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# HEALTH

VIEWPOINT PAPER

*Benefits and Costs of the Health Targets  
for the Post-2015 Development Agenda*

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Post-2015 Consensus

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### **Goal 3: the same but a little bit more**

The long debate on the priorities to be set in health for the sustainable development goals SDGs reflects how political these decisions are and how many interests are at stake. At first instance there is no reason to disagree with goal 3 to “*Ensure healthy lives and promote wellbeing for all at all ages*” and clearly all the issues listed under this all encompassing title are important.<sup>1</sup> There is still concern that now only one of the seventeen goals is focused on health whereas the MDGs<sup>2</sup> featured three out of eight, but there is little willingness to break up the consensus reached and presented to the United Nations General Assembly in late 2014. The health advocates - both countries and civil society - that were committed to continuing the work that still needs to be done to scale up the unfinished health development agenda of the MGS were successful in having their key concerns included in goal 3: HIV AIDS, preventable deaths of newborns and children under 5, maternal mortality and an extended range of communicable diseases. Those health advocates that have wanted to address the gaps in the MDGs have also been very successful: the health targets under goal 3 now include the non communicable disease (NCD) agenda with the addition of mental health, the sexual and reproductive health agenda and the need to achieve universal health coverage. In view of the upcoming UNGASS16 - which is to debate a revision of the UN drug control conventions - the inclusion of the prevention and treatment of substance abuse, including narcotic drug abuse and harmful use of alcohol is surely a break-through - and maybe it will not make it into the final document because it is so contentious. And a target in relation to traffic accidents - which did not made it on the initial NCD agenda - is also there. Can health advocates now be satisfied?

For me a feeling of unease remains that the issues put forward in the "health goal" are perhaps not as universal and as transformative as the synthesis report of the UN Secretary General<sup>3</sup> would make them out to be. The health goal and its targets reflect the very successful advocacy of groups committed to specific causes (like NCDs or HIV/AIDS) and to some extent of the World Health Organization WHO in promoting universal health coverage UHC. Indeed especially the inclusion of UHC is a major shift. But if the sequence of priority in the listing of targets is anything to go by then it must raise concern that UHC is not target 1 but target 8 out of 9. The health goal therefore does not reflect the dictum stated by the Director General of the WHO that UHC is perhaps the strongest concept that public health has to offer to improve global health. Neither does it reflect the hope expressed by Jeffrey D. Sachs that “Universal health coverage can bring the global health community together. UHC is where all diseases come together.”<sup>4</sup>

The push for UHC was in part the result of a critical review of the 15 years since the adoption of the Millennium Development Goals which asked the question how global health goals are best achieved in the most sustainable manner. The consensus that key challenges like maternal mortality or child survival or HIV AIDS should not be separated from the establishment of universal health systems and the social determinants of health did not really make it into the health goal and its targets. Other problems also remain and cannot be reflected in targets: the fact that there have been no significant improvements in

relation to the maternal mortality agenda is a reflection of political determinants of health and the continuing discrimination of women and not technical capacity; or that the focus on closing the gap through technical interventions has neglected issues of governance, the need for regulatory frameworks and a commitment to fiscal policy interventions. And last but not least: the title of the goal 3 is about health and wellbeing but the content reflects an agenda that predominantly fights diseases. This fits the dominant thinking in global health at this point in time. Should we be satisfied? Is it worthwhile reopening the debate?

## **Were the SDGs not supposed to be different from the MDGs?**

I would like to raise the issue if there is not something larger at stake in the SDGs? Should the goals set not transcend sectors and countries and address the very survival of our planet and the wellbeing of the people that inhabit it? Were the SDGs not supposed to be different from the MDGs? Were they not supposed to transcend the charity model and move to the joint production of global public goods based on human rights? While some of these forward looking points are addressed in the synthesis report of the Secretary General they do not permeate the health goal and targets in front of us. This also raises the question in what way the agenda in the health goal differs from what the WHO and other major health organizations such as UNAIDS, the Global Fund for AIDS, Tuberculosis and Malaria GFATM and the Global Vaccine Alliance GAVI are already doing together with major civil society and private partners in the wake of the MDGs? With the MDGs there was a great breakthrough bringing new actors and new resources on board for the global health agenda - defined by some as the golden age of global health funding.<sup>5</sup> Yet in the same period there was a significant weakening of the role of the World Health Organisation and a fragmentations of the global health system. Do the SDGs want to continue this trend or readdress the imbalance? What would be next paradigmatic breakthrough in global health governance based on the adoption of the SDGs? One way of answering this question is by looking at what is not in the health goal - in my view the gap lies in particular with inter-sectoral and global collective action issues that fit neither the present development model nor the issue focused health approach that drives (and finances) global public health.

Let me take two examples: The health goal makes no reference to anti microbial resistance (AMR) - even though it is one of the key challenges in relation to the achievement of the targets set for tuberculosis and malaria. The WHO website states clearly: "Antimicrobial resistance threatens the effective prevention and treatment of an ever-increasing range of infections caused by bacteria, parasites, viruses and fungi. It is an increasingly serious threat to global public health that requires action across all government sectors and society. AMR is present in all parts of the world. New resistance mechanisms emerge and spread globally."<sup>6</sup> Antimicrobial resistance is a key issue of sustainability both for human and for animal health, it is universal and affects rich and poor countries and populations, all countries and many different actors need to be engaged far beyond the health sector. A pertinent example is the excessive amount of antibiotics present in China's major rivers, exposing millions of nearby residents and local ecosystems to grave risks. If we do not manage to reign in the spread of AMR we might face a "post antibiotics world" where much of the medical progress we have achieved is severely threatened. We are threatening the very sustainability of our health systems and the progress in medicine yet AMR deserves

no mention in the present draft health goal. This might change as Germany takes the issue to the G7 meeting in June 2015 - maybe the political resolve will emerge to take AMR to the United Nations and include it in the SDGs debate.

Also glaringly absent from goal 3 is another global collective action issue: the need to create mechanisms to ensure global health security. The mistakes made in dealing with the recent Ebola outbreak in three West-African countries loom large.<sup>7</sup> Our health globally is only as good as health in the weakest link - a significant global effort is needed to implement the provisions of the International Health Regulations IHR, a binding regulation adopted by the World Health Organisation. Again this is not just the responsibility of the WHO and the health sector - it involves all governments and all sectors, it requires "smart sovereignty" in accepting global rules and solidarity in helping the weakest, should they be subject to an outbreak. Maybe the important IHR mechanism needs to be revisited in the light of recent experiences: there is not enough preparedness, no strong global rapid response mechanism beyond health, no funding pool and no clear decision making structure. Should not the SDGS have addressed such a critical health challenge that goes beyond one disease and can threaten groups of countries with surprising speed. Do we really need to declare a major health threat as a "threat to peace and security" at the United Nations Security Council in order to get determined action? Is this not a sustainability challenge of the first order related to our survival?

## **Addressing the interface of the challenges**

Another way to answer the question is to pay more attention to the "causes of the causes". and the interconnectedness of determinants, drivers and risks. Let me illustrate this with the NCDs. A recent working paper by IGES proposed "making sustainable consumption and production the core of the sustainable development goals."<sup>8</sup> This is highly relevant as the spread of the NCDs is related to the unsustainable patterns of growth and changing lifestyles in many developing countries. The Rio+20 Outcome Document tried to build on the momentum achieved at the 2011 UN NCD Summit, and to include NCDs in the sustainable development dialogue, rather than restraining it as a health issue focused on a few priority diseases. The interface of developments in food production, distribution and consumption damages the health of the planet and the health of the people in numerous ways and has become an ever larger challenge.<sup>9</sup>

Non-communicable diseases (NCDs) are not just a threat to human health but also to development and economic growth - indeed they indicate that another model of growth is needed that takes such externalities and human and environment costs into account. A recent study has calculated that NCDs and mental health conditions could cost the world \$47 trillion in lost economic output from 2010 to 2030 if urgent action is not taken to prevent and treat them. For India, one of the rising BRICS power houses, the report presents the following evidence: "India stands to lose \$4.58 trillion before 2030 due to NCDs and mental health conditions. Cardiovascular diseases, accounting for \$2.17 trillion, and mental health conditions (\$1.03 trillion), will lead the way in economic loss."<sup>10</sup> This is serious - this enormous challenge cannot just be a target in a health goal. This is linked to major commercial determinants of health and a globalization of unsustainable lifestyles -

the spread of processed foods, sweet soft drinks, alcohol and tobacco; that is why some advocates have termed NCDs the profit driven diseases. It is also linked to drivers such as urbanization and aging of populations. The SDGs do not yet indicate the willingness to act forcefully on such determinants - and do not indicate with clarity that in many cases, the best choices for health are also the best choices for the planet. The sustainable development goals should be promoting healthy and productive eco systems of a new type.

## **Should we address planetary health in a new way?**

A recent report underlined that *"Health is a precondition, outcome, and indicator of a sustainable society, and should be adopted as a universal value and shared social goal and political objective for all."*<sup>11</sup> This way of thinking about health has not really made it into the SDGs. All the targets set for health under goal 3 are worthy, important and will save lives but they start from today's mind frames - not from an eco-health perspective that must be our absolute priority. This requires a paradigmatic leap. A group of health advocates has recently issued a manifesto on planetary health<sup>12</sup> which echoes these type of concerns. The manifesto links the threats to human health and wellbeing with threats to the sustainability of our civilisation and threats to the natural and human-made systems. The manifesto states: *"Our patterns of overconsumption are unsustainable and will ultimately cause the collapse of our civilisation. The harms we continue to inflict on our planetary systems are a threat to our very existence as a species. The gains made in health and wellbeing over recent centuries, including through public health actions, are not irreversible; they can easily be lost, a lesson we have failed to learn from previous civilisations. We have created an unjust global economic system that favours a small, wealthy elite over the many who have so little. where we could and should be in 2030."*

What the SDGs do not yet reflect sufficiently - and this is critical for health and its determinants - are the drivers of the major health risks and their potential as a systemic risk which can lead to breakdown. Of course practically every other of the 16 goals influences health in one way or the other first and foremost goal 1. But the relationship also goes in the other direction: access to universal health coverage helps millions of people from falling into poverty. The most recent Global Risks Report of the World Economic Forum<sup>13</sup> has tried to show the interlinkages between the global risks - something the SDGs should definitely do for the goals it adopts. Actually such a process could help in prioritization. The WEF report has also gone a step further in identifying key drivers in the form of 13 trends. These are defined as "long-term, ongoing processes that can alter the future evolution of risks or the interrelations among them, without necessarily becoming risks themselves." For the global health agenda the SDGs must answer the question: *Why take health to the level of the United Nations and heads of government?* in a different way from the MDGs. For the MDGs it was to reach the highest political commitment beyond the development actors through which many health issues are dealt with - for the SDGs it must mean to be able to address the drivers and determinants that are beyond the mandate of the respective organizations and to address and influence many issues simultaneously.

## **Addressing the drivers and their interdependence**

Health is a political choice and such choices are shaped by the distribution of money, power and resources at global, national and local levels. The WHO report on the social determinants of health<sup>14</sup> has addressed this complexity through the concept of the social determinants of health, the Lancet University of Oslo report<sup>11</sup> has done is through the lens of the political determinants of health. The conditions in which people are born, grow, live, work and age are changing rapidly, this has led to increasing concern with growing inequalities in health within and between countries, also expressed as a priority in the most recent WEF global risk report.<sup>13</sup> Rising income disparities and growing polarization within societies will negatively affect health. This will decrease the fiscal space at the national level to increase access to universal health care. That is why there was the hope that the SDGs would contribute to the establishment of a well-financed and rules based governance system of global governance that benefits health and take us beyond the present models of development aid and charity. Maybe this will be addressed at the upcoming Third International Conference on Financing for Development in Addis Abbeba in June 2015.

More debate should have taken place whether the key initiatives created in the context of the MDGs are still suited to address the major concerns global health faces between now and 2030. But instead we got competition as to which issue or disease makes it into the document. What remains is that that many of the global health challenges can only be addressed through actions in sectors other than health. We will face the same issue as with the MDGs: the Millennium Declaration document that went to the UN General Assembly reflected the issues in their complexity but the focus zeroed in on the eight goals. In my view the SDGs should have been used as a political space to highlight the need to agree on the production of global public goods for health and to address unsustainable production and consumption and how it affects health. Ideally the SDG debate would have offered a new development paradigm for health linking human and planetary health and taking full account of the dynamics created through the increasing trans-border health challenges and conditions of globalization. So far it has not. Nine months remain.

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This paper was written by Ilona Kickbusch, Director of the Global Health Programme at the Graduate Institute of International and Development Studies in Geneva. The project brings together 60 teams of economists with NGOs, international agencies and businesses to identify the targets with the greatest benefit-to-cost ratio for the UN's post-2015 development goals.

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