



HEALTH

V I E W P O I N T P A P E R

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

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Post-2015 Consensus

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Introduction

I am an American public health surgeon and for the past 8 years I have been working in the least developed country in the Pacific Region: the Solomon Islands. I work with the Ministry of Health on crafting annual health priorities and am currently working with them on a Millennium Challenge Corporation compact application in order to strengthen their health system in response to rising Non-Communicable Diseases and health impacts of climate change. When ever I speak with my peers in Solomon Islands and ask them what they feel is most important in their development they say strengthening the health system. I agree with them and see health system strengthening as one of the greatest needs for future sustainable development. My reasoning is below.

Challenges of a well functioning health system

A health system includes public health as well as a health care delivery system both of which focus on preventing disease and treating it in a timely fashion. The scope of treatment and prevention is broad in an ideal health system and not focused on one "favorite" disease such as TB, malaria or HIV/AIDs. It includes them but it also addresses the impacts of many other health threats including Non Communicable Diseases (NCDs), emerging infectious diseases, climate change health impacts and injury and trauma. When the Millennium Development Goals focused health aid on TB, malaria and HIV/AIDs only it set the stage for a skewing of health aid. The net effect of these vertical health aid programs, which also included child and maternal mortality goals has been a weakening of already rudimentary health systems. This happens for 2 reasons: As well funded NGOs roll out disease specific programs they weaken the public system first by luring local health care workers away from public hospitals and clinics with higher pay and better work conditions. Secondly they hijack the country's health priorities as Ministries of Health shift their focus toward specific diseases in order to chase the money.

The end result is a distortion of what is important and a reduction in the delivery of a basic portfolio addressing health. The Ebola virus outbreak in western Africa is a graphic example of this aid distortion ^{1,2} The United States alone has spent over half a billion dollars in Liberia, Guinea and Sierra Leone on HIV/AIDs but the health systems there are unable to address the out break and in fact have imploded during it. Now in response to the outbreak

¹ Gostin, L. Ebola: towards an International Health Systems Fund *Lancet* 2014; 384(9951): e49-51.

² Fidler, D. Ebola and Global Health Governance: Time for Reckoning.

<http://www.chathamhouse.org/expert/comment/15811> accessed 11/3/21014.

the US is investing an additional \$750 million³ and we will now end up spending far more than the cost of establishing a health system in order to get control of this outbreak while only temporarily bolstering their health systems with outside assistance.⁴

External aid while valuable is not a sustainable solution. Training and partnerships that build up local capacity are sustainable. Had the health systems in the Ebola virus affected countries been strengthened prior to this recent outbreak so they included the ability to diagnose and treat infectious diseases, been staffed by a strong and competent health care work force that worked within clinics and hospitals that were stocked or had working supply chains the morbidity and mortality might have been far less and its duration much shorter than current predictions. It would also have prevented a quadrupling of aid dollars. Disease prevention, surveillance and treatment efficiency can only happen when health systems are in place and approaches toward health threats are built upon a solid foundation.

Benefits of a well functioning health system

A strong health system keeps the entire population healthy, not just children and mothers. In most cultures the breadwinner of the family is the father, and in order to work men need to be healthy too. A healthy work force is a productive workforce and this allows development to follow. Healthy families avoid task shifting due to an ill caretaker. With health children stay in school and negative nutritional deficiencies are minimized. The investment in health crosses sectoral lines as it adds to investing in future leaders and workers.^{5,6}

A functional health system also sets the stage for expanding business and commerce fostering economic growth. In Solomon Islands the government struggles with bringing commerce into the country in particular tourism. One difficulty in doing this is the limited capacity of their current health system; in particular the country's tertiary care hospital in the capital city. If the health system is improved the cruise ships and tours will come and business investment will follow.

Even more important than the tangible effects of a health system is the human rights

³ U.S. senator lifts objections to \$750 million Ebola funding shift. Reuters 10/10/2014 <http://tinyurl.com/nwhc3zh> accessed 11/3/2014.

⁴ Ebola: New World Bank Group Study Forecasts Billions in Economic Loss if Epidemic Lasts Longer, Spreads in West Africa, 10/8/2014 <http://tinyurl.com/lzmr2ze> Accessed 11/3/2014.

⁵ Thirumurthy H, Zivin JG, Goldstein M. The Economic impact of AIDS Treatment: Labor Supply in Western Kenya. *J Hum Resour* 2008, 43(3):511-552.

⁶ Zivin JG, Thirumurthy H, Goldstein M. AIDS Treatment and Intra-household Resource Allocation: Children's Nutrition and Schooling in Kenya *J Public Econ* 2009 93(7-8): 1008-1015.

dignity it provides along with the sense of self respect and well being. While attaching a dollar amount to human dignity is difficult it must be factored into SDG weighting. Health systems that provide surgical care, obstetrical and gynecological care, pediatric care along with medical care end suffering in a timely fashion and return those who are curable back to productive lives.

One important piece of data I find most profound is: worldwide injury and trauma kills more young people during the most productive period of their lives, 15-50 years old, than AIDs, malaria and TB combined.⁷

Some economists believe that health needs to be central to any economic aid development strategy^{8,9,10} I agree with this but only if it is a broad health approach and not a pigeon-holed approach focusing on certain diseases. We have tried the disease specific approach toward health aid and if we take an honest look at the results we will see we have created islands of excellence amid a sea of dysfunction.

While treatment of AIDs has improved it has done so at a huge and on going cost. The US pharmaceutical industry has done well creating a large population of AIDs patients dependent upon their drugs while we have failed to give health care providers in developing countries a foundation upon which to develop a broad portfolio of prevention and treatment strategies. These strategies once put in place will allow them to address any health problem that comes through their doors including injury and trauma, communicable and non-communicable diseases. This is where the most bang for our aid dollars is.

Conclusions

Initially development of health systems will be costly as health hardscaping¹¹ needs are addressed, however over time costs will decrease with ongoing system development. This type of aid is not a short or even medium term commitment; it requires a long term aid commitments as results will take years to become evident.

⁷ WHO 2013 data: 5.8 million deaths/year due to injury and trauma
1.9 million deaths/year due to AIDs
1.5 million deaths/year due to TB
627,000 million deaths/year due to malaria

⁸ Jeff Sachs The Path to Sustainable Development. 2/27/2014 <https://www.youtube.com/watch?v=0eX8D19htho>
accessed 11/3/2014

⁹ The Commission on Macroeconomics and Health: 10 years on *Lancet* (2011) 378(9807): a1907-1908.

¹⁰ Committee on Investing in Health Systems in Low- and Middle-Income Countries; Board on Global Health; Institute of Medicine; Investing in Global Health Systems: Sustaining Gains, Transforming Lives. Washington (DC): National Academies Press (US); 2014 Sep.

¹¹ Health hardscape includes clinics, hospitals, pharmacy and supply chains and health care worker training resources such as libraries and Internet access.

This makes health system development a good fit for the Sustainable Development Goals timeline as it spans a 10-15 year period. The metrics for measuring the development of a health system are more challenging than the low hanging fruit data of the number of pills or bed nets distributed but it is something that must be done in order to create sustainable solutions to health and set the stage for overall development in resource constrained countries.

The Copenhagen Consensus Center's economists should take a hard and comprehensive look at health system strengthening as a "phenomenal sustainable goal" because of its cross cutting impact on direct health benefits and its indirect role in development, climate change resilience and good governance. While it may be a challenge to measure the effects of this type of aid program that does not mean it should not be done.

This paper was written for the Post-2015 Consensus Project by Eileen Natuzzi, School of Public Health, San Diego State University. The project brings together 60 teams of economists with NGOs, international agencies and businesses to identify the goals with the greatest benefit-to-cost ratio for the next set of UN development goals.

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Copenhagen Consensus Center is a think tank that investigates and publishes the best policies and investment opportunities based on how much social good (measured in dollars, but also incorporating e.g. welfare, health and environmental protection) for every dollar spent. The Copenhagen Consensus was conceived to address a fundamental, but overlooked topic in international development: In a world with limited budgets and attention spans, we need to find effective ways to do the most good for the most people. The Copenhagen Consensus works with 100+ of the world's top economists including 7 Nobel Laureates to prioritize solutions to the world's biggest problems, on the basis of data and cost-benefit analysis.

