



## 3rd United Nations Conference on the Least Developed Countries Brussels, 14-20 May 2001

# LDCs: the next generation

*The world's poorest countries tend to have the youngest populations and the highest birth rates. Not only the fate of their children, but also the economic development of the LDCs, will be determined to a large extent by improvements in their primary health care and education.*

Roughly half of the people in the world's poorest countries are children, according to the United Nations Children's Fund. UNICEF statistics show that some 310 million people were under 18 years of age in the 48 countries classified as least developed countries in 2000 (another country, Senegal, was added to the list of LDCs in 2001), comprising 49 per cent of the combined populations

Moreover, population growth in these countries is twice the world average. An estimated 24 million babies are born in the LDCs each year, meaning that **one out of every five of the world's births each year takes place in the world's 49 poorest countries**, representing one-tenth of the world population.

The future of these children and these countries will be taken up at the Third United Nations Conference on the Least Developed Countries, 14 - 20 May in Brussels.

### **What can the children of the LDCs expect from life if current conditions do not change?**

One out of six will not survive beyond his or her fifth birthday. The high risk of premature death in the LDCs, according to UNICEF, is associated with very low:

- ◆ coverage by immunization (58 per cent);
- ◆ use of oral rehydration therapy, which prevents children dying from such simple sicknesses as diarrhoea (50 per cent);
- ◆ consumption of iodized salt (51 per cent);
- ◆ household access to safe drinking water (61 per cent); and
- ◆ attendance of trained health personnel at births (28 per cent).

One indication of overwhelmed public health care systems is that polio has recently reappeared in Haiti, five years after the Americas were formally certified to be polio-free.

Only 58 per cent of LDC children enter school. Among girls, barely more than half have enrolled. Only 61 per cent of school entrants reach grade 5, and 56 per cent of LDC children have a mother who is illiterate.

Malnutrition threatens 40 per cent of the population of the LDCs. While some First World countries are preoccupied by the negative health effects of obesity in children, in the LDCs 40 per cent of the children are moderately or severely underweight.

Despite rapid population increase in LDCs overall, life expectancy is falling in at least 11 of these countries, largely due to the AIDS epidemic. Average life expectancy in Malawi, for instance, has dropped from 48 years in 1990 to 40 years in 2000.

Expectation of a long life for children being born in the LDCs is also undercut by violent conflicts. Between 1990 and 1998, 20 of the then-48 LDCs were affected by such violence. All of the 10 countries with the highest rates of child mortality in the world are LDCs, and seven of these were riven by armed conflict. In the conflicts that raged in the eastern region of the Democratic Republic of the Congo between 1998 and 2000 an estimated 1.7 million civilians died, and one-third of these were children under five, according to UNICEF.



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## A design for development

It is generally taken for granted that good health and quality education are benefits of successful development. The World Health Organization (WHO) is promoting the principle that these social bulwarks are also indispensable tools for making development happen.

*"The wealth of poor people is their capabilities and their 'assets'. Of these, health is the most precious and important."  
- Health, a precious asset, WHO, Geneva, 2000*

UNICEF stresses that investment in the health and education of children is especially important, because so many of the capabilities of adults are formed, for better or for worse, during the first few years of their lives.

With recognition that health and education are keys to productivity, and that illiteracy and health calamities sap economic growth as well as personal well-being, there is growing international support for making investment in the social determinants of development a central feature of macro-economic policy, according to WHO.

## Partnership projects that work

Not all the stories coming out of the LDCs are disaster stories. With the support of development partners, many governments within the LDCs have launched successful programmes for social betterment.

- ◆ Uganda, one of the first countries in Africa to experience an AIDS epidemic, was also one of the first to take decisive steps to stem its spread. With a governmental commitment from the President on down, and the active involvement of religious and tribal leaders, community groups and non-governmental organizations, education programmes were targeted to youths and adults and counselling centres and clinics were set up nationwide. In the capital city of Kampala, the level of HIV infection rates of pregnant women attending antenatal clinics fell from 31 per cent in 1993 to 14 per cent by 1998. Outside the capital, infection rates among pregnant women under 20 dropped from 21 per cent to 8 per cent between 1990 and 1998. Among men attending clinics, HIV infection declined from 46 per cent in 1992 to 30 per cent in 1998.
- ◆ Bangladesh's spending on social services rose from 22.6 per cent of the national budget in 1990 to 25.7 per cent in 1999. During that time, primary school enrolment has increased and adult literacy improved. Under-five mortality declined from 144 per 1,000 live births in 1990 to 89 in 1999.
- ◆ Almost half of the 20 million people in the Kingdom of Nepal are infected with tuberculosis. With the support of development partners, the government launched a national strategy based on DOTS (direct observation of medicinal drug-taking) in 1996. The number of deaths from TB has plummeted from an estimated 15,000-18,000 in 1994 to 8,000-11,000 today. The success rate of TB treatment more than doubled from 40 per cent in 1994 to 88 per cent in 1999 and, due to strenuous efforts to extend the programme to the mountainous rural areas of the country, DOTS now reaches 75 per cent of the Nepalese population.
- ◆ A pioneering community health scheme in northern Ethiopia — in which mothers are recruited to teach other mothers how to treat malaria in the home — has led to a 40 per cent reduction in overall death rates among children under five.
- ◆ Programmes are being developed in Chad to make schools work better for girls. Between 1996 and 1998, the number of women teachers in schools in targeted prefectures rose from 36 to 787. Following this breakthrough, the average enrolment ratio for girls in the first grade rose to 60 per cent (against a national average of 39 per cent), and over a two-year period the drop-out rate dropped, from 28 per cent to 21 per cent.

*"The financial contribution by the world community to poverty reduction, education for all and health is a 'make or break' factor. A development process oriented towards poverty alleviation, education and health [also] should involve increasing both domestic resource mobilization in the South and private international capital flows. . . ."*

- Koichiro Matsuura, Director-General, United Nations Educational, Scientific and Cultural Organization

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