





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

Post-2015 Consensus

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GSK/SAVE THE CHILDREN comments on Copenhagen Consensus Centre Research Paper on Health Targets in the Post-2015 Development Agenda

GSK and Save the Children have established a five-year partnership focused on child mortality. Working together we want to advocate to make the ambition of ending all preventable child deaths become a reality and to help play our part in ensuring better access to nutrition and health.

We have welcomed the Open Working Group document and the UN Secretary-General's Synthesis Report as offering a firm basis for negotiating the Sustainable Development Goals. We welcome the inclusion of ending preventable maternal, newborn and child deaths in the likely targets. We support outcome-based targets but, if we work to the assumption that there will only be one health goal, we feel it should also capture health service coverage, system strengthening as well as wider social determinants of health.

There is much momentum on the inclusion of Universal Health Coverage as a target, but we want that better defined to include both components of service coverage and financial risk protection. **Inequities** within countries must be prioritised in the proposed national level goal/targets and relative reductions, and we welcome the UN Secretary-General's support for stating that no target should be counted as achieved unless achieved in every socioeconomic group in a society.

The following are comments on the health assessment paper by Jha et al.

- 1. It is unclear how this analysis responds to **existing proposals** such as those from the health consultation, the HLP report, the OWG report the SDSN report and the UN Secretary General's Synthesis Report. It is also unclear what the rationale is for selecting the proposed targets in Table 2. Our recommendation is for all current inputs to be considered and the pros and cons to be discussed to better explain why the current goal/BCR has been selected. Although Table 4 looks at the BCRs associated with the SDG goal 3 targets, no further analysis is provided on these or any of the other alternative goals as to why the final proposed goal was selected.
- 2. The discussion section which should form the key part of the paper is weak and doesn't provide a convincing argument about why the proposed goal should be considered as an alternative. Looking at it from a pure BCR perspective seems a rather narrow approach.
- 3. The analysis identifies a **funding gap** (or additional government cost), however there is no discussion of how this gap could be filled, or any analysis of donor funding which will be important for LICs in particular.

4. Re. **method**:

- It is unclear how benefit-to-cost is interpreted, and what is captured or missed. What is the rationale for the BCRs of 40 and 80? And why are these numbers considered particularly pertinent or a good benchmark to achieve? How does the approach differ from the Lancet Commission methods and what are the implications of this?
- On what basis were projections deemed 'achievable'?
- Why is the benefit-cost ratio limited to LIC and LIC regions only when the framework should be a universal one? What are the implications of this proposed goal for high income countries?
- How does the required resources gap differ from that of the Lancet Commission and other estimates?
- 5. It is unclear what the **conclusions and recommendations** of this paper are much of the paper is taken up with detailed methodology and numerical results, but little space is devoted to corresponding discussion, analysis or recommendations.

This paper was written for the Post-2015 Consensus Project by Priya Madina and Jon Pender of GSK, and Simon Wright of Save the Children. 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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