can get prenatal guidance through the outpatients' departments of the Regional Health Department, the Medical Mission clinics and health centres and private physicians, and after delivery post natal care guidance is received through health centres and well-baby clinics.

Will the targets be met?

Target 5A: *Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio:*

Potentially.

Target 5B: *Achieve, by 2015, universal access to reproductive health:*

Potentially.

Although there remain some challenges regarding target 5B, especially the indicators 5.4 and 5.6, it is expected that with the current decrease in maternal mortality rate and increase of CPR and skilled attendance at birth, by 2015 Suriname will be able to reach the targets related to MDG 5.

Goal 6: Combat HIV/AIDS, Malaria and Other Diseases

Target and Indicators:

6A Have halted by 2015 and begun to reverse the spread of HIV/AIDS

- HIV prevalence among pregnant women aged 15 – 24 years (6.1);
- Condom use at last high-risk sex (6.2);
- Proportion of population aged 15 – 24 years with comprehensive correct knowledge of HIV/AIDS (6.3);
- Ratio of school attendance of orphans to school attendance of non-orphans aged 10 – 14 years (6.4).

6B Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

- Proportion of population with advanced HIV infection with access to antiretroviral drugs (6.5).

6C Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

- Incidence and death rates associated with malaria (6.6);
- Proportion of children under 5 sleeping under insecticide-treated bed nets (6.7);
- Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs (6.8);
- Incidence, prevalence and death rates associated with tuberculosis (6.9);
- Proportion of tuberculosis cases detected and cured under DOTS (6.10).

Table 6.1
Diseases indicators, 2000-2012

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
6.1 HIV prevalence among 15-24 year old pregnant Women	n.a.	n.a.	0.5	1.1	0.9	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
6.2 Condom use every time	58.4	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
6.2 Condom use at last high risk sex	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	62.9	n.a.	n.a.	n.a.	55.5	n.a.	n.a.
6.3 Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	34.2	n.a.	n.a.	n.a.	n.a.	n.a.	41.0	n.a.	n.a.	n.a.	41.9	n.a.	n.a.
6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs	n.a.	n.a.	n.a.	n.a.	20.5	31.5	44.8	59.5	66.0	n.a.	n.a.	n.a.	83.1
6.6a Annual Parasite incidence associated with malaria (per 100,000 of population)	144.6	n.a.	n.a.	n.a.	n.a.	176.9	77.2	22.7	29.7	24.0	13.7	9.6	6.8
6.6b Death rates associated with malaria (per 100,000 of population)	5.4	n.a.	n.a.	n.a.	n.a.	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0
6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	43.4	n.a.	n.a.
6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
6.9a Incidence associated with tuberculosis	20.6	n.a.	n.a.	n.a.	n.a.	20.5	23.5	25	22.1	19.9	31.7	40.8	28.4
6.9b Death rates associated with tuberculosis (per 100,000 of population)	0.9	n.a.	n.a.	n.a.	n.a.	1.6	1.2	1.4	2.1	2.5	2.9	2.8	2.0
6.10 Proportion of tuberculosis cases detected and cured under DOTS	Not available because DOTS is not introduced in Suriname as yet											98%	89%

Source: 6.1 – 6.5: MICS 2000, 2006 and 2010; Surveillance Report Ministry of VG, 2009

6.6, 6.9, 6.10: Epidemiology/ Biostatistics BOG – Ministry of VG

6.7: MICS 2010 (results regarding the districts Brokopondo and Sipaliwini)

Performance Summary

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Table 6.2
HIV/AIDS and condom use indicators, 2000-2012

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
6.1 HIV prevalence among 15-24 year old pregnant Women	n.a.	n.a.	0.5	1.1	0.9	1.0	1.0	1.0	1.0	1.0	1.0	1.0	1.0
6.2 Condom use every time	58.4	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
6.2 Condom use at last high risk sex	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	62.9	n.a.	n.a.	n.a.	55.5	n.a.	n.a.
6.3 Percentage of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	34.2	n.a.	n.a.	n.a.	n.a.	n.a.	41.0	n.a.	n.a.	n.a.	41.9	n.a.	n.a.
6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs	n.a.	n.a.	n.a.	n.a.	20.5	31.5	44.8	59.5	66.0	n.a.	n.a.	n.a.	83.1

Source: MICS 2000, 2006 and 2010; Surveillance Report Ministry of VG, 2009

*Due to the low prevalence (0.4%) of orphans in Suriname, it is not possible to produce the standard MICS table comparing school attendance of orphans and non-orphans age 10-14 years.

However, as it is part of the MDG indicator, the percentage of non-orphans who are attending school should be mentioned 97% (See MICS 2010, page 17)

n.a. = data not available

- **Indicator 6.1: HIV prevalence among pregnant women aged 15 – 24 years**

Definition: *The prevalence of Human Immunodeficiency Virus (HIV) among the population 15–24 years of age is the number of individuals aged 15–24 living with HIV expressed as a percentage of the total population aged 15-24.*

The HIV prevalence among 15-24 year pregnant women has been around 1% since 2003. A worldwide characteristic of the AIDS epidemic is that the majority of the people fall particularly within the age groups that are the most reproductively and economically active. Suriname is no exception to that trend.

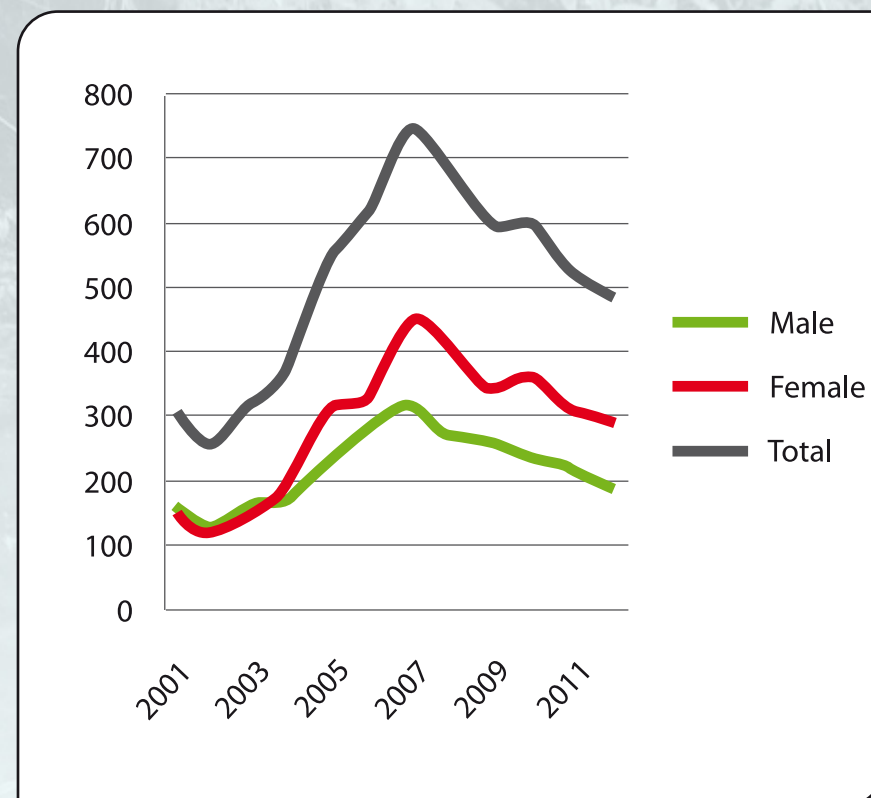
Table 6.3
AIDS mortality, 2000-2011

Year	AIDS – Mortality Numbers (all ages)			% of Total mortality	Rank	% of death certificates received
	Male	Female	Total			
2000	74	43	117	4.1	6	86
2001	77	55	132	5.0	6	85
2002	99	61	160	5.3	6	96
2003	100	45	145	4.9	5	94
2004	88	65	152	5.4	5	85
2005	130	51	181	5.9	5	91
2006	78	51	129	4.5	6	83
2007	85	57	142	4.7	6	85
2008	71	49	120	3.8	6	95
2009	57	49	106	3.5	6	90
2010	75	44	119	3.9	6	93
2011	63	42	105	3.4	7	88

Source: Causes of death in Suriname, Epidemiology/Biostatistics, BOG

- On the lists of causes of death in 1997, HIV/AIDS occupied the tenth place. However the trend is alarming for the years after 1997. AIDS was registered as the 5th most common cause of death from 2000 till 2005. Since 2006, a decrease was registered when AIDS related mortality was on the 6th place. In 2011, AIDS related mortality was recorded at the 7th place on the list of causes of death.

Graph 6.1
HIV positives (HIV morbidity)
Number of people reported HIV positive, 2001-2011



Source: HIV Patient monitoring database NAP, 2013

- Indicator 6.2: Condom use at last higher-risk sex**
Definition: Condom use at last higher-risk sex is the percentage of young men and women aged 15–24 reporting the use of a condom the last time they had sexual intercourse with a non-marital, non-cohabiting sexual partner (high risk partner) of those who had sex with such a partner in the last 12 months.

Condom use at last higher-risk sex:

- Two-thirds of women in the age group 15-24 have reported in having sex with a non-regular partner in the 12 months prior to the MICS 2010 survey. Of those women, almost half reported using a condom when they had sex with a high risk partner. About 17% of women with incomplete primary education used a condom during higher risk sex in the year before the MICS 2010 survey, while around 54% of women with secondary or higher education used a condom with such a partner.
- The MICS 2010 report indicates that 55.5% of the women in the age group 15-24 reported to having used a condom the last time they had sex with such a partner. About 17.8% of women with incomplete primary education used a condom during higher risk sex in the year before the MICS 2010 while around 58.9% of women with secondary or higher education used a condom with such a partner.

Indicator 6.3: Proportion of population aged 15 – 24 years with comprehensive correct knowledge of HIV/AIDS

Definition: *This indicator is the percentage of the population aged 15–24 that has a comprehensive correct knowledge of Human immunodeficiency virus/Acquired immunodeficiency syndrome (HIV/AIDS).*

Percentage of population aged 15 – 24 years with comprehensive correct knowledge of HIV/AIDS:

- The MICS 2010 report indicates that the percentage of women in the age group 15 – 49 with comprehensive knowledge of HIV/AIDS transmission has increased to 42.5% compared to previous MICS results.
- Overall, 93% of the women know that HIV can be transmitted from

mother to child, whereas 52% know all 3 ways of mother to child transmission and 5% did not know of any specific way.

Indicator 6.4: Ratio of school attendance of orphans to school attendance of non-orphans aged 10 – 14 years

Definition: *This indicator is defined as the ratio of school attendance of orphans aged 10–14 to school attendance of non-orphans aged 10–14 years.*

As the HIV epidemic progresses, more and more children are becoming orphaned and vulnerable. MICS 2010: the percentage of non-orphans who are attending school is 97% (MICS 2010).

Due to the low prevalence (0.4%) of orphans in Suriname, it is not possible to produce the standard MICS table comparing school attendance of orphans and non-orphans age 10 – 14 years.

Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Indicator 6.5: Proportion of population with advanced HIV infection with access to antiretroviral drugs (ART)

Definition: *The proportion of eligible adults and children living with HIV currently receiving antiretroviral therapy is defined as the percentage of adults and children who are currently receiving antiretroviral therapy (ART) of all adults and children who are eligible for ART.*

Yearly, an increasing number of people (adults and children) are on antiretroviral drugs.

Table 6.4

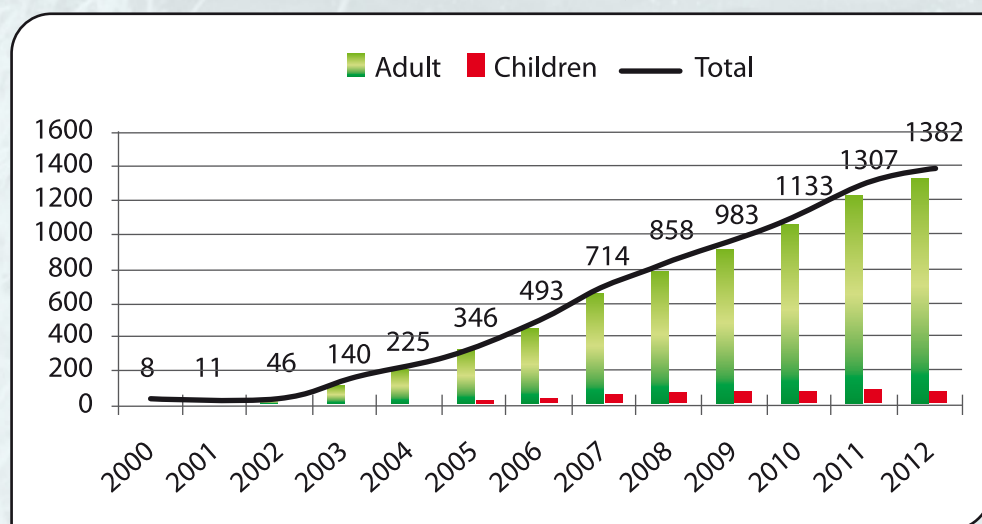
The proportion of population with advanced HIV infection with access to ART

	CD4 cell count 200 cells/mm ³ National guidelines	CD4 cell count 350 cells/mm ³ 2010 WHO guidelines	CD4 cell count <500 cells/mm ³ 2013 WHO guidelines
Number of persons eligible for ART	1700	2100	3300
Number of persons receiving ART	1382	1382	1382
Coverage (in %)	81.30	65.80	41.80

Source: Department of Research, Planning & Monitoring, Ministry of VG

Graph 6.2

Number of adults and children on ART, 2000-2012



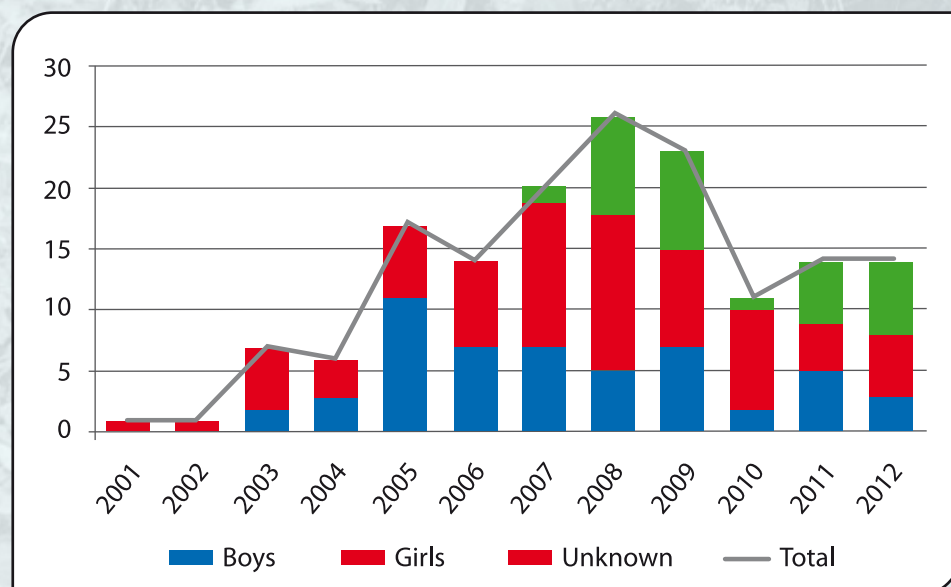
Source: National HIV treatment database, Department of Research, Planning & Monitoring, Ministry of VG, 2013

In 2008 the proportion of population with access to ART, based on the national HIV treatment guidelines (persons are eligible to start with ART if the CD4⁸ cell count is 200 cells/mm³ or less) increased to 66%.

According to the existing national HIV treatment guidelines, persons are eligible to start with ART if the CD4 cell count is 200 cells/mm³ or less. Under these guidelines, 1,700 persons diagnosed with HIV are eligible to receive ART. Of these 1,700 persons, 1,382 are presently receiving ART, resulting in coverage of 81.3%. However, the WHO guidelines for initiating of ART have changed twice: the 2010 WHO revision of changing the CD4 cell count threshold for initiating ART from 200 to 350 and the 2013 WHO revision of changing the threshold from 350 to 500. The changes of the CD4 cell count threshold have implications for the calculation of the national ART coverage. Suriname is presently conducting a costing study on changing the CD4 cell count threshold from 200 to 350 or 500.

8 CD4 cells are a type of white blood cell that fights infections, viruses and bacteria

Graph 6.3
Number of children starting ART yearly, 2001-2012



Source: National HIV treatment database, Department of Research, Planning & Monitoring, Ministry of VG, 2013

Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

- Indicator 6.6: Incidence and death rates associated with malaria

Definition: The incidence rate of malaria is the number of new cases of malaria per 100,000 people per year. The death rate associated with malaria is the number of deaths caused by malaria per 100,000 people per year.

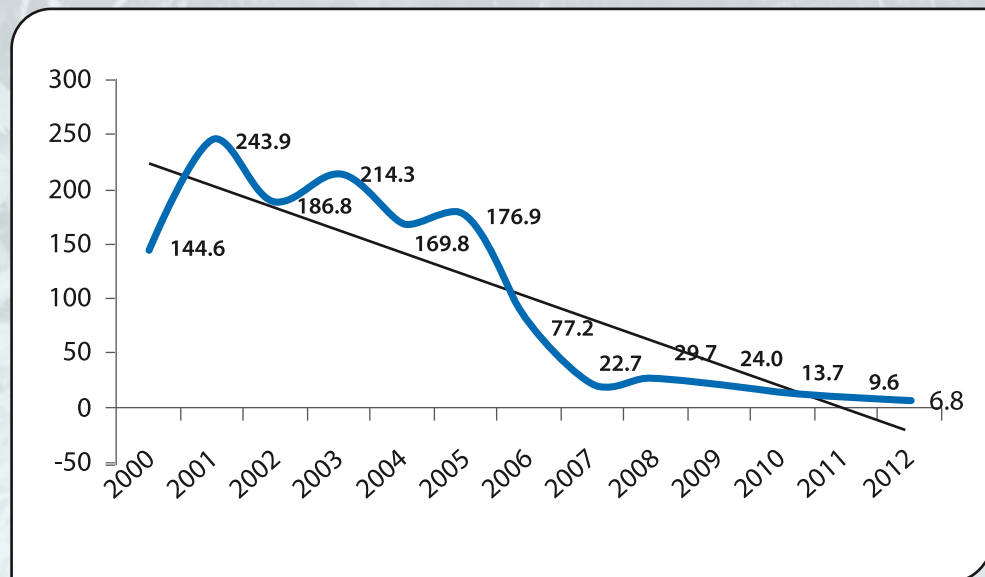
As of 2000 the Annual Parasite Incidence associated with malaria shows a sharp decline (see table 6.5 and graph 6.4) because of increased and effective health policies for the interior. Deaths associated with malaria remain below 1 per 100,000 since 2005 and malaria is likely to be under control (see table 6.5).

Table 6.5
Malaria figures, 2000-2012

	All patients in the Interior	API ⁹ Malaria
2000	7,230	7,230
2001	12,197	12,197
2002	9,342	9,342
2003	10,713	10,713
2004	8,488	8,488
2005	8,846	8,846
2006	3,859	3,859
2007	1,138	1,138
2008	1,487	1,487
2009	1,371	1,371
2010	791	791
2011	795	795
2012	569	569

Source: Epidemiology – BOG, Medical Mission, and Global Fund Database

Graph 6.4
Malaria figures, 2000-2012



Source: Epidemiology – BOG, Medical Mission, and Global Fund Database

- **Indicator 6.7: Proportion of children under 5 sleeping under insecticide-treated bed nets**

Definition: This indicator is defined as the proportion of children aged 0–59 months who slept under an insecticide-treated mosquito net the night prior to the survey.

Malaria is prevalent, mainly in the interior districts Brokopondo and Sipaliwini. Results of MICS 2006 indicate that 55.3 % of the households in these districts have at least one insecticide treated net (ITN).

The MICS 2010 report indicates that the large majority of children under the age of

5 (53.6%) slept under a mosquito net, the night prior to the survey and 43.4% slept under an insecticide treated bed net, with no difference between boys and girls.

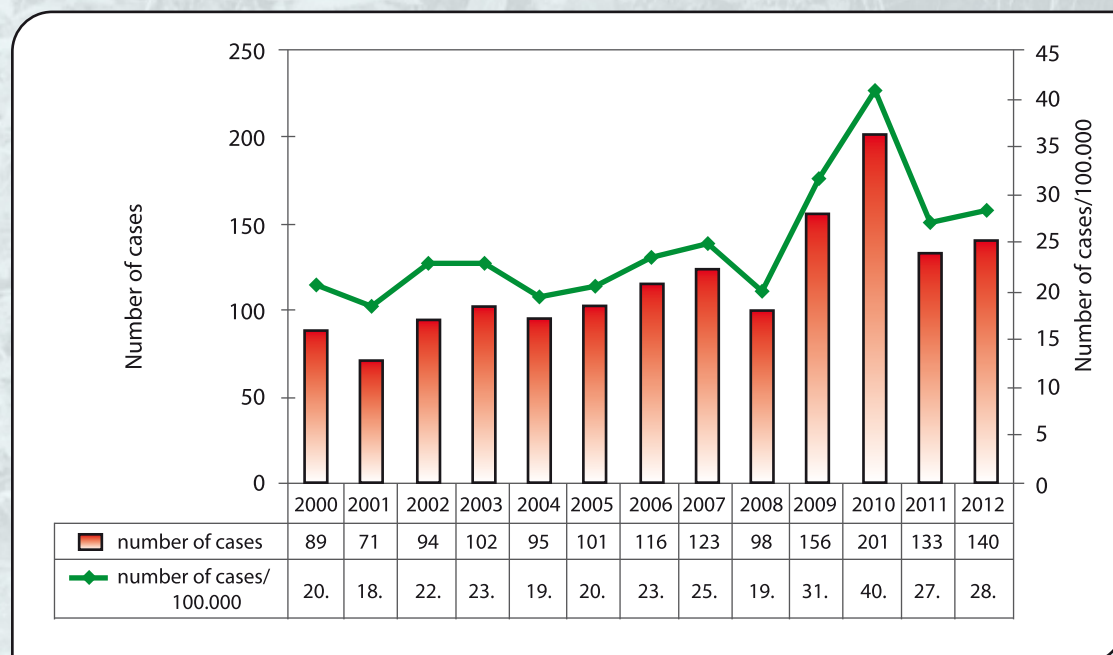
- **Indicator 6.8: Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs**
Definition: The proportion of children under 5 with fever who are treated with anti-malarial drugs is defined as the percentage of children aged 0–59 months who were ill with a fever in the two weeks before the survey and who received any anti-malarial drugs during that time.

For this indicator there is no data to report. MICS 2010 data showed that none of the children with fever were treated with anti-malarial drugs. Half of the children with fever were treated with paracetamol or similar drugs and 20% with an antibiotic drug. It can be noted that the incidence of malaria has decreased in the past years due to the preventive policy of the Ministry of Health.

- **Indicator 6.9: Incidence, prevalence and death rates associated with tuberculosis**

Definition: The incidence of tuberculosis (TB) is defined as the number of new TB cases in one year per 100,000 populations. The prevalence of tuberculosis is defined as the number of TB cases in a population at a given point in time (sometimes referred to as "point prevalence") per 100,000 populations. Death rates associated with tuberculosis are defined as the estimated number of deaths due to TB in one year per 100,000 populations.

Graph 6.5
Tuberculosis in Suriname, 2000-2012



Source: Department of Research, Planning & Monitoring, Ministry of VG

The incidence of tuberculosis is around 25% of reported cases. Death rates associated with tuberculosis are between 1-3 per 100,000 of population (Graph 6.5). These figures are regarding the time period of 2000 to 2012.

- **Indicator 6.10: Proportion of tuberculosis cases detected and cured under DOTS**

Definition: *The proportion of tuberculosis (TB) cases detected, also known as the TB detection rate, is the number of estimated new TB cases detected in a given year*

using the Directly Observed Treatment Short-course (DOTS) approach, expressed as a percentage of all new TB cases. The proportion of TB cases detected and cured, also known as the TB treatment success rate, is the number of new TB cases in a given year that were cured or completed a full treatment of DOTS expressed as a percentage of all new TB cases.

DOTS was introduced in May 2011 in Suriname under the Global Fund round 9 project. The policy is that every new smear positive Tuberculosis (TB) patient is offered treatment under the observation (DOTS). However not all patients agreed to take treatment under observation. A proportion of the patients died before treatment had started. In other cases treatment was discontinued because of serious side effects. The proportion of new TB cases treated in 2011 and 2012 were respectively 89% and 86%. The treatment success rate of new TB cases were respectively 78.5% and 77.5%. The treatment success rate for new patients under observation was respectively 98% and 89%. Since the introduction of DOTS there have been achievements noted in the area of awareness of the populations due to intensified media campaign. The follow-up treatments have improved which resulted in a decrease of loss to follow-up from 30% to 5%.

Table 6.6
Malaria and tuberculosis indicators, 2005-2012

Indicator	2005	2006	2007	2008	2009	2010	2011	2012
6.6a Annual Parasite incidence associated with malaria (per 100,000 of population)	176.9	77.2	22.7	29.7	24.0	13.7	9.6	6.8
6.6b Death rates associated with malaria (per 100,000 of population)	0.4	0.0	0.0	0.0	0.0	0.0	0.0	0.0
6.7 Proportion of children under 5 sleeping under insecticide-treated bed nets	n.a.	n.a.	n.a.	n.a.	n.a.	43.4	n.a.	n.a.
6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
6.9a Incidence associated with tuberculosis	20.5	23.5	25	22.1	19.9	31.7	40.8	28.4
6.9b Death rates associated with tuberculosis (per 100,000 of population)	1.6	1.2	1.4	2.1	2.5	2.9	2.8	2.0
6.10 Proportion of tuberculosis cases detected and cured under DOTS	Not available because DOTS is not introduced in Suriname as yet						98%	89%

Source: Epidemiology/ Biostatistics BOG – Ministry of VG

Government Policies, Achievements, Challenges and Next Steps

In 2001, the Government of Suriname adopted the UNGASS Declaration of Commitment and in 2002, initiated a process for the systematic and strategic control of HIV which resulted in the development of the first National HIV/AIDS strategic plan 2004 - 2008 with a multi-sectoral approach for HIV. The coordination of this strategic plan was placed with the National AIDS Program at the Ministry of Health. In 2007, the second National Strategic Plan (NSP) was developed for the period of 2009-2013 and the Ministry is now in the process of developing the NSP 2014 – 2020. The NSP outlines a multi-sectoral approach involving other ministries and all relevant sectors of society. It also serves as the national framework for expanding and strengthening the multi-sectoral response against HIV/AIDS. The NSP will have 2 priority areas: (1) prevention of further spread of HIV and (2) treatment and care. Furthermore there are crosscutting issues that are

incorporated. These are: inter-sectoral collaboration and coordination; integration; human rights (stigma & discrimination and gender equity); capacity building; and strategic information/ M&E.

Although evaluation of the NSP 2009 – 2013 has shown that steps have been made forward especially in the sustainability of funding for the response (ARTs are fully funded by government), challenges still remain. The biggest challenge lies in increasing knowledge and establishing responsible behaviour in general, but particularly in identified vulnerable groups such as youth, Men having sex with men (MSM) and Sex Workers (SW). To guarantee good health the emphasis in the general policy will be on behavioural change and to integrate HIV in communications to stop the alarming rise of chronic diseases.

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	The execution of the National AIDS Program (NAP)	<ul style="list-style-type: none"> Improvement of registration of HIV diagnosed persons at national level, resulting in more reliable data regarding the burden of disease, disaggregated by sex and age. Establishment of Centre of Excellence and HIV Treatment & Care Platform. Initiation to integrate HIV as chronic disease in the health services with other chronic diseases (NCDs). 	<ul style="list-style-type: none"> Lack of motivation to seek medical care. Retention in care is a challenge; in 2012 there was a loss to follow-up of 31%. Weak Psychosocial support system. Increasing knowledge of HIV to establish behaviour change tailored to all identified target groups. 	<ul style="list-style-type: none"> Development of third National Strategic Plan. Implementation of Treatment 2.0 to expand HIV treatment & care, including scaling up of HIV testing & counselling, improvement of linkage into care, retaining of persons in care. Scale-up targeted prevention programmes.
2.	To Eliminate Mother-to-Child-Transmission of HIV, Congenital Syphilis and Hepatitis B in Suriname	<ul style="list-style-type: none"> Launch of the Elimination Initiative of Mother-to-Child-Transmission of HIV, Congenital Syphilis and Hepatitis B in Suriname.*) 	<ul style="list-style-type: none"> Increasing testing coverage among pregnant women. Adherence of HIV infected mothers. Good system of family planning and taking care of mothers and children after childbirth. 	<ul style="list-style-type: none"> Implementation of national framework for elimination of MTCT. Implementation of option B+.

Notes: *) Several new initiatives have taken place. A focal point system was installed to monitor all HIV positive pregnant women and their babies, a PMTCT workgroup was installed, PMTCT protocol was developed, and capacity building has taken place. This has led to a reduction of the MTCT from 10% to 5%.

Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	Improving access to HIV testing, services and ARTs	<ul style="list-style-type: none"> • More access to HIV testing is now available and Early Infant Diagnosis of HIV is available free of charge. • Since 2005 ARTs are available free of charge, allowing for an increase of the number of people on treatment with more than 3 times. • NGO's are involved in providing HIV services. 	<ul style="list-style-type: none"> • There is an increase in male hospitalizations, a sign of increased late HIV diagnosis in males. 37% of patients have a first CD4 count below 200 cells/mm³. • Insufficient data on testing coverage among identified groups and their insufficient linkage to care. 	<ul style="list-style-type: none"> • Scale up general and targeted information of HIV (transmission, testing, and treatment). • Implement innovative interventions to improve testing for HIV.
2.	Update the HIV treatment guidelines	<ul style="list-style-type: none"> • Protocols have been updated in a timely matter. 	<ul style="list-style-type: none"> • Current guidelines need to be updated to include recommendations of WHO for changing the CD4 cell count threshold to 500, taking into account availability of sufficient resources and the high non-adherence seen now. 	<ul style="list-style-type: none"> • Update National HIV treatment guidelines with 2013 WHO guidelines on initiation of ART, improvement of efficiency in utilization of financial resources, improvement in quality of care for comprehensive service provision and involvement & strengthening of community involvement. • Scale-up PMTCT programme to reach the targets on Elimination Initiative, including the adoption of option B+.

Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	The control of malaria incidence in Suriname	<ul style="list-style-type: none"> • The implementation of the Roll Back Malaria program. The control of malaria is based on a Strategic Plan and is implemented by a multi-disciplinary Malaria Board. • Rapid reduction of incidence of malaria. Malaria is virtually eliminated in the villages of the interior (where usual population lives). • Since 2006 no reported deaths due to malaria. 	<ul style="list-style-type: none"> • Malaria is now concentrated in the gold mining areas near the border with French Guiana and currently Suriname has more cases from outside, mainly from French Guiana than local cases • Difficulty to Control malaria among the Brazilian miners in French Guiana and Guyana since most of the cases are imported. • Containment of the emergence resistance against the most effective treatments for falciparum malaria. • Dealing with the high cost of malaria control in the current setting of mobile populations in remote areas. 	<ul style="list-style-type: none"> • Design a strategy to eliminate malaria in the Guyana Shield. Use elimination as a form to contain the emergency of resistance. • Work with Brazil, Guyana and France to fund and provide the malaria services needed to eliminate malaria in the next five years.
2.	To control the developments around TB cases in Suriname	<ul style="list-style-type: none"> • The National Tuberculosis program being executed, with focus on screening and treatment of the Tuberculosis patients with and without HIV infection and overall satisfactions with the TB clinical services and support for completion of treatment that they received. • The TB NSP 2012-2016 is recently finalized and provides 	<ul style="list-style-type: none"> • Need to further strengthen collaborative TB/ HIV activities, enhance the health workforce, improve laboratory quality, expand the number of DOTS centres and improve communication and collaboration with stakeholders/partners. • Implementation of DOTS in remote areas due to difficulties in finding community workers 	<ul style="list-style-type: none"> • Expansion of screening among high risk populations (indigenous and migrant population) to ensure that all TB patients receive quality care in a timely manner. • Formulation of targeted interventions for vulnerable groups based on the availability of improved data.

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
		<p>guidance towards the national priorities.</p> <ul style="list-style-type: none"> • TB services have been strengthened. A decrease in mortality is noted and an increase in success rate. 	<p>in those areas. Retaining of vulnerable group (e.g. homeless, drug addicts, etc.) on treatment. Difficulty in addressing all socio-economic problems of influence on the treatment outcomes.</p>	
3.	Early detection and improved treatment of TB cases	<ul style="list-style-type: none"> • Start of DOTS in 2011 under the TB Global Fund project. • TB guidelines were developed. • Decentralization of sputum collection was initiated and increased promotion of screening. promotion of screening was increased • Annual increase of screened persons. 		

Will the targets be met?

Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS:

Potentially.

- Indicators HIV/AIDS: **Potentially.**

Based on the following facts, we can conclude that we are moving into the right direction:

- Numbers of recorded HIV positives are decreasing; Numbers of HIV deaths are decreasing.
- For the last 10 years the estimation of the HIV prevalence was stable at 1% in the general population aged 15 – 19 years based on the UNAIDS estimation software Spectrum.
- HIV prevalence among pregnant women is stable at 1% since 2003

based on the Ante – Natal Care data in Suriname.

- To meet the targets in 2015, it is necessary to implement the new National Strategic Plan for HIV/AIDS in the coming years; preparations for the development of the third NSP have already begun. In November 2013, a baseline situation analysis report on Treatment 2.0, including an action plan which will feed into the new strategic plan. The focus of the NSP will be on a multi-sectoral approach with the involvement of the community.

Target 6B: *Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it:*

Not likely to be met.

- Indicator 6.5: Proportion of population with advanced HIV infection with access to ART: **Not likely to be met.**
 - According to the national guidelines the ART coverage is 81.3%. However according to the new WHO HIV treatment guidelines this percentage will decrease. Starting therapy with CD4 count of 350, the national ART coverage for 2012 was 65.8%. The national HIV treatment guidelines need updating to change the criteria for initiating of therapy. Before changing the guidelines, a cost effectiveness study is planned in the first semester 2014.
 - Important is to sustain the increase in number of people receiving treatment. Interventions to increase the percentage of those on treatment, who need the treatment need to be implemented. Suriname is also now considering implementation of the treatment 2.0 guidelines of WHO which advises start of treatment at higher CD4. A key element in achieving targets is working towards increasing treatment adherence.

Target 6C: *Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases:*

Likely to be met.

- Indicators Malaria: **Potentially.**
Suriname has already achieved 90% reduction of Malaria. The target will be met by 2015.
- Indicators Tuberculosis:
Not likely to be met.

Based on the data the incidence and death rates are increasing and around 30% of the Tuberculosis patients have also an HIV infection. Suriname has developed a national strategic plan, policies and guidelines to fight against Tuberculosis.

Since the introduction of DOTS there have been achievements noted in the area of awareness of the populations due to intensified media campaign. Services have been strengthened resulting in a decrease of lost to follow-up from 30% prior to the introduction to 5%.

The treatment success rates of new TB cases were in 2011 and 2012 respectively 78.5% and 77.5%. The treatment success rate for new patients under supervision (DOTS) was higher respectively 98% and 89%. But still there are many TB patients who do not choose to be treated under the supervision (DOTS).



Goal 7: Ensure Environmental Sustainability

Target and Indicators:

7A Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environment resources

- Proportion of land area covered by forest (7.1);
- Total emission CO₂ eq (Gg) per capita (7.2);
- Consumption of ozone depleting substances (HCFC) (7.3);
- Proportion of 8 fish and shrimp stocks within safe biological limits (7.4);
- Water resources used for consumption per 1000 m³ (7.5).

7B Reduce biodiversity loss, achieving by 2010, a significant reduction in the rate of loss

- Proportion of terrestrial and marine areas protected (7.6);
- Proportion of species threatened with extinction (7.7).

7C Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

- Proportion of population with access to an improved water source (7.8);
- Proportion of population with access to improved sanitation (7.9).

7 D By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

- Proportion of urban population living in slums (%) (7.10).

Note: **The following Indicators are made country specific:**

7.2 = CO₂ emissions, total, per capita and per \$1 GDP (PPP) is replaced by Total emission CO₂eq (Gg) per capita

7.3 = Consumption of ozone-depleting substances is replaced by Consumption of ozone-depleting substances (HCFC's)

7.4 = Proportion of stocks within safe biological limits is replaced by Proportion of 8 fish and shrimp stocks within safe biological limits;

7.5 = Proportion of total water resources used is replaced by Water resources used for consumption per 1000 m³

7.8 = Proportion of population using an improved drinking water source is replaced by Proportion of population with access to an improved water source

7.9 = Proportion of population using an improved sanitation facility is replaced by Proportion of population with access to improved sanitation

Table 7.1
Environment Indicators, 2000-2012

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
7.1: Proportion of Land Area Covered by Forest	93.95	93.93	93.91	93.89	93.87	93.85	93.82	93.80	93.78	93.76	93.74	93.72	93.68
7.2: Total emission CO ₂ eq (Gg) per capita	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	10.80	n.a.	12.22	n.a.	n.a.
7.3: Consumption of ozone depleting substances (HCFC) (metric Tons)	n.a.	n.a.	n.a.	n.a.	n.a.	1	1.3	2.6	1.66	3.32	1.29	n.a.	n.a.
7.4: Proportion of 8 fish and shrimp stocks within safe biological limits (%)	100	100	100	100	100	100	100	100	100	100	100	100	100
**7.5: Water resources used for consumption (1000 m3)	n.a.	n.a.	14,729	14,381	14,824	18,594	18,038	18,945	18,938	20,474	21,314	22,321	23,771
7.6: Proportion of terrestrial and marine areas protected (%)	11	11	11	12.1	12.1	12.1	12.1	12.1	12.1	12.1	13.2	13.2	13.2
7.7: Proportion of species threatened with extinction (%)	0	0	0	0	0	0	0	0	0	0	0	0	0
7.8: Proportion of population with sustainable access to an improved water source (%)	72.6	n.a.	n.a.	n.a.	86.8	n.a.	91.7	n.a.	n.a.	n.a.	95	n.a.	93.7
7.9: Proportion of population with access to improved sanitation (%)	88	n.a.	n.a.	n.a.	90.1	n.a.	89.9	n.a.	n.a.	n.a.	91	n.a.	91.3
7.10: Proportion of urban population living in slums (%)	n.a.	n.a.	n.a.	n.a.	n.a.	3.9	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.

Source: 7.1: Foundation of Forest Management and Production Control

7.2: Suriname's Second National Communication to the United Nations Framework Convention on Climate Change (SSNC)

7.3: NIMOS

7.4: Fisheries Department, Ministry of LVV

7.5: ABS Environment Publication and The Surinamese Water Company (SWM). *2000-2007 water consumption from SWM connected households in Paramaribo, Wanica and Para.

**2008-2012 water consumption from SWM connected households in Paramaribo, Wanica, Para, Nickerie and Marowijne.

7.6: Ministry of Physical Planning, Land and Forest Management

7.7: IUCN

7.8 & 7.9: MICS, 2000, 2006 & 2010 and CENSUS 2004 & 2012, ABS

7.10: UN-HABITAT (data from MICS 2000 water and sanitation were used)

n.a. = data not available

Performance Summary

Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environment resources

- **Indicator 7.1: Proportion of land area covered by Forest**

Definition: The proportion of land area covered by forest is the amount of forest area in the total land area. Forest area includes land spanning more than 0.5 hectares with trees higher than 5 metres and a canopy cover of more than 10 per cent.

Protected area is an area of land and/or sea especially dedicated to the protection and maintenance of biological diversity, and of natural and associated cultural resources, and managed through legal or other effective means.

SBB Definition: Forest is land with a minimum area of 1 ha, a minimum crown cover of 30% and a minimum potential to reach height of 5 meters. After consultation with the stakeholders, the shifting cultivation (or traditional agriculture) has been merged with natural forest. When shifting cultivation is excluded, the percentage is about 1% lower.

Table 7.2

Proportion of land area covered by forest and protected area (%), 2000-2012

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Total forest	93.95	93.93	93.91	93.89	93.87	93.85	93.82	93.80	93.78	93.76	93.74	93.72	93.68
Protected forest *	13	13	13	13	14	14	14	14	14	14	14	14	14

Source: Foundation of Forest Management and Production Control

* Protected Areas inclusive of Proposed Protected Areas

The total country area of Suriname is 163,820 km² with forest coverage of almost 94%. The 15,3 million ha of forest area can be divided as: 4,5 million ha (29%) of production forest; 2,100,000 ha (14%) of protected area; and 8,200,000 ha (54%) of temporary maintained forest. Deforestation is approximately 0,02%. The protected areas can be divided in 3 categories, namely: Eleven (11) Nature Reserves with a coverage of 1,881,100 ha, where Central Suriname covers about 1,592,000 ha, one nature park (1) with coverage of 12,200 ha and four (4) Multiple Use Management Areas (MUMA's) with coverage of 2,138,300 ha. In total there are 20 terrestrial and 7 marine protected areas in the country for research and biodiversity protection.

Regarding the proportion of land area covered by forest, the loss of

environment resources within the forest is kept to a minimum, due to prudent forest management.

- **Indicator 7.2: Total emission CO₂ eq (Gg) per capita**

Definition: *Estimates of total carbon dioxide (CO₂) emissions include anthropogenic emissions, less removal by sinks, of carbon dioxide (CO₂). The term "total" implies that emissions from all national activities are considered. The typical sectors for which CO₂ emissions/removals are estimated are energy, industrial processes, agriculture, waste, and the sector of land use, land-use change and forestry (LULUCF).*

Table 7.3

Total emissions CO₂ eq (Gg) per capita in Suriname, 2008-2025

Indicator	Business as usual scenario					Mitigation scenario 2025
	2006	2010	2015	2020	2025	
Total emission CO ₂ eq (Gg)	5,584	6,625	9,146	14,179	10,825	6,778
Population (x 1000)	517	542	611	667	724	724
Emissions per capita	10.80	12.22	14.97	21.26	14.95	9.36

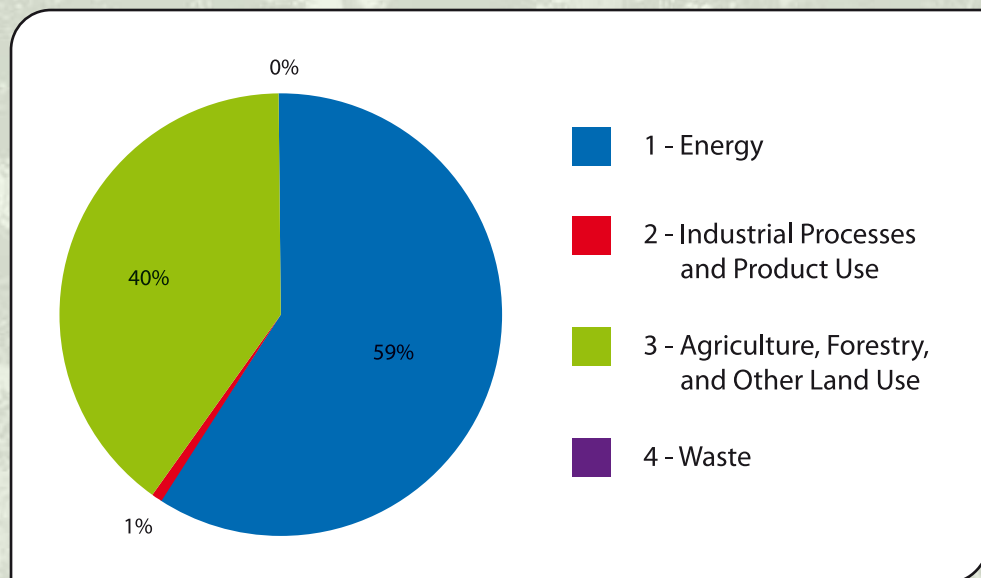
Source: Suriname's Second National Communication to the United Nations Framework Convention on Climate Change, February 2013

Table 7.3 shows the projected emissions up to the year 2025. Without any mitigation action, emissions per capita are expected to grow with 38% during 2008 – 2025. With mitigation the expected reduction per capita is 13% in 2025 compared to 2008.

Carbon dioxide accounts for the greatest percentage of emitted GHGs in Suriname. Total GHG emissions for the inventory year 2008 equal 6,365.75 CO₂

Graph 7.1

Overview of 2008 GHG emissions in CO₂ - Eq (sinks not embedded) in 2008



Source: Suriname's Second National Communication to the United Nations Framework Convention on Climate Change, February 2013

equivalents. The energy sector, with an emission of 3,788.15 CO₂ equivalents, is the largest GHG source, contributing over 59% of the total GHG emission (see graph 7.1). Parts of the Agriculture, Forestry and Other Land-use (AFOLU) sector act as a sink, with an absorption of -8,243.05 Gg of CO₂ equivalents, making Suriname a net sink for CO₂ (-1,883.09Gg CO₂ equivalents).¹⁰

GHG emitted in the Agricultural sector in Suriname are mainly:

- N₂O (Nitrous Oxide) which is mostly generated from manure management, fertilizer applications, certain methods of irrigation and tillage and burning of crop residue;
- CH₄ (Methane), which can be found in certain methods of irrigations and tillage such as rice cultivation, burning of crop residue, enteric fermentation in cattle farming and manure management.

According to the SNC, there has been a growth of greenhouse gas (GHG) emissions since 2008. Although Suriname is a minor player in terms of GHG emissions, the country is particularly vulnerable to the effects of climate change which have an impact on human lives. Due to the low-lying coast, the North-West of Suriname is particularly vulnerable to sea-level rise. Furthermore, the higher located interior is characterized by high fluctuation of rainfall and extreme dry seasons. A recent phenomenon in Suriname is the growing frequency and intensity of severe weather like heavy, strong winds.

¹⁰ Source: Second National Communication to the United Nations Framework Convention on Climate change, Feb 2013

• **Indicator 7.3: Consumption of ozone-depleting substances (HCFC)**

Definition: Consumption of ozone-depleting substances is the sum of the consumption of the ozone-depleting potential- weighted metric tons of all ozone-depleting substances controlled under the Montreal Protocol on Substances that Deplete the Ozone Layer.

The Montreal Protocol seeks to protect the earth from the sun's harmful ultra violet radiation (UV) through the process of phasing out the manufacture and use of substances that deplete the ozone layer. These ozone depleting substances (ODS) contain bromine and chlorine, which destroy the stratospheric ozone layer when released into the atmosphere.

Table 7.4
HCFC consumption in metric tons, 2005-2010

Indicator	2005	2006	2007	2008	2009	2010
HCFC-22	18.79	24.51	46.85**	21.97	54.74**	22.08
HCFC-141b					0.070***	
HCFC-142b*				6.88***	4.60***	1.11
Total ODS	1.0	1.3	2.6	1.66	3.32	1.29

Source: The National Institute for Environment and Development in Suriname (NIMOS)
 *HCFC-142b as a component of R-406a (55% HCFC-22, 41% HCFC-142b and 4% R-600a) a drop in replacement for CFC-12 in MAC)
 **Due to the planned restrictions for the upcoming year there is an increase in imports (hamster effects)
 ***These products are only imported for the given years; they were not used before and are currently prohibited.

They are commonly used as refrigerants, as a blowing agent and as pest control.

Suriname collects data on hydrochlorofluorocarbon (HCFC), because this is the only ODS substance that is currently imported. Subsequently, the two types of HCFC's that are measured are the HCFC-22 and the HCFC-141b (*Dichlorofluoroethane*)

By phasing out the ODS Suriname is meeting the obligations of the Montreal Protocol, contributing to the protection of the Ozone layer and the decrease of the national occurrence of ODS. Principles of sustainable development are applied through education and awareness initiatives within the refrigerant sector in Suriname.

• **Indicator 7.4: Proportion of eight (8) fish and shrimp stocks within safe biological limits**

Definition: Proportion of fish stocks within safe biological limits are species that are exploited within the level of maximum sustainable biological productivity.

In the period of 1997-2000, 4 stock assessments have been conducted along the Brazil-Guiana's shield on shrimp and ground fish fishery for 8 species, 4 species of shrimp and 4 species of demersal fish. Stock assessment conducted from 1997 to 2000 for Suriname for the following species of shrimp and demersal finfish: *penaeussubtilis* (brown shrimp); *penaeusbrasilienis* (pink spotted shrimp, hopper); *penaeusschmitti* (white shrimp); *xiphopenaeuskroyeri* (seabob); *macrodonancylodon* (whitemouth croaker/ dagoetifie); *nebrismicrops* (small eye croaker/ botervis); *cynoscionvirescens* (green weakfish/ kandratiki) and *lutjanussynagris* (lane snapper).

Table 7.5

Proportion of eight (8) species fish and shrimp stocks within safe biological limits 2000-2012

%	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012
Proportion of 8 species of fish and shrimp stocks within safe biological limits	100	100	100	100	100	100	100	100	100	100	100	100	100

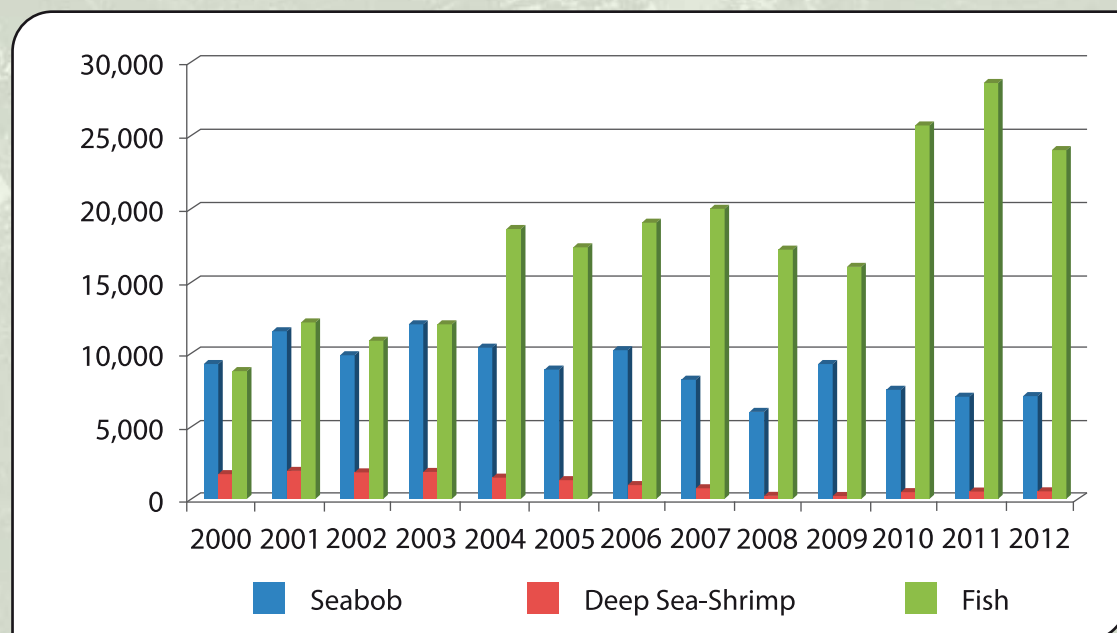
Source: Suriname Fisheries Department, Ministry of LVV

Note: The indicator is calculated as the number of fish species with a stock assessment of non-fully exploited or fully exploited divided by the total number of fish species with a stock assessment and multiplied by 100.

In 2000 there was a stock assessment conducted for 2 shrimp species. Results indicated that the biomass of both had been reduced due to increased fishing activities, bycatch, climate change and the possible decadence of the seabed. The second stock assessment in 2010 indicated that the biomass for shrimp has increased due to successful measures taken by the government, in contrast to the biomass for the snapper and the bang-bang (*cynoscionacoupa*) species.

Graph 7.2

Fish catches by type of fishery (in metric ton), 2000-2012



Source: Suriname Fisheries Department, Ministry of LVV

The proportion of fish stocks within safe biological limits in Suriname is thus far in alignment with the FAO's Code of Conduct for Responsible Fisheries, the UN Fish Stock Agreement and the government's intention towards sustainable farming methods to guarantee food security. The percentage during the last few years is 100% for the 8 species for which stock assessment has been conducted.

Due to the fact that stock assessment could not be conducted for all species, the ministry estimated that approximately 65% of all fish species are exploited within safe biological limits, with chances that some species could be threatened (over-exploited). Based on available data and other parameters, the government concluded that the biomass for kandratikie (*cynoscionvirescens*) remains constant for the last few years.

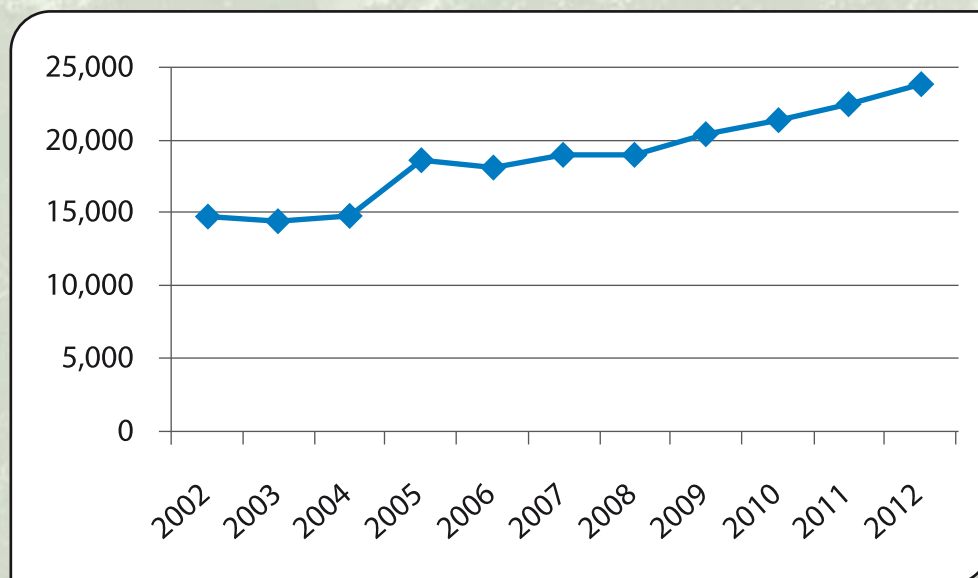
- **Indicator 7.5: Proportion of total water resources used**

Definition: *Proportion of total water resources used is the total volume of groundwater and surface water withdrawn from their sources for human use (in the agricultural, domestic/ municipal and industrial sectors), expressed as a percentage of the total actual renewable water resources. The term "used" in the indicator refers to "withdrawn".*

Graph 7.3 shows an increase of water consumption. The increase in the period 2002-2008 is 28.6% and from 2009-2012 is 13.9%.

Graph 7.3

Water resources used for consumption (1000m³), 2002-2012



Source: Suriname Water Company (SWM)

Note: 2002-2008 data is for Paramaribo, Wanica and Para and 2009-2012 includes data from Paramaribo, Wanica, Para, Nickerie and Marowijne

The coastal area plays an important role in the maintenance of drinking water reserves, because of the availability of freshwater aquifers. They are the main source of potable water, especially in and around the capital of Paramaribo.

Suriname's main freshwater source is the abundant annual rainfall. Seven main rivers annually convey about 4,800 m³/sec of fresh water into the Atlantic Ocean, i.e. approximately 30% of the annual rainfall. The Marowijne and the Corantijn Rivers contribute to 70% of the total discharge.¹¹

The agriculture sector in Suriname i.e. the horticulture subsector is mostly dependant on rainfall. Many farms are located near former plantations with existing infrastructure for irrigation connected with a river or a creek. Another great demand for water comes from the rice sector. One part of the rice sector of Nickerie makes use of the Multi-Purpose Corantijn Canal Project (MCP) which is meant to regularly provide enough water to the existing rice areas through the 66 km long Corantijn canal. At this moment nearly 6.500 ha of the 10.200 ha available for cultivation, is utilized.

When it comes to the water resources available for use, there is an increase. However, this statement can only be made for drinking water. There is no data for water resources used for agricultural, domestic/ municipal and industrial sectors. As a result it is difficult to draw any conclusions with respect to the target being met for these specific ways of use.

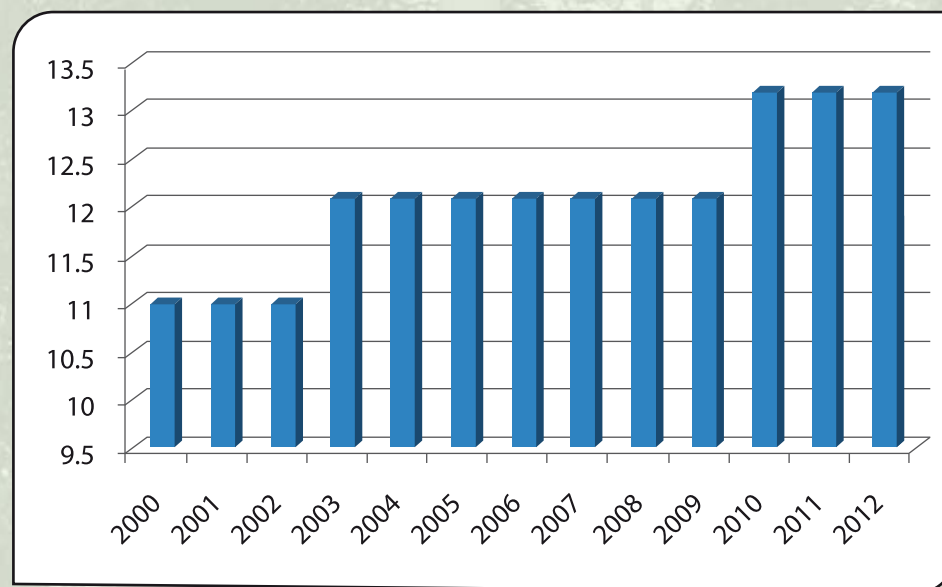
Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

- **Indicator 7.6: Proportion of terrestrial and marine areas**

Definition: *The proportion of terrestrial and marine areas protected is defined as the proportion of a country's total terrestrial and marine area that is designated as a protected area*

Graph 7.4

Proportion of terrestrial and marine areas (%), 2000-2012



Source: Forest Service of Suriname, Division Nature Conservation/ * Protected Areas inclusive of Proposed Protected Areas

¹¹ Second National Communication to the UNFCCC 2013.

Coastal Protected Areas

Nearly the entire coastline of Suriname falls within the country's protected area system. Only a section near the eastern coast border and the highly urbanized central coastal area surrounding Paramaribo are excluded. Four MUMA's (245,000 ha) and six Nature Reserves (128,000 ha) are situated along Suriname's coastal zone. Each protected area is roughly divided between terrestrial and marine systems, extending approximately 5 kilometres into the interior and 2 kilometres into the sea. The border of the EEZ (Exclusive Economic Zone) has been extended to 350 mile in 2010 due to introduction and increase of different fishery activities in the last 15 years. Factors such as corporate social responsibilities (CSR) demand regulation of the fishing activities such as legislative and institutional measures.

Almost the whole coastal area (MUMA's) is properly managed. Due to the extension of the EEZ there has been an increase and also an extension of protected areas by the Fisheries department.

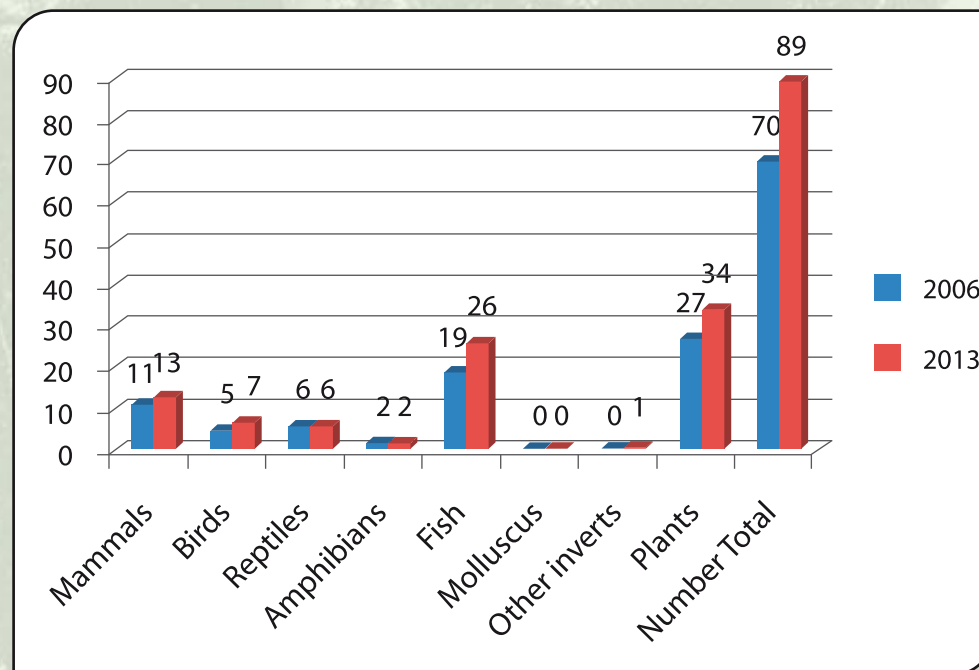
- Indicator 7.7: Proportion of species threatened with extinction**

Definition: *Species expected to go extinct in the near future without additional conservation action. It is an index based on the number of species in each category of extinction risk on the International Union for Conservation of Nature (IUCN) Red List.*

Suriname almost has a total of 6,602 types of plant and animal species, which can be divided in 192 mammals, 715 birds, 175 reptiles, 102

Graph 7.5

Types of species threatened by taxonomic group, 2006 and 2013



Source: IUCN red list. (http://www.iucnredlist.org/about/summary-statistics#Tables_1_2)

amphibian, 318 fish and 5100 plants¹².

According to the IUCN list, Suriname has no endangered species or species threatened with extinction.

¹² Biodiversity Country Profile of Suriname, ATM.

Graph 7.5 shows an increase of threatened species. The reasons for this increase are as follows: excessive hunting for food, sport and wildlife trade, drowning in gill nets and killed by outboard motors, oil spills and egg collection.

Throughout the years more animal and plant species have been added to the IUCN list of endangered species. As a consequence more of these animal and plant species are protected through government policies. By doing this, the government is attempting to ensure their existence, therefore achieving a decrease in biodiversity loss.

Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

- **Indicator 7.8:** Proportion of population with access to an improved water source.

Definition: *Percentage of the population using improved drinking water sources (including household water connection, public standpipe, borehole, protected dug well, protected spring, rainwater collection and bottled water - if a secondary source is also improved).*

MICS definition: *The populations using improved sources of drinking water are those using any of the following types of supply: piped water (into dwelling, yard or plot), public tap/ standpipe, tube well/ borehole, protected well, protected spring, and rainwater collection. Bottled water is considered as an improved water source only if the household is using an improved water source for other purposes, such as hand washing and cooking.*

Unimproved drinking water sources are unprotected dug well; unprotected spring; cart with small tank/ drum; bottled water; tanker-truck; and surface water (river, dam, lake, pond, stream, canal, irrigation channels)¹³

Table 7.6

Proportion of population with access to an improved water source, 2000-2012

Indicators	2000	2004	2006	2010	2012
Proportion of population with access to an improved water source	72.6	86.8	91.7	95	93.7

Source: MICS 2000, 2006 and 2010; Census 2004 and 2012, ABS. This data excludes the water source creek or river, otherwise and unknown

Table 7.6 shows an increase on national level proportion of population with sustainable access to an improved water source. According to Census data the households that have tap water at home increased from 53.6% in 2004 to 59.3% in 2012, this is an increase of 10.6%. And a decrease in the use of creek and river water from 7.0% in 2004 to 2.3% in 2012.

Overall, 95% (MICS 2010) of the population is using an improved source of drinking water – 99% in urban areas and 87% in rural areas. In the rural coastal areas and rural interior, corresponding proportions are 96% and 71% and indicative of more favourable access to improved sources of water in rural coastal areas. Compared to the other districts where there are negligible differences in the proportion of population with an improved source of drinking water, remarkably lower proportions are observed in Sipaliwini (65%).

In general, due to taken measures there is an increase in the use of tap water at home and a decrease in the use of creek and river water. Also the use of improved water sources in the rural interior has increased. With 93% of households with access to an improved water source we are well on target.

Table 7.7

Proportion of population with access to improved sanitation, 2000-2012

Indicators	2000	2004	2006	2010	2012
Proportion of population with access to improved sanitation	88	90.1	89.9	91.0	91.4

Source: MICS 2000, 2006 and 2010; Census 2004 and 2012, ABS

- **Indicator 7.9: Proportion of population using an improved sanitation facility**

Definition: *Percentage of the population using improved sanitation facilities (including flush to piped sewer system, flush to septic tank, flush/pour flush to pit, flush/pour flush to elsewhere).*

MICS definition: *Access to improved sanitation: Improved sanitation facilities are more likely to prevent human contact with human excreta than unimproved facilities. A household is considered to have access to improved sanitation if it uses improved sanitation facilities (listed below).*

- **Improved sanitation** facilities include: *flush or pour-flush to piped sewer system, septic tank or pit latrine; ventilated improved pit latrine; pit latrine with slab; and composting toilet.*
- **Unimproved sanitation** facilities include: *flush or pour-flush to elsewhere; pit latrine without slab or open pit; bucket; hanging toilet or hanging latrine; no facilities or bush or field.*

Table 7.7 indicates that there has been an increase of 1.4% and 3.4% of households who have access to improved sanitation.

According to census data the households with access to a water closet and flush to septic tank increased from 70.2% in 2004 to 78.7% in 2012. There is also a decrease in the use of river or creek water, pen pit hole in the ground and no toilet facilities of 7.2% in 2004 to 5.3% in 2012.

Ninety-one percent of the population of Suriname is living in a household using improved sanitation facilities. This percentage is 98 in urban areas and 71 in rural areas. For rural coastal and the rural interior, the respective percentages are 93 and 42 (MICS 2010)

Due to taken measures, there is an increase in the use of improved sanitation and a decrease in no toilet facilities. Also the use of improved sanitation in the rural interior has increased. With a percentage of 91 of households with access to an improved sanitation we are well on target.

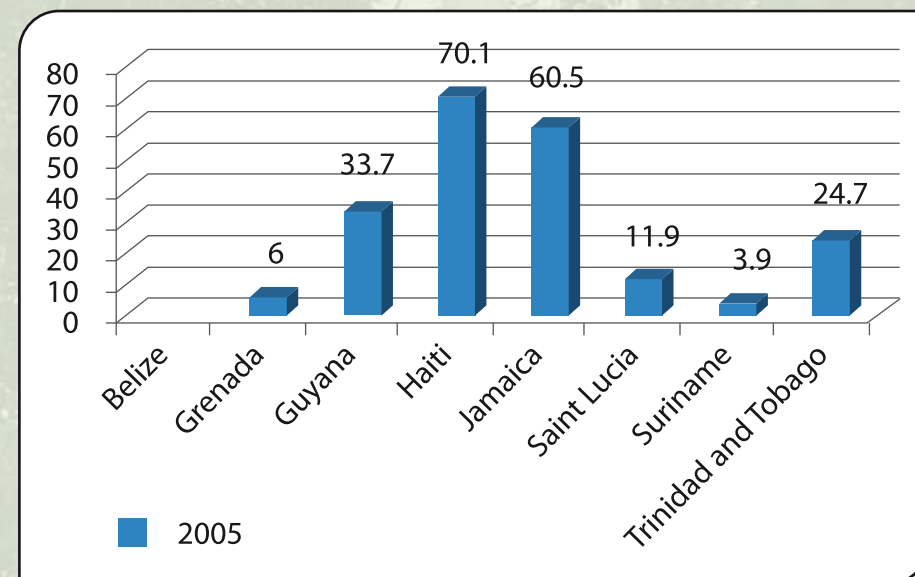
Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

- **Indicator 7.10: Proportion of urban population living in slums**
UN-HABITAT definition: *the proportion of urban population living in slum households. A slum household is defined as a group of individuals living under the same roof lacking one or more of the following conditions:*
 - **Access to improved water** - See MDG indicator 7.8
 - **Access to improved sanitation** - See MDG indicator 7.9
 - **Sufficient-living area:** *if not more than three people share the same habitable (minimum of four square meters) room.*

- **Durability of housing:** *if it is built on a non-hazardous location and has a structure permanent and adequate enough to protect its inhabitants from the extremes of climatic conditions, such as rain, heat, cold and humidity.*
- **Security of tenure:** *the right of all individuals and groups to effective protection by the State against arbitrary unlawful evictions.*

Graph 7.6

Proportion of urban population living in slums (%)



Source: UN-HABITAT

Since information on secure tenure and durability of housing is not available in Suriname, only the first three indicators are used to define slum household.

According to the UN-Habitat estimates made from MICS 2000 data, the proportion of urban population living in slums in 2005 was 3.9%.

Housing shortage and squatting: There are living conditions so poor that they can be deemed as unacceptable. This does not only include the poor condition of the property, or the lack of basic services such as water and electricity or a bad environment, but also lack of adequate floor space per capita or the total absence of a home. Some do not have access to secure tenure, due to lack of finance or lack of access to affordable housing. As a result some take to squatting.

There is a decrease of urban population with lack of access to an improved water source from 2.9% in 2006 to 1.4% in 2010. The urban population with lack of access to an improved sanitation is 2.1% in 2006 and 2.2% in 2010. (MICS)

Total population with households of 4-6 persons living in one (1) bedroom living area decreased from 2.6% in 2004 to 2.3% in 2012. (Census)

Total living quarters that need big repairs is 38.8 %, while 56.8% need no repairs or small repairs. 1.1% of living quarters is beyond repairs.

In general, in Suriname the amount of persons living in slums has decreased, due to government policies. There is the issue of squatting. Through the years some squatting areas have become neighbourhoods. Government policies have improved the living conditions in these neighbourhoods.

Through its different housing projects the need for housing is being addressed and will gradually decrease. The current and upcoming housing projects will contribute to the improvement of the lives of slum dwellers.

- Government Policies, Achievements, Challenges and Next Steps

Achieving MDG 7 is essential to sustainably achieve the other goals. The Government of Suriname has made efforts to achieve MDG 7 through several policies. A draft national policy for the environment 2012 – 2016 has been prepared. The main policy areas of physical planning and the environment and the related main priority areas of the National Development Plan are included in this document and have been further detailed and described. Furthermore an Environmental Impact Assessment (EIA) is conducted for all major projects and activities that might have major, irreversible negative environmental and social effects. Although not mandatory, the outcome of these EIA's helps the government in taking a well informed decision. The government also prioritises waste management through annual budgetary allocations within the Ministry of Public Works in most districts. These budgets are used to maintain public spaces, facilities, household and municipal waste handling and management.

For specific sectorial policies please refer to the below mentioned matrices.

Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environment resources

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	Forestry and Biodiversity protection and conservation	<ul style="list-style-type: none"> • Suriname has set up a legal and institutional framework to achieve protection of the forest and biological resources. • In June 2013 the RPP for REDD + was finalized and approved by the World Bank. • Continuation of communication and awareness activities of the REDD + Project. • Since 2003 forest management is based on the National Forest Policy (NFP). • Implementation of the Forest Cover Monitoring Unit within ACTO project. • In process the revision of SBB definition of forest. • The use of the Log Pro system and the code of practice enforces the principle of sustainable logging in Suriname. • More than 90% of the forest area has been maintained due to forest management plans and forest control. 	<ul style="list-style-type: none"> • Forest loss due to uncontrolled mining and logging. • Lack of human and financial resources. 	<ul style="list-style-type: none"> • Continue the forest management plans and forest control. • Finalize the project document for REDD+. • Have dialogues with stakeholders. • Have documentaries and launch REDD+ website. • Reduce the lack of human resource in the forest sector. • Develop structural training programmes and execute for both the private and the public sector in forest planning, GIS, RIL, tree spotting and timber processing. • Continuous forest management and control.
2.	<ul style="list-style-type: none"> • Develop policy and strategy on climate change • Integrated Pest Management 	<ul style="list-style-type: none"> • Suriname's Second National Communication to the UNFCCC was finalized in February 2013. • Introduction of 120 "Solar Insect 	<ul style="list-style-type: none"> • Availability and access to data. • Lack of human capacity. • Approval of pesticides legislations. 	<ul style="list-style-type: none"> • Finalizing Climate Change Policy, Strategy and Action Plan. • Promote the use of PPE (personal protective equipment).

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
		<p>Killers” to encourage more environment-friendly farming methods.</p> <ul style="list-style-type: none"> • The Pesticides Act has been amended. • Ninety tons of obsolete pesticides have been identified and packaged for shipment outside the country. 		<ul style="list-style-type: none"> • To set up control mechanisms to reduce the use of pesticides.
3,	Management of ODS in Suriname	<ul style="list-style-type: none"> • As of 2006 the Traffic of Goods Act prohibits the import and export of all appliances or products containing ODS and all ODS as mentioned in Annex A and B of the Montreal Protocol. • The establishment of the National Ozone Unit (NOU) in 2003. • In 2011 the Association for Air Conditioning, Refrigeration and Ventilation (ARVAS) in to strengthen the capacity of the members. 	<ul style="list-style-type: none"> • Inefficient data collection methods. • Lack of qualified personnel. 	<ul style="list-style-type: none"> • Continue to work under the phase out plans of the Montreal Protocol. • To set up a monitoring mechanism • Continue to assist ARVAS in the education of refrigerant technicians. • Intensify awareness.
4.	Improve fisheries management	<ul style="list-style-type: none"> • Review conducted of the fisheries legislation on national level in 2011. • Licenses for the coastal and marine fisheries are restricted and controlled by the government. 	<ul style="list-style-type: none"> • Fish conservation law is outdated. • Insufficient capacity for increased monitoring of the marine resources. • Dominance of foreigners in 	<ul style="list-style-type: none"> • Finalize, endorse and put the Legislation into practice. • A monitoring system for regular inspection and control to prevent illegal unreported and unregulated fisheries will be developed.

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
		<ul style="list-style-type: none"> • Registration of fish catches at landing sites by data collectors including analyses of fish catches. • Formulation of the fisheries management plan for Suriname 2014-2018 and sea bob shrimp 2010 – 2015. • The Vessel Monitoring System (VMS) is introduced as a mandatory tool for improved management of the fishing fleet. • The introduction of the Bycatch Reduction Device (BRD) as mandatory tool in the trawl fishery. 	<p>the fish sector and the shortage of highly skilled and technical expertise.</p> <ul style="list-style-type: none"> • Challenge to bring behavioural change in fishermen and larger fishing companies to practice sustainable fisheries management. 	<ul style="list-style-type: none"> • Bycatch reduction. • Most appropriate BRD will be selected in 2016. • Other measures for sustainable fishing will be further promoted.
5.	Improve water management	<ul style="list-style-type: none"> • A new Water Board Act was developed and passed in 2005. Water boards have been set up in Nickerie) and (Wanica). • Fisheries activities are monitored according to the Law on Marine Fishery and the exclusive economic zone. • Rehabilitation works at the Coronie Swamp have been conducted as well as several kilometres of dry and wet infrastructure throughout the country. 	<ul style="list-style-type: none"> • Continued dedication towards adequate monitoring and sustaining of the existing irrigation sources especially in Nickerie. • Adequate management of the Wakay pumps for improved access to irrigation water. • Lack of data and resources to continue with the work of the Water Forum. 	<ul style="list-style-type: none"> • Execution of the water management infrastructure program and further establish other water boards (Henarpolder-Nickerie) and others. • Continue infrastructural works for dry and wet infrastructure for improved farming.

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
		<ul style="list-style-type: none"> An aquaculture assessment and action plan was developed to encourage the aquaculture growth. In 2013 the water management Platform in Suriname was established and in December 2012 the Suriname Water Forum was launched. 		

Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
6.	Improve protection of biodiversity: terrestrial and marine areas	<ul style="list-style-type: none"> The Fish Inspection Act was supplemented with an article in 2009 that all exports to the EU should dispose of a catch certificate which implies that fish has been caught according to national and international standards. The Ministry of LVV has signed a partnership agreement with the Ministry of Defence and the Ministry of Justice and Police regarding the Coast Guard and on 	<ul style="list-style-type: none"> Review and endorse updated legislation in a timely manner, Government and stakeholders cooperation in adequate control and monitoring of the marine resources. Lack of human resource management. Outdated legislation. 	<ul style="list-style-type: none"> Endorsing and abiding to the new fisheries legislation. Spatial development and supporting institutional and organizational measures for the fisheries and aquaculture sector to increase fisheries activities. Implementation of the FMP for improved monitoring and control. Implement the National Biodiversity Action Plan. Review and application of the Fish Stock Act for inland and sport

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
		<p>the development of Monitoring, Control and Surveillance (MCS) plan and marking of protected zones.</p> <ul style="list-style-type: none"> • As of 2007 all trawlers are equipped with a VMS for monitoring activities. • In 2013 the National Biodiversity Action Plan was launched. • In 2012 the 4th national report for Suriname on the Convention on Biological Diversity was submitted. • Set up a legal and institutional framework to achieve protection of biodiversity. 		<p>fisheries and the Sea Fisheries Act for sea fishery.</p>
7,	<p>Improve protection of biodiversity: species threatened with extinction</p>	<ul style="list-style-type: none"> • The use of the hunting calendar with specific closed hunting season has protected several species e.g. sea turtles, the twatwa and kwie-kwie. • The Galibi Nature Reserve was established as a protected area specifically to enable the sea turtles to breed on these grounds. Awareness campaigns have been increased. Furthermore, to prevent the entanglement of sea turtles in fishing nets LVV passed 	<ul style="list-style-type: none"> • Increase of hunting activities in Suriname. • Insufficient control of TED due to limited financial and human resources. • Delay of implementation of both programmes on plant and animal genetic resources. 	<ul style="list-style-type: none"> • The use of the TED will be mandatory from January 2017 for all trawl fishery. • Set up a system for the management and control of plant and animal genetic resources.

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
		<p>the Fisheries Resolution in 1992 that prescribes the use of the Turtle Excluder Device (TED).</p> <ul style="list-style-type: none">• Introduction of the Plant Genetic Resources Program to monitor and sustain our plant genetic resources. A website is already in place. Awareness campaigns for farmers regarding the Criollo cattle and the oso-fowru's (chicken breed) which have the possibility for extinction.- Due to the Bycatch Reduction Device the number of fishing licenses are restricted and controlled.		

Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
8 + 9	Provide safe drinking water and basic sanitation	<ul style="list-style-type: none"> • The Water Crash Program has resulted in increase of households in urban and rural areas with access to drinking water. The Surinamese Water Company (SWM) has 5,500 new connections and NH/DW 9,200 new connections. In the SWM area 61,300 connections provide better quality drinking water. • The WASH programme resulted in improved access of households in the interior to drinking water and sanitation. In total 9,567 people in 15 villages now have increased access to sufficient clean drinking water. In total 9 villages have access to 70 toilets/ latrines. • In 2014 the WASH documentary movie was launched. Also WASH child friendly booklets, and posters were distributed through Ministry of Health to 16,000 children in 92 primary schools in the interior. 	<ul style="list-style-type: none"> • Limited access to safe (drinking) water and sanitation for villages in the interior due to their remoteness. • Lack of awareness on the dangers of unclean water. 	<ul style="list-style-type: none"> • Continue awareness campaigns on and access to water, sanitation and hygiene in (after) school programmes.

Target 7 D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
10.	Improve access to housing	<ul style="list-style-type: none"> • Housing Plan 2012-2017 is approved by the National Assembly. • Establishment of an occupation committee. • In the past 10 years several housing projects were executed via public private partnership. • A soft loan facility has been introduced to improve the access to housing. • Implementation of the second LISP project. • In total there is an increase of 10.5% in living quarters. 	<ul style="list-style-type: none"> • Lack of personnel and finance. • Lack of plots for housing purposes. • Insufficient data concerning the slum areas identified by the occupation committee. • No national definition on slums. 	<ul style="list-style-type: none"> • Formulate a national definition on slums. • Continue the execution of the Housing Plan.

Will the targets be met?

Target 7A: *Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environment resources:*

Likely to be met.

- Indicator 7.1: Proportion of land area covered by forest: **Yes.**
- Indicator 7.2: Carbon dioxide (CO₂) emissions, total, per capita and per \$1 GDP (PPP): No data available. Instead, in this report the indicator on total emission CO₂eq (Gg) per capita is used for which there is data available for only one year (2008) and no country definition regarding emission reduction available;
- Indicator 7.3: Consumption of ozone – depleting substances (HCFC): **Yes.**
- Indicator 7.4: Proportion of fish stocks within safe biological limits: No data available. Instead, in this report the indicator on proportion of 8 shrimp and fish species stocks within safe biological limits is used;
- Indicator 7.5: Proportion of total water resources used: No data available. Instead, in this report the indicator on water resources used for consumption (1000m³) is used;

Target 7B: *Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss:*

Probably.

- Indicator 7.6: Proportion of terrestrial and marine areas protected: **Yes.**
- Indicator 7.7: Proportion of species threatened with extinction: **Yes.**

Target 7C: *Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation:*

Probably.

- Indicator 7.8: Proportion of population using an improved drinking water source: **Yes.**
- Indicator 7.9: Proportion of population using an improved sanitation facility: **Yes.**

Target 7D: *By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers:*

Likely to be met.

- Indicator 7.10: Proportion of urban population living in slums: **Lack of data.**



MDG 8 Goal: Develop a Global Partnership for Development

Target and Indicators:

8A Develop further an open trading and financial system that includes a commitment to good governance, development and poverty reduction – nationally and internationally

Official Development Assistance (ODA):

- Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income (8.1);
- Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) (8.2);
- Proportion of total bilateral official development assistance of OECD/DAC donors that is untied (8.3);
- ODA received in landlocked developing countries as a proportion of their gross national income (8.4);
- ODA received in Small Island Developing States as a proportion of their gross national income (8.5).

8B Address the special needs of the least developed countries

8C Address the special needs, of landlocked and Small Island Developing States

Market Access:

- Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty (8.6);
- Average tariffs imposed by developed countries on agricultural

- products and textiles and clothing from developing countries (8.7);
- Agricultural support estimate for OECD countries as a percentage of their gross domestic product (8.8);
- Proportion of ODA provided to help build trade capacity.

8D Deal comprehensively with developing countries' debt problems

Debt sustainability:

- Total number of countries that have reached their HIPC decision points and number of countries that have reached their HIPC completion points (cumulative) (8.10);
- Debt relief committed under HIPC and MDRI initiatives (8.11);
- Debt service as a percentage of exports of goods and services (8.12).

8E In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries

- Proportion of population with access to affordable essential drugs on a sustainable basis (8.13).

8F In cooperation with the private sector make available the benefits of new technologies – especially information and communications technologies

- Telephone lines per 100 population (8.14);
- Cellular subscribers per 100 population (8.15);
- Internet users per 100 population (8.16).

Table 8.1
Development indicators*, 2000-2013

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
8.1 ODA from OECD countries as a % of GNI	3,1	2,6	0,9	0,7	1,7	2,5	2,5	5,1	2,8	4,0	2,4	2,3	n.a.	n.a.
8.12 Debt service as a % of exports	13,1	11,0	9,7	8,0	4,1	3,7	4,1	8,8	1,0	5,7	1,0	1,1	2,0	1,3
8.13 % population with access to affordable essential drugs on a sustainable basis	53,9	53,4	70,9	72,7	77,1	81,8	84,3	85,9	n.a.	n.a.	n.a.	n.a.	n.a.	n.a.
8.14 Telephone lines per 100 population	16,1	16,3	16,4	16,4	16,6	16,2	14,8	15,2	14,6	15,9	16,0	15,9	15,5	15,7
8.15 Cellular subscribers per 100 population	9,0	20,0	24,0	38,0	47,0	51,0	70,0	68,6	127,1	161,1	102,6	103,7	114,9	127,8
8.16 Internet users per 100 population	3,0	3,0	5,0	5,0	7,0	7,0	8,0	10,0	13,0	31,4	31,6	32,0	19,9	19,7

Source:

- 8.1: 2000-2008 from MDG Progress Report 2009; 2009-2011 calculations based on data from ABS, Central Bank of Suriname, World Bank, and GOS annual plans 2011-2014
 8.12: calculations based on data from SDMO, Central Bank of Suriname and ABS
 8.13: 2000-2007 data from MDG Progress Report 2009
 8.14, 8.15 and 8.16: 2000-2008 from MDG Progress Report 2009; 2009-2012 calculations based on data from TAS and website International Telecommunications Union
 n.a. = data not available

- * indicators 8.2 – 8.11 are not included in the table:
 - 8.2, 8.3, 8.6-8.9: data not available
 - 8.4, 8.10, 8.11: not applicable
 - 8.5: see 8.1

Performance summary

Target 8A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system, including a commitment to good governance, development and poverty reduction - both nationally and internationally.

Target 8A refers to the Official Development Assistance (ODA):

- **Indicator 8.1:** Net ODA, total and to the least developed countries, as a percentage of OECD/DAC donors' gross national income
- **Indicator 8.2:** Proportion of total bilateral, sector-allocable ODA of OECD/DAC, donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation)

Definition: This indicator measures total official development assistance (ODA) and ODA to the least developed countries that are provided by donor countries of the Development Assistance Committee (DAC) of the Organisation for Economic Co-operation and Development (OECD) expressed as a percentage of their gross national income (GNI).

Definition: *This indicator is the proportion of total bilateral, sector-allocable official development assistance (ODA) provided by an Organisation for Economic Co-operation and Development/ Development Assistance Committee (OECD/DAC) donor country directly to a developing country, that is committed for improving basic social services, including basic education, primary health care (including reproductive health and population programmes), nutrition programmes and safe water and sanitation programmes.*

- **Indicator 8.3: Proportion of bilateral official development assistance of OECD/DAC donors that is untied**

Definition: *This indicator accounts for the proportion of bilateral official development assistance (ODA) excluding technical cooperation and administrative costs provided by Organisation for Economic Co-operation and Development/ Development Assistance Committee (OECD/DAC) donor countries directly to developing countries that is untied.*

- **Indicator 8.4: ODA received in landlocked developing countries as a proportion of their gross national income**

Definition: *This indicator is the amount of official development assistance (ODA) received by an individual landlocked developing country (LLDC), as a proportion of the country's gross national income (GNI).*

- **Indicator 8.5: ODA received in Small Island Developing States as a proportion of their gross national income**

Definition: *The indicator is the amount of official development assistance (ODA) received by an individual Small Island Developing State (SIDS) as a proportion of the country's gross national income (GNI).*

The OECD Development Assistance Committee (DAC)¹⁴ defines Official Development Assistance as “those flows to countries and territories on the DAC List of ODA Recipients and to multilateral institutions which are provided by official agencies, including state and local governments, or by their executive agencies, and each transaction of which:

- a) is administered with the promotion of the economic development and welfare of developing countries as its main objective; and*
- b) is concessional in character and conveys a grant element of at least 25 percent (calculated at a rate of discount of 10 percent).”*

In order to put the developments in a realistic perspective, besides the ODA from OECD/DAC countries, the development assistance from non-OECD countries is also included in this report.

Suriname joined the SIDS in 1981, but only became active in 2002 in the process of the evaluation of the Barbados Programme of Action (BPOA). Hence, for target 8A the indicators 8.1 and 8.5 are combined and translated as:

- **Total ODA received from OECD and non-OECD countries as a percentage of the gross national income (GNI)**

¹⁴ <http://www.oecd.org/dac/stats/officialdevelopmentassistancedefinitionandcoverage.htm>

For the indicators 8.2 and 8.3 there is no data available.

ODA received from OECD countries more than doubled in 2011 compared to 2000, but ODA as a percentage of GNI declined from 3.1% in 2000 to 2.3% in 2011. The average for the period was 68.3 million USD, or 2.4 % of GNI. Table 8.2 shows the baseline data compared to the latest available data, as well as the average for the period under review, while table 8.3 provides the data series for 2000 to 2012.

Table 8.2

ODA indicator – baseline versus most recent, 2000-2011

Indicator	Baseline data 2000	Latest available 2011	Average 2000 - 2011
Net ODA, received from OECD countries	34,33 mln US\$	94,58 mln US\$	68,3 mln US\$
Net ODA as a percentage of Suriname's GNI	3.1	2.3	2.4

Source: MDG 8 Suriname Report 2014

ODA received from OECD countries as a percentage of GNI reached its peaks in 2007 (5.1%) and in 2009 (4.1%), and was at its lowest in 2003 with 0.7%. It decreased from 2001 up to 2003, and slowly started to grow again from 2004 up to 2007. The general trend for the 2000 – 2007 period is upward, but after 2007 there is a downward trend. Suriname and the Netherlands agreed in 2005 to end the development aid in 2010, and to work towards a broader spectrum of cooperation. The development aid from the Netherlands to the Surinamese Government shows a decreasing trend starting in 2007.

ODA from non-OECD countries shows a major increase after 2011. Graph 8.2 shows the change of government policy and strategy on bilateral as well as multilateral level. This is very well reflected in the obvious change in source-countries for official development assistance as well as in the type of assistance, i.e. financial assistance with an additional focus on technical assistance, “soft” loans and grants.

Table 8.3

Official development assistance from OECD countries as a percentage of GNI, 2000-2013

	00	01	02	03	04	05	06	07	08	09	10	11	12	13
ODA from OECD countries as a % of GNI ¹	3,1	2,6	0,9	0,7	1,7	2,5	2,5	5,1	2,8	4,1	2,5	2,3	n.a	n.a
Basic data used to calculate ODA as % of GNI					2009	2010	2011	2012	2013					
GNI in millions USD ²					3.832	4.211	3.997	4.745	n.a.					
ODA received from OECD countries in million USD ³					157,04	103,66	94,58	n.a.	n.a.					
ODA from Non-OECD countries in million USD ⁴					36,55	59,55	8,13	49,60	125,82					

Source

1: 2000–2008: MDG Progress Report 2008; 2009–2011 calculated based on data from ABS, Central Bank of Suriname, World Bank, and GOS annual plans 2011–2014.

2: General Bureau of Statistics and Central Bank of Suriname

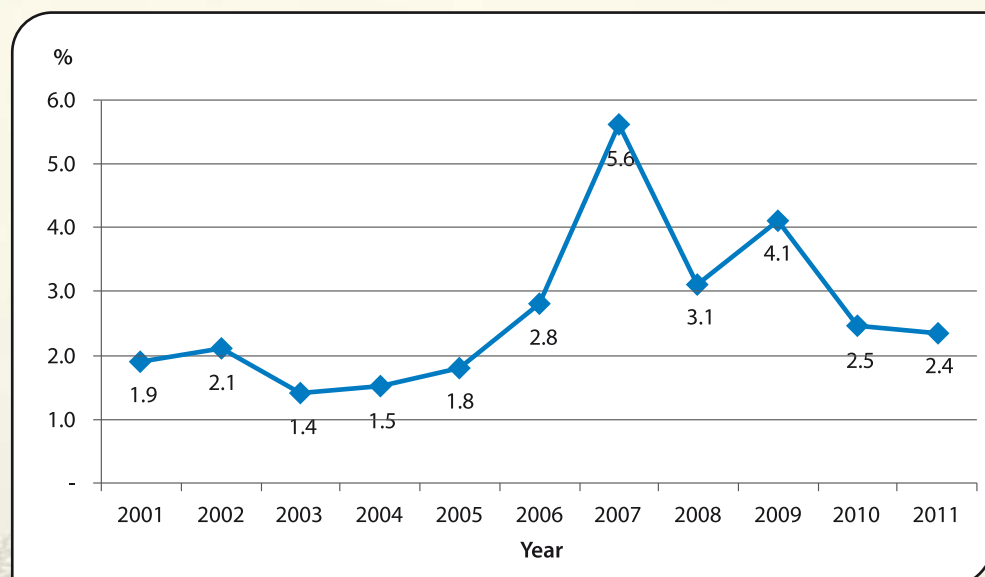
3: World Bank Databank

4: Annual plans 2011–2014, Government of Suriname. This is not the received ODA, but the used ODA for development plan expenses.

n.a. = data not available

Graph 8.1

ODA received from OECD countries as % of GNI, 2001-2011



Source: MDG 8 Suriname Report, 2014

Target 8C: Special needs of landlocked countries and Small Island Developing States (through the Program of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly).

Target 8C emphasizes on the market access:

- **Indicator 8.6:** Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed

countries, admitted free of duty

Definition: The indicator is the ratio of developed countries duty-free imports from developing countries (or the least developed countries) to total imports made by developed countries from developing countries (or from the least developed countries).

The indicator is produced excluding arms and also excluding arms and oil.

- **Indicator 8.7:** Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries

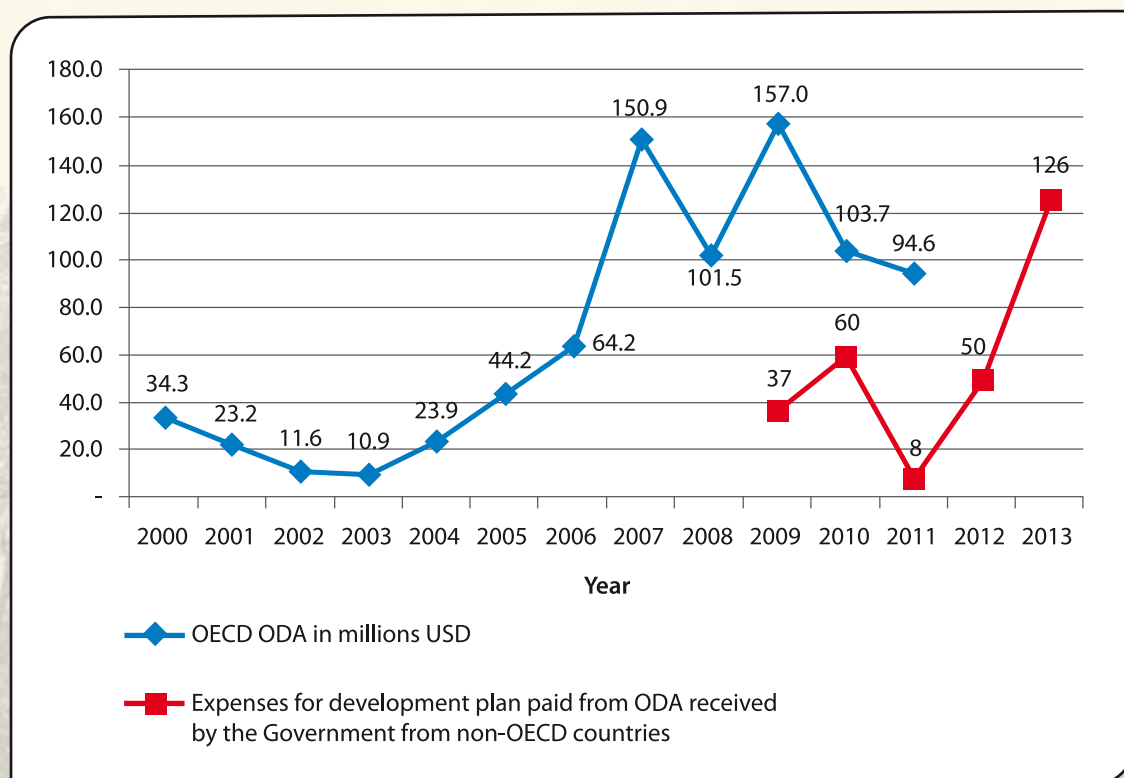
Definition: This indicator is the average tariffs imposed by developed countries on agricultural products, clothing, and textile exports from developing countries. Three sectors deemed of special interest for developing countries and LDCs are considered: agricultural products, clothing, and textile.

- **Indicator 8.8:** Agricultural support estimate for OECD countries as a percentage of their gross domestic product

Definition: The agricultural support estimate for OECD countries as a percentage of their GDP is defined as the value of agricultural support in the form of transfers to agricultural producers in a country as a percentage of the gross domestic product (GDP) of the country.

Graph 8.2

ODA received from OECD and non-OECD countries in million USD,
2000-2013



Source: MDG 8 Suriname Report, 2014

- Indicator 8.9: Proportion of ODA provided to help build trade capacity

Definition: The proportion of ODA provided to help build trade capacity is the proportion of sector-allocable official development assistance (ODA) provided by Organisation for Economic Co-operation and Development/ Development Assistance Committee (OECD/DAC) donors directly to a developing country that is committed for activities that help build trade capacity. It is now generally referred to as 'Aid for Trade'.

Indicator 8.6 is translated as:

- Proportion of total exports (by value and excluding arms)

Table 8.4
The top-15 export countries, 2005-2012

	2005	2006	2007	2008	2009	2010	2011	2012
1	Norway	Norway	Canada	Canada	Canada	Canada	United Arab Emirates	United Arab Emirates
2	United States of America	Canada	Norway	Belgium	Belgium	United Arab Emirates	Canada	Switzerland
3	Canada	Belgium	Belgium	Trinidad and Tobago	Switzerland	Belgium	United States of America	United States of America
4	Trinidad and Tobago	United States of America	United States of America	Norway	United Arab Emirates	Switzerland	Belgium	Belgium
5	Belgium	Trinidad and Tobago	Switzerland	Switzerland	United States of America	United States of America	Switzerland	Canada
6	Netherlands	France	Trinidad and Tobago	United States of America	Guyana	Guyana	Guyana	Guyana
7	France	Guyana	France	Guyana	Trinidad & Tabago	Barbados	Barbados	Jamaica
8	United Arab Emirates	Netherlands	Guyana	Iceland	Netherlands	Netherlands	Norway	Norway
9	Guyana	Iceland	Netherlands	Barbados	France	Norway	Trinidad & Tabago	Netherlands
10	Brazil	Switzerland	Iceland	Netherlands	Norway	France	Jamaica	France
11	Iceland	Brazil	Barbados	Netherlands Antilles	Iceland	Trinidad & Tabago	Netherlands	Trinidad & Tabago
12	Barbados	United Arab Emirates	Brazil	France	China	Iceland	France	Barbados
13	Japan	Barbados	Russian Federation	Brazil	Netherlands Antilles	Jamaica	Iceland	Brazil
14	Cameroon	Ireland	Spain	United Arab Emirates	Brazil	China	Netherlands Antilles	Ghana
15	Jamaica	Netherlands Antilles	Netherlands Antilles	China	Barbados	Netherlands Antilles	Ghana	Argentina
(a) Top 15 Total	USD 958,149,831	USD 1,134,408,921	USD 1,314,685,596	USD 1,673,269,907	USD 1,344,336,012	USD 2,027,206,688	USD 2,398,369,870	USD 2,301,292,750
(b) Overall Total	USD 997,428,200	USD 1,174,592,523	USD 1,359,056,851	USD 1,743,401,531	USD 1,398,404,713	USD 2,084,060,640	USD 2,466,824,472	USD 2,380,469,008
As % of (b)	96	97	97	96	96	97	97	97

Source: ABS

Table 8.4 gives an overview of the top 15 countries Suriname exports to, including developed and developing countries.

Although there is a shift in export countries in the past years, the EU remains important for Suriname. After signing the EPA in October 2008 Europe opened its market fully to Suriname and to the rest of CARIFORUM. Like most other CARIFORUM countries, Suriname has started cutting its tariffs on certain EU imports, as agreed in the EPA. Aid for trade is an important part of the EPA aid process. Alignment to standards including SPS standards (Sanitary and Phytosanitary Measures) is covered in order to facilitate Suriname's exports of food products to the EU.¹⁵ Banana from ACP countries is exported to EU countries at preferential tariffs.

There is lack of data to measure the other indicators.

Target 8D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term.

Target 8D focuses on debt sustainability:

- **Indicator 8.10: Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative)**
Definition: *This indicator is the number of countries that have qualified for heavily indebted poor countries (HIPC) initiative assistance and that have reached their decision point or completion point under the enhanced HIPC initiative.*

- **Indicator 8.11: Debt relief committed under HIPC and MDRI initiatives**

Definition: *The debt relief committed under HIPC and MDRI initiatives is the amount of debt relief committed under the heavily indebted poor countries (HIPC) initiative when a country reaches its decision point and the multilateral debt relief initiative (MDRI) when a country reaches its completion point under the enhanced HIPC Initiative.*

- **Indicator 8.12: Debt service as a percentage of exports of goods and services**

Definition: *The debt service as a percentage of exports of goods and services is the sum of a country's debt service on long-term public and publicly guaranteed debt and International Monetary Fund (IMF) repurchases and charges, expressed as a percentage of that country's exports of goods and services and net income from abroad.*

Indicators 8.10 and 8.11 are not applicable for Suriname.

- **Indicator 8.12: Debt service as a percentage of exports of goods and services**

The debt service ratio has improved incredibly in the period under review, with a decrease from 13.1% in 2000 down to 1.3% in 2013. Table 8.5 shows the debt service baseline data compared to the latest available data, as well as the average for the period under review. Table 8.6 provides the complete debt service ratio series for 2000 – 2013, while graph 8.3 provides a glance at the developments of the total debt service as well as the total exports. The debt service ratio clearly has a downward trend, mainly caused by an upward trend of export revenues.

¹⁵ EU statement at the 2nd Trade Policy Review of Suriname – 10/06/13

Table 8.5

Debt service as a percentage of export of goods and services, 2000-2013

MDG indicator	Baseline data 2000	Latest available 2011	Average 2000 - 2011
Debt service as a percentage of exports of goods and services	13,1	1,3	5,0

Source: MDG 8 Suriname Report 2014

Table 8.6

Debt service, 2000-2013

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
Total Debt Service in million US\$*	68,6	54,5	39,7	47	35,3	36,9	57,6	142,6	19,9	96,6	23	28,6	56,3	32,3
Total export of goods and services in million US\$**	524	496	408	584	863	1.005	1.411	1.612	2.028	1.688	2.326	2.668	2.870	2.573
Debt service as a percentage of total exports	13,1	11,0	9,7	8,0	4,1	3,7	4,1	8,8	1,0	5,7	1,0	1,1	2,0	1,3

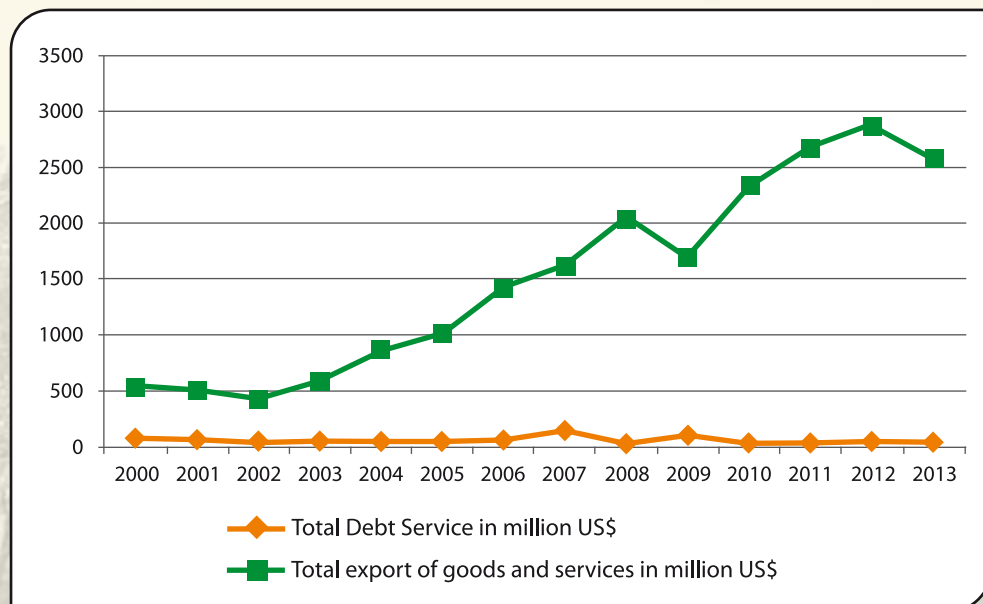
Source:

*Suriname debt management office/ SDMO http://www.sdm.org/cms/index.php?option=com_content&view=article&id=32&Itemid=57

**Central Bank of Suriname and General Bureau for Statistics

Graph 8.3

Debt service and total exports of goods and services in million US\$, 2000-2013



Source: MDG 8 Suriname Report, 2014

Target 8E: Providing access to affordable essential drugs in developing countries, in cooperation with pharmaceutical companies.

- **Indicator 8.13:** Proportion of population with access to affordable essential drugs on a sustainable basis.

Definition: *The proportion of population with access to affordable, essential drugs on a sustainable basis is the share of the population that has essential medicines continuously available and affordable at public or private health facilities or medicine outlets that are within one hour's walk from the homes of the population.*

For Suriname indicator 8.13 is translated as:

- **Proportion of population with health insurance**

According to the Suriname *Pharmaceutical Country Profile* Medicines listed on the Suriname EML are widely available: 89.6% of prescribed drugs in public health facilities are dispensed to patients and 100% is adequately labelled. These medicines are provided on a fixed co-payment of up to SRD 2. Civil servants are (mandatorily) covered by the State Health Insurance Fund (SZF). SZF also insures private patients against a fee.¹⁶ Nevertheless, the implementation of quality insurance systems with implementation of good practices in all steps of the pharmaceutical chain may be considered a priority for improving the quality of the services.¹⁷ There is no data available about the availability and affordability of drugs for the 2008 – 2014 period. The data for 2000 – 2007 are copied from the 2009 MDG progress report. However, as health insurance coverage data are available for 2004 and 2012, these are used as sub-indicator. Health insurance coverage which gives access to medicines on

¹⁶ Law for design of the Health Budget: Expenditure and Income regarding the Ministry of Health for 2010, Suriname, 2010

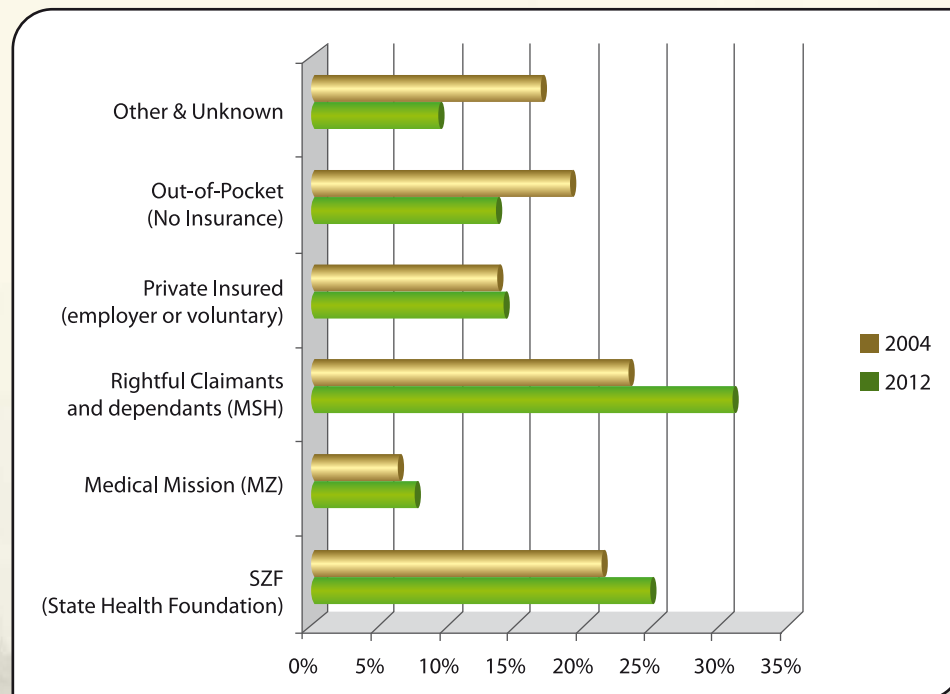
¹⁷ Suriname Pharmaceutical Country Profile

the EML, gives a reasonable indication of the proportion of the population with access to affordable essential drugs.

Data from the 2004 and 2012 National Census show an increase of the percentage of the population with health insurance coverage from 64% in 2004 up to 77% in 2012 (table 8.7). This does not necessarily imply an increase of 13%, because the “unknown” group was much higher (16%) than in 2012 (7%).

Graph 8.4 shows the health coverage by type of insurance for 2004 and 2012. The “out of pocket” group did decrease from 19% to 14%, which implicates that more people, who were paying out of pocket, now have insurance. The number of people insured, increased with 12%, of which 5% was paying out of pocket previously and 7% came out of the “unknown & other” group.

Graph 8.4
Health insurance coverage by type of insurance, 2004 and 2012



Source: MDG 8 Suriname Report, 2014

Table 8.7
Proportion of population with health insurance, 2004 and 2012

Indicator (adapted)	Census 2004	Census 2012
Proportion of population with health insurance	64%	77%

Data Source: Calculations based on Census data 2004 and 2012 from the General Bureau for Statistics.
Data source: General Bureau for Statistics, Census 2004 and 2012

Target 8F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications.

- **Indicator 8.14: Telephone lines per 100 population**

Definition: *Fixed-telephone subscriptions refers to the sum of the active number of analogue fixed-telephone lines, voice-over-IP (VoIP) subscriptions, fixed wireless local loop (WLL) subscriptions, integrated services digital network (ISDN) voice-channel equivalents and fixed public payphones.*

- **Indicator 8.15: Cellular subscribers per 100 population**

Definition: *This indicator is defined as the number of mobile-cellular telephone subscriptions per 100 populations.*

- **Indicator 8.16: Internet users per 100 population**

Definition: *This indicator is the percentage of individuals using the Internet.*

The use of mobile telephones is significantly pushing upward and fixed teledensity and broadband penetration are just slightly lower than the average for Latin America and the Caribbean. In 2012 Suriname was ranked number 87 on the ICT Development Index (IDI) of the Americas, on a list of 157 countries. The average IDI was 4.35 for the Americas in 2012, while Suriname's IDI was 3.84.

- **Indicator 8.14: Telephone lines per 100 population**

The number of telephone lines per 100 households was 15.7 in 2013. There is no notable increase during the period of review, since many are now opting for a cellular subscription and the need for landlines is low for new households. Table 8.8 shows the baseline data versus the most recent data and table 8.9 provides the data series for 2000 – 2013, while graph 8.5 provides the data at a glance.

- **Indicator 8.15 and 8.16: Mobile cellular subscriptions per 100 population and internet users per 100 population**

The total number of cellular phones users per 100 inhabitants is much higher than the internet users. The use of cellular phones from 2000 up to 2013 increased more than twice as much as the use of internet (Table 8.8 and graph 8.5).

The increase in mobile phone use is due to the entrance of two new providers to the ICT market in december 2007/early 2008, and the fact that many people since then had two or three phones in use (of different providers). Due to the competition between the providers, prices for mobile phones declined and services improved. The decrease in 2010 is due to the fact that people who had 2 or 3 phones in use started to realize that having 2 or 3 phones is not very efficient.

Table 8.8
ICT indicator – baseline vs. most recent, 2000-2013

MDG indicator	Baseline data 2000	Latest available 2013	Average 2000 – 2013
8.14 Fixed-Tel. lines per 100 households	16,1	15,7	81,9
8.15 Cellular subsc. per 100 habitants**	9,0	127,8	15,0
8.16 Internet users per 100 habitants*	3,0	19,7	17,0

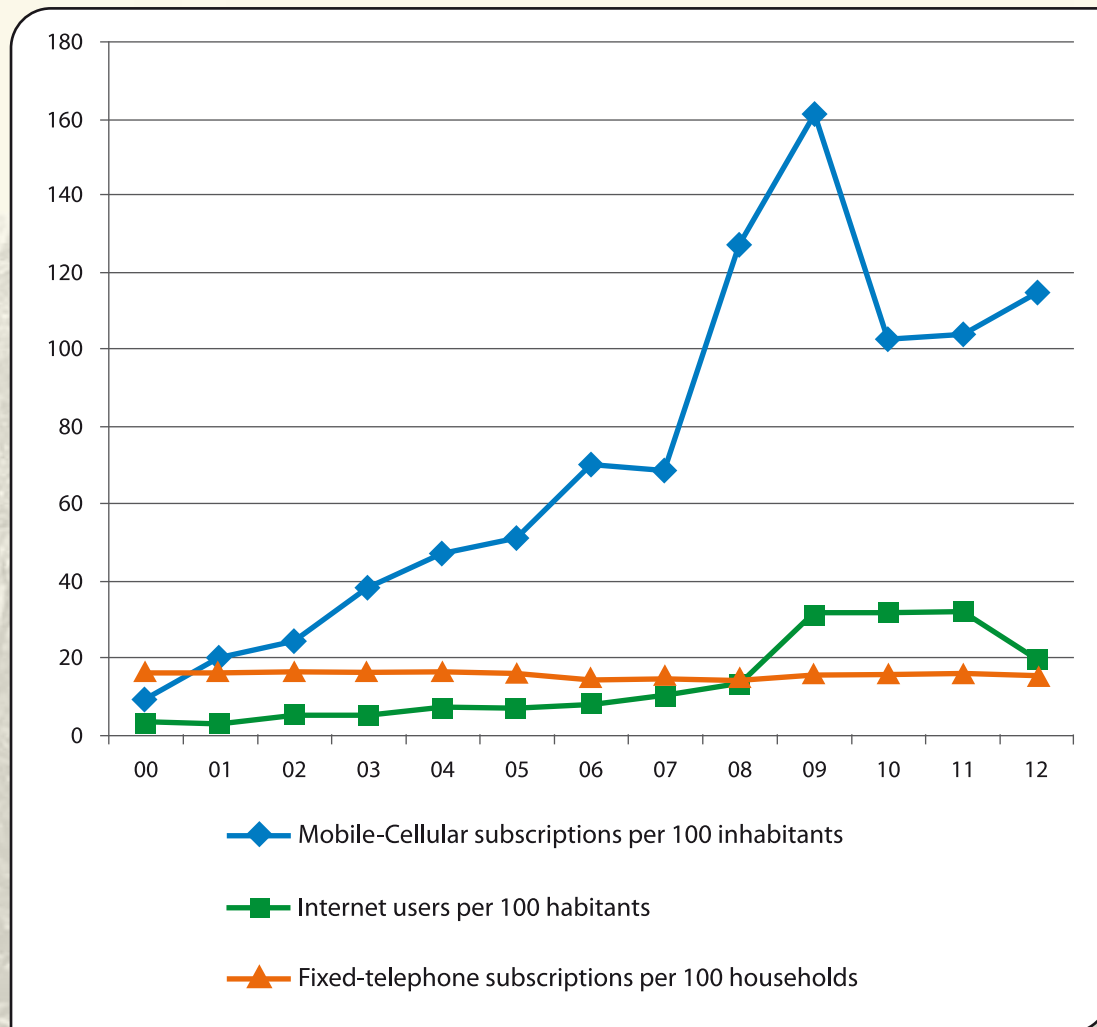
Source: MDG 8 Suriname Report, 2014. Calculations based on data from MDG Progress Report 2009; Telecommunication Authority Suriname (TAS) and International Telecommunications Union (ITU)

Table 8.9
Access to ICT indicators, 2000-2013

Indicator	2000	2001	2002	2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013
8.14 Fixedtel. lines per 100 households	16,1	16,3	16,4	16,4	16,6	16,2	14,8	15,2	14,6	15,9	16,0	15,9	15,5	15,7
8.15 Cellular subsc. per 100 habitants*	9,0	20,0	24,0	38,0	47,0	51,0	70,0	68,6	127,1	161,1	102,6	103,7	114,9	127,8
8.16 Internet users per 100 habitants	3,0	3,0	5,0	5,0	7,0	7,0	8,0	10,0	13,0	31,4	31,6	32,0	19,9	19,7

Source: 2000-2008: MDG progress report 2009; 2009-2013: Telecommunication Authority Suriname (TAS) and website International Telecommunications Union (ITU)

Graph 8.5
Access to ICT, 2000-2012



Source: MDG 8 Suriname Report, 2014. Data 2000-2008 from MDG progress report 2009; 2009-2013 from the Telecommunication Authority Suriname (TAS) and website International Telecommunications Union (ITU)

Government Policies, Achievements, Challenges, Next Steps

Target 8A: Official Development Assistance

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	Strengthening of South-South relations, especially South-America, the Caribbean, Asian and African relations.	<ul style="list-style-type: none"> • The number of development partners has increased and continues to grow. In addition to its more active role in CARICOM, Suriname has made a multilateral shift to CELAC, UNASUR and MERCOSUR. • In 2011 a new Bank Supervision Law (BSL) was enacted. This has bolstered the regulatory regime and supervisory powers of the central bank considerably. • Authorities are making ongoing efforts to issue prudential regulations for financial institutions in the areas of risk management, corporate governance, consolidated supervision, and audit and licensing procedures.¹⁸ • Suriname has become much stronger in deciding the direction of ODA received, instead of donors deciding the destiny of funds. • The government has been reasonably successful in 	<ul style="list-style-type: none"> • Being categorized as an upper middle income country (UMIC) by the international financial institutions, Suriname is no longer eligible for certain assistance programmes. • To attract foreign direct investments. • The criteria used to allocate ODA to developing countries are in need of revision, by taking into account the social conditions. • Lack of capacity to execute projects funded by donor countries. 	<ul style="list-style-type: none"> • The cut of point of country classification using per capita Gross Domestic Product (GDP) and Gross National Income (GNI) needs to be reconsidered by the international financial institutions by taking into account the social conditions. • To improve the negotiating skills with regard to international cooperation. • To improve the capacity regarding project preparations and implementation.

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
		<p>balancing the decrease of ODA from OECD countries with aid from non-OECD countries.</p> <ul style="list-style-type: none"> The introduction of the IFMIS to improve the efficiency and effectiveness of financial resources. 		

Target 8C: Market Access

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	<ul style="list-style-type: none"> Improve trade relations and competitiveness 	<ul style="list-style-type: none"> Establishment of the Bureau for Standards, which enabled certification and introduction of quality systems according to international standards. Establishment of the Suriname Business Forum and the Suriname Business Centre to develop a database (IUD) and a training program to improve the national trade negotiating capacity. Establishment of the Competitive Unit Suriname (CUS). Implementing the Export Support 	<ul style="list-style-type: none"> More diversification of bilateral relations and rationalization of existing relations. Funding and qualified human resources for increasing and diversification of production. 	<ul style="list-style-type: none"> Improve access to funding to increase and diversify production. Improve the investment climate and competitiveness of corporations. Further strengthening the Bureau for Standards to ensure quality of products. Continuing implementation of the Export Support Programme. Availability of information and development of institutional structures for export support, along with improvement of external and trade management capacities.

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
		<p>Program, the Trade sector Support Program, the Industrial Technical Assistance Program.</p> <ul style="list-style-type: none"> • Development of a National Certification Program. • Initiation of the National Awareness Program regarding CSME, WTO, ACP-EU, EPA and other trade agreements. • Export Support Program (ESP), to improve the export position of Suriname. • Establishment of the Social Economic Council (Sociaal-Economische Raad – SER). • Industrial Technical Assistance Program (ITAP). • Establishment of the Investment and Development Corporation Suriname (IDCS). • Exemption on business permit for certain sectors. • Improved services on business permit. 		

Target 8D: Debt Sustainability

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	To support economic development and investment in large production facilities and infrastructure.	<ul style="list-style-type: none"> The settlement of major debt in arrears in the past 5 years.¹⁹ Most of the external debt concerns project and program loans and about half of these loans were used for infrastructural works. The institutional capacity for debt management has been improved with the operationalization of the SDMO. 	<ul style="list-style-type: none"> To maintain stability due to the small and open economy and the vulnerability to fluctuations in international commodity prices of the major export products. 	<ul style="list-style-type: none"> Continue prudent debt management.

Target 8E: Public Health

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	To protect and improve the population health	<ul style="list-style-type: none"> Formulation of the National Health Sector Plan 2011-2018 (NHSP), in which the vision, direction, development and management of all aspects of the health system, including the provision of access to essential 	<ul style="list-style-type: none"> The UMIC status of Suriname might also influence the access to affordable prices for medicines. Enforcement of legal tools is weak. The implementation of quality assurance systems with 	<ul style="list-style-type: none"> Introducing mandatory basic health insurance for all citizens. Improve data availability on essential medicines.

¹⁹ Suriname Debt Management Office, "Government Debt and Sustainable Development in Suriname, an assessment of the effect of the debt and macroeconomic stability in 2008-2012 on human development indicators", M. S. Dwarkasingh, Paramaribo, August 2013

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
		<p>medicines, are outlined.</p> <ul style="list-style-type: none"> • Suriname has a national essential medicines list (EML) based on the concept of essential medicines of the WHO. Pharmaceutical services in the public as well as the private sector are based on this list. • Legal tools are in place to regulate pricing of medicines at the wholesale and retail level, allowing for maximum allowed sale prices and maximum profits. • Free basic health insurance coverage – including medicine - for children and youth up to age 16 and for senior citizens age 60 years and older was introduced. This resulted in a major increase of access to health provisions and medicine, especially for vulnerable groups, such as women, children, the elderly and the poor. • In 2012, the government insurance coverage was expanded with MRI Scan, CT Scan, shunt surgery and some medicines that were not included in the EML previously. 	<p>implementation of good practices in all steps of the pharmaceutical chain.</p>	

Target 8F: Access to ICT

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
1.	<ul style="list-style-type: none"> To improve access to ICT 	<ul style="list-style-type: none"> Opening up the telecom market resulted in entrance of two new contenders (<i>Digicel</i> and <i>Uniqq</i>) on the market. This resulted in a heavy competition for market shares. The heavy competition resulted in many benefits for customers, in particular for those living in very remote areas there is an increase of access to mobile phone communication. The number of young entrepreneurs providing ICT services, workshops and seminars is growing steadily in the districts and interior. Laws and regulations have been adjusted to accommodate new technological development. Internet services have been improved through efficient and effective use of the Suriname Guyana Submarine Cable System (SG-SCS). Introduction of broadband and computer facilities at schools. 	<ul style="list-style-type: none"> To increase access to ICT in remote and low density areas. Increase awareness on the negative side of ICT. 	<ul style="list-style-type: none"> To introduce digital broadcasting To increase the availability of broad band connections and computer labs in schools.²⁰ To improve Suriname's connection to the Americas. The use of ICT in building global partnerships for development, especially in education and health provisions. To protect users from the negative side of ICT. Continue implementation CAL project.

²⁰ Annual Plan 2013, from the Government of Suriname (GOS)

²⁰ UNDAF-Suriname Report 2012-2016. (http://undpsuriname.org/images/pdf_documents/UNDAF_Suriname_2012-2016_SIGNED_L.pdf),

Nr.	Government policies	Achievements	Challenges	Next steps/ Way forward
		<ul style="list-style-type: none"> • Computer Aided Learning (CAL) project implemented as a pilot in five schools in the interior with support of UNICEF. 		

Will the targets be met?

Target 8A: *Develop further an open trading and financial system that includes a commitment to good governance, development and poverty reduction – nationally and internationally:*

Potentially with respect to Official Development Assistance (ODA).

Target 8C: *Address the special needs, of landlocked and Small Island Developing States:*

Potentially with respect to market access.

Target 8D: *Deal comprehensively with developing countries' debt problems:*

Yes.

Target 8E: *In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries:*

Potentially with respect to health coverage.

Target 8F: *In cooperation with the private sector, make available the benefits of new technologies – especially information and communications technologies:*

Potentially.

6. Suriname MDG Status at a Glance and Trend Analysis

Will Suriname reach the goals/targets by 2015?

See the below structure identifying the achievements of the goals/targets.

Goals and Targets	Will development goal be reached?		Remarks and Trends
	Target	Ind	
<p>Extreme poverty and hunger Halve the proportion of people living below the national poverty line; Achieve full and productive employment and decent work for all; Halve the proportion of people who suffer from hunger</p>	1A	1.1	Suriname does not use the 1, 2 or 4 USD (1985 PPP) per day poverty line. Suriname has not yet determined a national poverty line. Hence, data cannot be presented.
		1.2	There is no national poverty line. Hence, the poverty gap ratio cannot be calculated.
		1.3	The usual poverty figures are not available. Instead some background variables that give an idea of socio-economic development are presented. There is inequality in Suriname, however due to limited data availability it is not clear to what extent inequality exists. There are policies in place in order to improve social security and to reduce social and economic inequality.
	1B	1.4	Increase in the number of employees and GDP, which results in the increase of GDP per person employed.
		1.5	In the census years 2004 and 2012 there was a slight increase in the employment to population ratio.
		1.6	Suriname does not use the 1, 2 or 4 USD (1985 PPP) per day poverty line and there is no national poverty line determined as yet. Hence, this indicator cannot be calculated.
		1.7	No data available

Goals and Targets	Will development goal be reached?		Remarks and Trends
	Target	Ind	
		8.17	The total Youth Unemployment Rate (YUR) increased from 22% in 2004 to 24% in 2012. In 2012 the unemployment rate for female youth was higher (40%) compared to males (16%). Hence, there are still concerns on providing decent work and the sustainability of employment.
	1C	1.8	Significant progress has been made in the reduction of child malnutrition since 2000. Since 2000 Suriname has been able to decrease the prevalence of underweight children under five.
		1.9	Suriname does not have issues regarding suffering from hunger, however there are major challenges regarding obesities, non-communicable diseases and unhealthy lifestyles. Target 1C is on track and will be met.
Primary Education Ensure that boys and girls alike, will be able to complete of full course of primary schooling	2A	2.1	100% enrolment is likely to be reached in 2015; however, there are differences between urban and rural areas including the interior.
		2.2	Suriname is on track, however, there are differences between urban and rural areas including the interior and there is a major challenge in improving the quality of education.
		2.3	A more aggressive and assertive approach to illiteracy is crucial to reach this goal by 2015
Gender Equality Eliminate gender disparity in all levels of education	3A	3.1	Primary education is on track. Secondary and tertiary education the ratio is in favour of girls.
		3.2	There is a slight increase of women in wage employment.
		3.3	With a 12% share of seats held by women in Parliament the UN benchmark of 30% is not met.
Reduce Child Mortality Reduce by two-thirds under-five mortality rate	4A	4.1	Reports after 2008 have shown that there was an increase in the child mortality cases (under five and infant) from 2008 to 2010, and a decrease in 2012. The under five mortality and infant mortality have recorded a decrease in 2011 and 2012.
		4.2	
		4.3	MMR coverage fluctuated with an increase from 86% in 2008 to 90% in 2010, and a significant drop to 73% in 2012. The overall immunization coverage of 0-12 months was

Goals and Targets	Will development goal be reached?		Remarks and Trends
	Target	Ind	
			approximately 85% during the period 2004 – 2012. Goal 4 is on track and will be met.
Improve Maternal Health Reduce by three-quarters Maternal Mortality ratio; Achieve universal access to reproductive health	5A	5.1	The official maternal mortality ratio (MMR) fluctuated over the period 2000 – 2012 but the overall trend shows a decline in MMR.
		5.2	In 2010 about 93.3% of all deliveries took place in a health facility of which 71.5% in public health facility and 20.8% in private health facility (outpatients' departments, private clinics). There is a positive development shown in comparison with previous MICS reports in 2000 and 2006. Target 5A is on track and will be met.
	5B	5.3	Contraceptive prevalence rate is around 48% in 2010. There is a positive development shown in comparison with previous MICS reports in 2000 and 2006.
		5.4	Adolescent birth rate in 2011 is around 58 births to women 15 to 19 years of age per 1,000 women in that age group, which decreased to 51.9 births in 2012.
		5.5	Antenatal care coverage is 94.9% in 2010. There is a positive development shown in comparison with previous MICS reports in 2000 and 2006.
		5.6	Unmet need for family planning is around 16.9% in 2010. There is a decrease in comparison with previous MICS report in 2006. There are challenges to work on target 5B; however, with effective planning the target can be met.
	Combat HIV/AIDS, Malaria & other Diseases Halt and reverse the spread of HIV/AIDS and achieve universal access for all those who need treatment; Halt and begun to reverse the incidence of malaria and other major diseases	6A	6.1
6.2			The indicator shows that it was used in about 56% in 2010. Compared to previous MICS report in 2006 there is a drop.
6.3			Percentage of population aged 15 - 24 years with comprehensive correct knowledge of HIV/AIDS has slightly increased to about 42% in 2010 compared to previous MICS reports in 2000 and 2006.
6.4			There is no data available.

Goals and Targets	Will development goal be reached?		Remarks and Trends
	Target	Ind	
	6B	6.5	Proportion of population with advanced HIV infection with access to antiretroviral drugs has slowly increased from 21% in 2004 to 83% in 2012.
	6C	6.6	Annual Parasite incidence associated with malaria (per 100,000 of population) decreased from 144.6 in 2000 to as low as 6.8 in 2012. Death rates associated with malaria (per 100,000 of population) is below 1 since 2005. Hence, malaria is under control.
		6.7	In 2010 43.4% of the children slept under insecticide-treated bed nets.
		6.8	Suriname does not use anti-malarial drugs for children. Instead paracetamol and antibiotics are prescribed.
		6.9	The incidence of tuberculosis (per 100,000 of population) shows increasing trend since 2000 up to 2011. Also the death rates associated with tuberculosis increased. As of 2012 there is a decrease in both incidence and death rates.
		6.10	With the introduction of DOTS in 2011 the proportion of tuberculosis cases detected and cured under DOTS are showing high percentages of coverage, in 2011 98% and in 2012 89%.
Environmental Sustainability Reverse the loss of environmental resources; A significant reduction in the rate of biodiversity loss; Halve proportion of people living without access to safe drinking water & basic sanitation; Achieve significant improvement in the	7A	7.1	The loss of environment resources within the forest is kept to a minimum due to prudent forest management. Since 2000 there is a slight decrease in forest coverage.
		7.2	Projections of the SNC based on 2008 data showed an increase of emissions per capita. There is no benchmark yet for Suriname and conclusions cannot be made.
		7.3	By phasing out the ODS in Suriname conform the obligations of the Montreal Protocol, Suriname contributes to protecting the Ozone layer and simultaneously decreasing of ODS.
		7.4	Data for this indicator is available for only 8 species, which is 100% according to the FAO code of conduct. Estimates have been made for all fish species exploited within safe biological limits, which is 65%.

Goals and Targets	Will development goal be reached?		Remarks and Trends
	Target	Ind	
lives of slum dwellers		7.5	Regarding the water resource availability for consumption there is an increase. However, when it comes to data for the other sectors (agricultural and industrial transport etc), the data is insufficient. Hence, a conclusion cannot be made.
	7B	7.6	Since 2000 the percentage of protected terrestrial and marine areas has increased from 11% to 13.2%.
		7.7	Suriname has no species threatened with extinction. More animal and plant species have been protected by adding to the list of endangered species. By doing this the government is attempting to ensure their existence, therefore achieving a decrease in Biodiversity loss.
		7.8	Census 2012 showed an increase in the use of tap water at home and a decrease in the use of creek and river water based compared to census 2004. Also the use of improved water sources in the rural interior has increased. With 93% of households with access to an improved water source Suriname is on track.
	7C	7.9	Census 2012 showed an increase in the use of improved sanitation and a decrease in no toilet provision compared to census 2004. Also the use of improved sanitation in the rural interior has increased. With 91% of households with access to an improved sanitation Suriname is on track.
	7D	7.10	Based on access to improved water and improved sanitation MICS and census data showed a decrease of urban population living in slums. However, there is the issue of squatting and housing need. Through the various housing projects the need for housing is being addressed and will contribute to the improvement of the lives of slum dwellers.
Global Partnerships Develop further an open, rule-based,	8A	8.1	With regard to ODA indicator 8.1 is translated as: <i>Total ODA received from OECD and non-OECD countries as a percentage of the gross national income (GNI).</i>

Goals and Targets	Will development goal be reached?		Remarks and Trends
	Target	Ind	
<p>predictable, non- discriminatory trading & financial system; Deal comprehensively with the debt problem; Develop and implement strategies for decent and productive work for youth; Provide continued access to affordable, essential drugs; Make available benefits of new technologies, especially information and communication.</p>			<p>The general trend for ODA received from OECD countries as a percentage of GNI for the 2000 – 2007 period is upward, but after 2007 the trend is definitely moving downward. ODA from non-OECD countries, shows a major increase after 2011. A major shift has been made from 2010 onwards in the concept of development cooperation, with the emphasis on non-OECD countries.</p>
		8.2	Lack of data
		8.3	Lack of data
		8.4	Not applicable
		8.5	See 8.1
	8C	8.6	Indicator is translated as: <i>Proportion of total exports (by value and excluding arms)</i> . There is a shift in export countries in the past years, however the EU remains important for Suriname.
		8.7	Lack of data
		8.8	Lack of data
		8.9	Lack of data
		8.10	Not applicable
		8.11	Not applicable
	8D	8.12	The debt service ratio has improved incredibly with a decrease from 13.1 in 2000 down to 1.3 in 2013. The debt service ratio has a downward trend, mainly caused by an upward trend of exports revenues.
	8E	8.13	This indicator is translated as: Proportion of population with health insurance. With the introduction of free health insurance for the vulnerable groups (youth and elderly) in 2013, the Government of Suriname is making progress in increasing the access to basic

Goals and Targets	Will development goal be reached?		Remarks and Trends
	Target	Ind	
		8.14	medical provisions and medicines.
	8F		The number of telephone lines per 100 households was 15.5 in 2012. There is no notable increase during the period of review, since many are now opting for a cellular subscription and the need for landlines is low for new households.
		8.15	The total number of cellular phones users per 100 inhabitants is significantly pushing upward for the period 2000 – 2012.
		8.16	The total number of internet users per 100 inhabitants has also increased over the period reviewed.

7. Strategy and Actions Towards 2015 and Beyond

Suriname's strategy towards and post 2015 is the incorporation of the concept of sustainable development in its policy. Based on the status of the MDGs, some proposed actions are listed below to carry forward the spirit of the Millennium Declaration and to embark on a new era of sustainable development.

National poverty definition and method of measurements

- There is an urgent need for a national discussion on the definition of poverty and a consensus on calculation of poverty lines for Suriname. For Suriname, ABS has only used income (or consumption) poverty as the poverty measurement tool in the past.
- Inequality exists in Suriname and is being addressed by social protection policies. The approval of the legislation on social security, including the basic health insurance, the national pension scheme and the minimum wage, in August 2014, indicates that Suriname is committed to further reduce social and economic inequality.

Labour market development

- To increase employment opportunities with consideration of sustainable employment.
- To introduce the minimum wage.
- Diversification of the economy to develop decent work, better employment opportunities, and more utilization of the labour force.
- To finalize the Decent Work Programme for implementation

Education sector

- To strengthen and maintain human capital.
- To improve the quality of education.

- To reduce the inequity between geographical areas for all the education indicators.

Gender equality and empowerment

- A more aggressive and assertive approach to illiteracy is crucial to reach this goal by 2015.
- To improve gender equality in secondary and tertiary education.
- To increase participation of women in decision making and leadership.
- To address gender based violence.
- To improve the access and control over production resources for women.

Health sector

- To improve the health services and health systems, the following actions need to be addressed: In 2014, plan to set up an independent institute for formal and official inspection in the health care, under the name: "Inspection of health care". The work of this institute should result in improvements and positive changes in health care.
- Organization and structure of the institutes in health care. In particular, the type of hospital and type of therapeutic institute – this should be subject to improvement and expansion of services by improving infrastructure.
- The operationalization of the law on tariffs/ fees in the health sector to achieve a balanced service of quality care and that health care in general is accessible and affordable for all – Financing of health care services.
- A rehabilitation clinic should be established and made operational in 2014, so that seriously ill persons can, after being treated and need to

recover, work with all the tools needed in order to get back to good health and be able to function in society (again).

- Work on good organizational commitment to ensure that by 2014 all 500 drugs taken up in the National Medicines Register of Suriname are available and can be obtained when necessary.
- To promote healthy life styles to tackle increasing number of Non-Communicable Diseases (NCDs).

Environment sector

- As part of the SIDS, Suriname has identified eight national priority areas for sustainable development through broad stakeholder participation and consultation. These are: Agriculture and food security; Natural resources management, including fisheries management and oceans governance; Water resources management; Energy, including renewable energy and energy efficiency; Climate change and sea level rise; Biodiversity conservation; Waste management and chemicals management and Sustainable tourism.
- The inclusion of sustainable development in Suriname has been reiterated by the government through its commitments towards the use of REDD+ as a planning mechanism for wise use of its forests. REDD+ will be used for decreased growth in deforestation to support meeting the economic development goals in general, and especially the following aspects: maintain a GDP increase, opening up the Interior of the country to bring sustainable education and development to the indigenous and tribal people, utilizing our natural resources in a sustainable manner and strive towards being the agriculture food supplier of the Caribbean.
- To enact the Environmental Framework Act which establishes the legal

basis for a proper environmental management structure in Suriname and the Environmental Authority. With these milestones in place, environmental management tools such as the Environmental and Social Impact Assessment (ESIA) will become mandatory and will ensure sustainable development on a certain level. Subsequently enforcing environmental performance within the development of all sectors will be embedded.

- To reduce the inequity between geographical areas with respect to access to improved drinking water sources and sanitation facilities.
- To increase the access to affordable housing.

Global development partnership

- Classification of the status of Suriname as middle income country based on GDP and GNI per capita needs to be reconsidered by taking into account the existing inequality and other core development issues still faced by the country.
- To consider the special situation of middle-income countries as well as the vulnerable position of Small Island Developing States (SIDS).
- Diversification of bilateral relations and rationalization of existing relations.
- Availability of information and development of institutional structures for export support, along with improvement of external and trade management capacities.
- Investment in increased production and exports.
- Introduction of mandatory basic health insurance for all citizens.
- The use of ICT in building global partnerships for development, especially in education and health provisions.

ANNEX 1

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ANNEX 2

SUCCESS STORY:

Implementation of the Tobacco Law in Suriname

As a middle-income Caribbean country, Suriname faces the worldwide trend of increasing premature mortality and morbidity due to chronic, non-communicable diseases including a formidable increase in tobacco use. Tobacco use surveys in youth and adults highlighted that more than one-third of all men smoke regularly and the vast majority of youth smokers began smoking at age 13 or younger. A 2011 air quality test performed in 30 hospitality establishments in Paramaribo, revealed smoking habits in over half the establishments along with poor air quality which exceeded the WHO Air Quality Guidelines by 26 times.

Suriname signed the WHO Framework Convention on Tobacco Control (WHO FCTC) in 2004, and committed to ratification and implementation in 2008. The WHO FCTC covers a number of tobacco control areas including: prohibition of the sale of tobacco to minors and sale restrictions; the ban on advertisement, promotion and sponsorship of tobacco; a ban on the illicit trade of tobacco products; the measures for packaging and labelling of tobacco products; the ban of smoking in public places, working spaces and transportation; and the jurisdiction to investigate and enforce infractions.

In preparation for the submission of a comprehensive tobacco control bill, leading institutions engaged in public advocacy campaigns and in strategic educational events, passed legislation to raise taxes on tobacco, and installed an inter-sectoral technical team to drive the policy process. In May 2012, the comprehensive, tobacco control bill, in compliance with the guidelines of the WHO FCTC, was submitted to the State Council. The Bill, co-authored by Ministry of Health and PAHO, included the inter-sectoral input sought throughout the policy process.

By fall 2012, local casino and hospitality representatives with tobacco industry backing, expressed concern and requested amendments to the legislation for designated smoking spaces inside their establishments. After the MOH refused the request, hospitality representatives hired lawyers to revise the submitted bill. The Ministry of Health, with the support of the PAHO, refuted the changes by presenting current tobacco research, international WHO FCTC best practices, and worked to build support within Parliament. Furthermore the society was mobilized and public awareness activities continued to leverage public support for the original law.

The health authorities' and UN's efforts were rewarded on February 7th, 2013, when Parliament passed the original, comprehensive tobacco law by unanimous vote. President Desiree Bouterse signed the law on February 20th, 2013 and the Tobacco Law SB 2013 no. 39, went into effect June 7th, 2013, with tobacco control measures for the whole Surinamese population. Keys to the success of the legislation include the following: a strong UN/MOH partnership, inter-sectoral collaboration, regional countries as models for successful WHO FCTC implementation, strategic advocacy, education campaigns and events, growing social momentum, along with the strong political will of key decision makers.

While implementation, enforcement, monitoring and evaluation efforts are ongoing, there is anecdotal evidence of shifting social norms for the better. Further collaboration between the MOH and the UN in the implementation of Tobacco Law SB 2013 could include assistance in conducting research, strengthening in the enforcement capacity and routine surveillance on tobacco use post-legislation.

ANNEX 3

MDG definitions

Goal 1 : Eradicate Extreme Poverty and Hunger

Target	Nr.	Indicator	Definitions
Target 1A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1	Proportion of population below \$1 (PPP) per day	This proportion of population living below \$1.25 (2005 PPP) a day is defined as the proportion of the population living in households below the international poverty line where the average daily consumption (or income) per person is less than \$1.25 a day measured at 2005 international prices adjusted for purchasing power parity (PPP) . This indicator replaced the \$1 a day poverty since Fall 2008. As a result of revisions in PPP exchange rates, poverty rates cannot be compared with poverty rates reported previously for individual countries.
	1.2	Poverty gap ratio	The poverty gap ratio is the mean shortfall of the total population from the poverty line (counting the non-poor as having zero shortfall), expressed as a percentage of the poverty line
Target 1B: Achieve full and productive employment and decent work for all, including women and young people	1.3	Share of poorest quintile in national consumption	The share of poorest quintile in national consumption is defined as the share of a country's national consumption or income that accrues to the poorest quintile (fifth) of the population.
	1.4	Growth rate of GDP per person employed	The growth rate of gross domestic product (GDP) per person employed is defined as the growth rate of output per unit of labour input.
	1.5	Employment-to-population ratio	The employment-to-population ratio is defined as the proportion of a country's working-age population that is employed.
	1.6	Proportion of employed people living below \$1 per day	The proportion of employed people living below the poverty line, or the working poor, is calculated as the proportion of individuals who are employed, but nonetheless live in a household whose members

Target	Nr.	Indicator	Definitions
			are estimated to be living below the poverty line. Either the national poverty line or the international poverty line of \$1.25 purchasing power parity (PPP) per day may be used as threshold.
	1.7	Proportion of own-account and contributing family workers in total employment	The proportion of own-account workers and contributing family workers in total employment is defined as the proportion of workers in self-employment who do not have employees, and unpaid family workers in total employment.
Target 1C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8	Prevalence of underweight children under-five years of age	The prevalence of underweight children under five years of age is defined as the percentage of children aged 0–59 months, whose weights are less than two standard deviations below the median weight for age groups in the international reference population.
	1.9	Proportion of population below minimum level of dietary energy consumption	The proportion of the population below the minimum level of dietary energy consumption, referred to as the proportion of undernourished people, is defined as the proportion of people in a population who suffer from hunger or food deprivation.

Goal 2: Achieve universal primary education

Target	Nr.	Indicator	Definitions
Target 2A: Ensure that, by 2015, children everywhere, boys and girls alike, will	2.1	Net enrolment ratio in primary education	The net enrolment rate (NER) in primary education is the ratio of the number of children of official primary school age who are enrolled in primary education to the total population of children of official

Target	Nr.	Indicator	Definitions
be able to complete a full course of primary schooling			primary school age, expressed as a percentage.
	2.2	Proportion of pupils starting grade 1 who reach last grade of primary	The proportion of pupils starting grade 1 who reach last grade of primary measures the percentage of a cohort of pupils enrolled in grade 1 of the primary level of education in a given school year who are expected to reach the last grade of primary school, regardless of repetition.
	2.3	Literacy rate of 15-24 year-olds, women and men	The literacy rate of 15–24 year-olds is defined as the proportion of the population aged 15–24 years who can both read and write with understanding a short simple statement on everyday life.

Goal 3 :Promote Gender Equality and Empower Women

Target	Nr.	Indicator	Definitions
Target 3A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1	Ratios of girls to boys in primary, secondary and tertiary education	The ratio of girls to boys in primary, secondary or tertiary education, or Gender Parity Index, is the ratio between the Gross Enrolment Ratio (GER) of girls and that of boys, for each level of education.
	3.2	Share of women in wage employment in the non-agricultural sector	The share of women in wage employment in the non-agricultural sector is expressed as a percentage of female workers in total wage employment in the non-agricultural sector.
	3.3	Proportion of seats held by women in national parliament	The proportion of seats held by women in national parliaments is the number of seats held by women members in single or lower chambers of national parliaments, expressed as a percentage of all occupied seats.

Goal 4 : Reduce Child Mortality

Target	Nr.	Indicator	Definitions
Target 4A: Reduce by two thirds, between 1990 and 2015, the under-five mortality rate	4.1	Under-five mortality rate	The under-five mortality rate (U5MR) is the probability for a child born in a specified year to die before reaching the age of five, if subject to current age-specific mortality rates. This indicator is expressed in terms of deaths per 1,000 live births.
	4.2	Infant mortality rate	The infant mortality rate (IMR) is the probability that a child born in a specified year will die before reaching the age of one, if subject to current age-specific mortality rates. This indicator is expressed in terms of deaths per 1,000 live births.
	4.3	Proportion of 1 year-old children immunized against measles	The proportion of 1 year-old children immunized against measles is the proportion of <i>children under one year of age</i> who have received at least one dose of <i>measles-containing vaccine</i> .

Goal 5 :Improve Maternal Health

Target	Nr.	Indicator	Definitions
Target 5A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1	Maternal mortality ratio	The maternal mortality ratio (MMR) is the annual number of maternal deaths from any cause related to or aggravated by pregnancy or its management (excluding accidental or incidental causes) during pregnancy and childbirth or within 42 days of termination of pregnancy, irrespective of the duration and site of the pregnancy, per 100,000 <i>live births</i> , for a specified year.

Target	Nr.	Indicator	Definitions
	5.2	Proportion of births attended by skilled health personnel	The proportion of births attended by skilled health personnel is the proportion of total live births that are attended by a skilled birth attendant trained in providing life saving obstetric care.
Target 5B: Achieve, by 2015, universal access to reproductive health	5.3	Contraceptive prevalence rate	The <i>contraceptive prevalence rate</i> is the percentage of women of <i>reproductive age</i> who are currently using, or whose sexual partner is currently using, at least one contraceptive method, regardless of the method used. It is reported for women aged 15 to 49 who are married or in a union.
	5.4	Adolescent birth rate	The adolescent birth rate is the annual number of <i>live births to adolescent women per 1,000 adolescent women</i> .
	5.5	Antenatal care coverage (at least one visit and at least four visits)	Antenatal care coverage (at least one visit) is the percentage of women aged 15–49 with a live birth in a given time period that received antenatal care provided by skilled health personnel at least once during their pregnancy. Antenatal care coverage (at least four visits) is the percentage of women aged 15–49 with a live birth in a given time period that received antenatal care by any provider four or more times during their pregnancy.
	5.6	Unmet need for family planning	This indicator is defined as the percentage of <i>women of reproductive age</i> , either married or in a consensual union, who have <i>an unmet need for family planning</i> .

Goal 6 :Combat HIV/AIDS, Malaria and other Diseases

Target	Nr.	Indicator	Definitions
Target 6A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1	HIV prevalence among population aged 15-24 years	The prevalence of Human Immunodeficiency Virus (HIV) among the population 15–24 years of age is the number of individuals aged 15–24 living with HIV expressed as a percentage of the total population aged 15-24.
	6.2	Condom use at last high-risk sex	Condom use at last higher-risk sex is the percentage of young men and women aged 15–24 reporting the use of a condom the last time they had sexual intercourse with a non-marital, non-cohabiting sexual partner of those who had sex with such a partner in the last 12 months.
	6.3	Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS	<i>This indicator is the percentage of the population aged 15–24 that has a comprehensive correct knowledge of Human immunodeficiency virus/Acquired immunodeficiency syndrome (HIV/AIDS).</i>
	6.4	Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years	This indicator is defined as the ratio of school attendance of orphans aged 10–14 to school attendance of non-orphans aged 10–14 years.
Target 6B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5	Proportion of population with advanced HIV infection with access to antiretroviral drugs (6.5);	<i>The proportion of eligible adults and children living with HIV currently receiving antiretroviral therapy is defined as the percentage of adults and children who are currently receiving antiretroviral therapy (ART) of all adults and children who are eligible for ART.</i>
Target 6C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6	Incidence and death rates associated with malaria	The incidence rate of malaria is the number of new cases of malaria per 100,000 people per year. The death rate associated with malaria is the number of deaths caused by malaria per 100,000 people per year.
	6.7	Children under 5 sleeping under insecticide-treated bed nets	This indicator is defined as the proportion of children aged 0–59 months who slept under an <i>insecticide-treated mosquito</i> net the night prior to the survey.

Target	Nr.	Indicator	Definitions
	6.8	Children under 5 with fever being treated with anti-malarial drugs	The proportion of children under 5 with fever who are treated with anti-malarial drugs is defined as the percentage of children aged 0–59 months who were ill with a fever in the two weeks before the survey and who received any <i>anti-malarial drugs</i> during that time.
	6.9	Incidence, prevalence and death rates associated with tuberculosis	The incidence of tuberculosis (TB) is defined as the number of new TB cases in one year per 100,000 populations. The prevalence of tuberculosis is defined as the number of TB cases in a population at a given point in time (sometimes referred to as "point prevalence") per 100,000 populations. Death rates associated with tuberculosis are defined as the estimated number of deaths due to TB in one year per 100,000 populations.
	6.1	Proportion of tuberculosis cases detected and cured under directly observed treatment short course	<p>The proportion of tuberculosis (TB) cases detected, also known as the TB detection rate, is the number of estimated new TB cases detected in a given year using the DOTS approach) expressed as a percentage of all new TB cases.</p> <p>The proportion of TB cases detected and cured, also known as the TB treatment success rate is the number of new, TB cases in a given year that were cured or completed a full treatment of DOTS expressed as a percentage of all new TB cases.</p>

Goal 7 :Ensure Environmental Sustainability

Target	Nr.	Indicator	Definitions
Target 7A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources;	7.1	Proportion of land area covered by forest	The proportion of land area covered by forest is the amount of <i>forest area</i> in the total <i>land area</i>
	7.2	Carbon dioxide (CO ₂) emissions, total, per capita and per \$1 GDP (PPP) Consumption of ozone-depleting substances (CFCs) Proportion of fish stocks within	This indicator is defined as the total carbon dioxide (CO ₂) emissions from energy, industrial processes, agriculture and waste (minus CO ₂ removal by sinks), presented as total emissions, emissions per unit population of a country, and emissions per unit value of a country's gross domestic product (GDP) , expressed in terms of purchasing power parity (PPP).
	7.3	safe biological limits Proportion of total water resources used Proportion of terrestrial and	The consumption of ozone-depleting substances is the sum of the consumption of the ozone-depleting potential- weighted metric tons of all ozone-depleting substances controlled under the Montreal Protocol on Substances that Deplete the Ozone Layer.
	7.4	marine areas protected Proportion of species threatened with extinction	The proportion of fish stocks within safe biological limits is defined as the proportion of fish stocks or species that are exploited within the level of maximum sustainable biological productivity.
	7.5	Proportion of population using an improved drinking water source Proportion of population using an improved sanitation facility Slum population in urban areas	The proportion of total water resources used is the total volume of groundwater and surface water withdrawn from their sources for human use (in the agricultural, domestic/municipal and industrial sectors), expressed as a percentage of the total actual renewable water resources.
Target 7B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.6		The proportion of terrestrial and marine areas protected is defined as the proportion of a country's total terrestrial and marine area that is designated as a protected area.
	7.7		The proportion of species threatened with extinction measures the

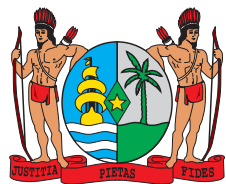
Target	Nr.	Indicator	Definitions
			proportion of threatened species expected to go extinct in the near future without additional conservation action. It is an index based on the number of species in each category of extinction risk on the International Union for Conservation of Nature (IUCN) Red List. This indicator is expressed as an index ranging from 0 to 1.
Target 7C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8		Percentage of the population using improved drinking water sources (including household water connection, public standpipe, borehole, protected dug well, protected spring, rainwater collection and bottled water - if a secondary source is also improved).
	7.9		Percentage of the population using improved sanitation facilities (including flush to piped sewer system, flush to septic tank, flush/pour flush to pit, flush/pour flush to elsewhere).
Target 7D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10		Definition The proportion of urban population living in slums is the proportion of the urban population that live in households lacking one or more of the following basic services: improved water, improved sanitation, durable housing, sufficient living area or security of tenure.

Goal 8 :Develop a global partnership for development

Target	Nr.	Indicator	Definitions
Target 8A: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system	8.1	Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income	This indicator measures total official development assistance (ODA) and ODA to the least developed countries that is provided by donor countries of the <i>Development Assistance Committee (DAC)</i> of the <i>Organization for Economic Co-operation and Development (OECD)</i> expressed as a percentage of their <i>gross national income (GNI)</i> .
	8.2	Proportion of total bilateral, sector- allocable ODA of OECD/ DAC, donors to basic social services(basic education, primary health care, nutrition, safe water and sanitation)	This indicator is the proportion of total bilateral, sector-allocable official development assistance (ODA) provided by an Organization for Economic Co-operation and Development/Development Assistance Committee (OECD/ DAC) donor country directly to a developing country, that is committed for improving basic social services, including basic education, primary health care (including reproductive health and population programmes), nutrition programmes and safe water and sanitation programmes.
Target 8B: Address the special needs of the least developed countries	8.3	Proportion of bilateral official development assistance of OECD/ DAC donors that is untied	This indicator accounts for the proportion of bilateral official development assistance (ODA) excluding technical cooperation and administrative costs provided by Organization for Economic Co-operation and Development/ Development Assistance Committee (OECD/DAC) donor countries directly to developing countries that is untied.
	8.4	ODA received in landlocked countries as a proportion of their gross national incomes	This indicator is the amount of official development assistance (ODA) received by an individual landlocked developing country (LLDC) , as a proportion of the country's gross national income (GNI) .
	8.5	ODA received in Small Island Developing States as proportion of their gross national incomes	The indicator is the amount of (ODA) received by an individual Small Island Developing State (SIDS) as a proportion of the country's gross national income (GNI) .

Target	Nr.	Indicator	Definitions
	8.6	Proportion of total developed country imports (by value and excluding arms) from developing countries and from the least developed countries, admitted free of duty	<p>The indicator is the ratio of developed countries duty-free imports from developing countries (or the least developed countries) to total imports made by developed countries from developing countries (or from the least developed countries).</p> <p>The indicator is produced excluding arms and also excluding arms and oil.</p>
Target 8C: Address the special needs of landlocked developing countries and Small Island developing States	8.7	Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries	This indicator is the average tariffs imposed by developed countries on agricultural products, clothing, and textile exports from developing countries. Three sectors deemed of special interest for developing countries and LDCs are considered: agricultural products, clothing, and textile.
Target 8D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	8.8	Agricultural support estimate for OECD countries as a percentage of their gross domestic product	The agricultural support estimate for OECD countries as a percentage of their GDP is defined as the value of agricultural support in the form of transfers to agricultural producers in a country as a percentage of the gross domestic product (GDP) of the country.
	8.9	Proportion of ODA provided to help build trade capacity	The proportion of ODA provided to help build trade capacity is the proportion of sector-allocable official development assistance (ODA) provided by Organization for Economic Co-operation and Development/ Development Assistance Committee (OECD/DAC) donors directly to a developing country that is committed for activities that help build trade capacity. It is now generally referred to as 'Aid for Trade'.
	8.10	Total number of countries that have reached their HIPC decision points and number that have	This indicator is the number of countries that have qualified for heavily indebted poor countries (HIPC) initiative assistance and that have reached their decision point or completion point under the enhanced HIPC

Target	Nr.	Indicator	Definitions
		reached their HIPC completion points (cumulative)	initiative.
	8.11	Debt relief committed under HIPC and MDRI Initiatives	The debt relief committed under HIPC and MDRI initiatives is the amount of debt relief committed under the heavily indebted poor countries (HIPC) initiative when a country reaches its decision point and the multilateral debt relief initiative (MDRI) when a country reaches its completion point under the enhanced HIPC Initiative.
	8.12	Debt service as a percentage of exports of goods and services	The debt service as a percentage of exports of goods and services is the sum of a country's debt service on long-term public and publicly guaranteed debt and International Monetary Fund (IMF) repurchases and charges, expressed as a percentage of that country's exports of goods and services and net income from abroad.
Target 8E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13	Proportion of population with access to affordable essential drugs on a sustainable basis	The proportion of population with access to affordable, essential drugs on a sustainable basis is the share of the population that has essential medicines continuously available and affordable at public or private health facilities or medicine outlets that are within one hour's walk from the homes of the population.
Target 8F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14	Telephone lines per 100 population	Fixed-telephone subscriptions refers to the sum of the active number of analogue fixed-telephone lines, voice-over-IP (VoIP) subscriptions, fixed wireless local loop (WLL) subscriptions, integrated services digital network (ISDN) voice-channel equivalents and fixed public payphones.
	8.15	Cellular subscribers per 100 population	This indicator is defined as the number of mobile-cellular telephone subscriptions per 100 populations.
	8.16	Internet users per 100 population	This indicator is the percentage of individuals using the Internet.



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