

**Brussels Programme of Action
for the Least Developed Countries: 2001-2010**

The contribution of WHO

- 1: WHO made a number of commitments as part of its contribution to the Third UN Conference on Least Developed Countries in May 2001. These are set out at **Annex 1**. This note reports on progress to date.
- 2: Many of the actions described below do not focus exclusively on the Least Developed Countries to the exclusion of other low income countries. However, WHO's Corporate strategy gives special emphasis to a broader approach to health in the context of human development, and a prime concern has been to mainstream links between health and poverty reduction in all aspects of the Organization's work.
- 3: **Mobilising resources**
 - WHO has been a consistent advocate for increases in development assistance for health. The Report of the **Commission on Macroeconomics and Health** launched in December 2001 produced the first detailed costing of the resources needed to reach some of the key goals set in the Millennium Declaration. According to the Commission a total annual investment of \$66 billion from year 2007 is needed. Half of this will come from the developing countries' own resources. But about half must be contributed by the rich countries of the world. The Commission for Macroeconomics and Health showed that scaling up investments in health is feasible, provided the resources are spent well. It also showed that such investments will yield tremendous gains in economic development. Follow-up work is now under way in some 20 countries.
 - The work of the Commission helped shape WHO's inputs at the **UN Conference on Financing for Development** and at **WSSD** in Johannesburg.
 - WHO is supporting countries preparing Poverty Reduction Strategy Papers (PRSPs) with a focus on the development of pro-poor health systems. At a global level we monitor how health is treated in all PRSPs as they are produced – including their impact on health sector funding.
- 4: **New Global Funding Mechanisms**
 - WHO has been a founding partner in the **Global Alliance for Vaccines and Immunisation** and the **Global Fund to fight AIDS, TB and Malaria**. In relation to the GFATM, we have worked intensively with least developed countries as they prepare proposals and will continue to support them as they begin implementation. We have worked closely with the GFATM Secretariat to develop proposals for ways in which the Global Fund could focus its resources most effectively on the needs of the poorest countries.

5: **Global Public Goods for Health**

- Least developed countries are at a double disadvantage: not only do they suffer a disproportionate burden of disease; their relatively weak economic position means that there are few incentives to stimulate the research and development needed to develop the technologies they require to address the diseases which affect them most.
- WHO's response has been to develop a range of partnerships designed to address this market failure: examples include the **Medicines for Malaria Venture (MMV)** and the **TB Drug Development Facility**.
- New drugs and vaccines have to be accessible, both physically and financially, to those who need them. WHO has worked with many other partners to increase **access to new life-saving drugs** (particularly those needed for people living with AIDS). Testimony to the progress made has been the steep drop in **ARV prices** achieved since LDC3.
- International normative, regulatory, legal and standard setting processes are of increasing importance to LDCs. However, to be effective, LDC participation is essential, whether it is in negotiating trade agreements at the **WTO**, the **Framework Convention on Tobacco Control** or standards for food safety. WHO has produced a range of work which enables trade negotiators to better understand health issues (and vice versa). We are also partners in mechanisms which provide financial support to developing country participants in standard setting bodies such the **Codex Alimentarius Commission**.

6: **Developing effective health systems**

- WHO has pioneered and made available ways in which countries can assess the performance of health systems. Increasingly, the focus of this work is turning toward working more directly with countries to address key health systems problems.
- High on the agenda for LDCs is the issue of health labour markets – both the concern of those countries that are losing expensive professionals to richer market economies, and those that fear restrictions on the free movement of labour. WHO is documenting the impact of these issues and using its convening power to bring together those in whose hands lie possible solutions.

7: **Tracking progress and measuring performance**

- To sustain support either from national treasuries or international donors, requires that those that finance development can see that progress is being made. WHO has worked closely with other UN partners to ensure consistent and reliable measurement of core health indicators – particularly those that are needed to measure progress against the Millennium Development Goals.

8: **Addressing risks to health**

- It is tempting to think that LDCs should focus on basic health services alone. Work in WHO has highlighted the importance of addressing the risks to health – particularly those faced by those in Least Developed Countries. The World Health Report 2002, focuses on these risks to health.

9: **Seeking synergies with other sectors**

- The Programme of Action for Least Developed Countries focuses on the inter-dependence of actions across sectors. Better livelihoods cannot be achieved through investment in a single sector. Progress on health depends on progress in education, particularly for girls. Progress in both arenas depends on better access to rural areas. Greater security of persons and property encourages investment and financing, and so forth.
- WHO has been keen to promote both policy coherence across sectors (e.g. health and trade policy) as well as cross sectoral working. A new initiative, launched in Johannesburg in 2002 and to be featured on World Health Day 2003 is the Healthy Environments for Children Alliance. This initiative combines a concern for vulnerable groups in the poorest countries including LDCs, with effective local level partnerships focusing on addressing the environmental factors that compromise children's health in the places that they live, learn and play.