Launched by the FXB Center in August 2008, this landmark initiative will explore the “cost of inaction” of a failure to respond appropriately to children. With professors Amartya Sen and Sudhir Anand overseeing the project, researchers and economists will address the complex challenges of enumerating and quantifying the multiple social and economic costs that follow when societies fail to address the pressing needs of their most vulnerable members: children. The three-year project will respond to recurrent questions common in ethical debates in public health: Is intervention more costly than inaction? Can poor countries afford to implement effective interventions? Can they afford not to? And how does one use economics to discuss the value of health and human life?

To begin, the Cost of Inaction project will focus on developing and applying an approach to consider the consequences and costs that arise from a failure to respond to the needs of children affected by HIV/AIDS. To this end the project team has developed a conceptual framework and methodology and has begun to undertake detailed country case studies.

The conceptual framework is critical to the project. It is necessary to be clear on what exactly is meant by the “cost of inaction” and how alternative meanings shape the implementation of such a study. The conceptual framework highlights the need to identify and justify the action against which inaction is to be evaluated.

Case studies are necessary to allow for considering the context in determining the desirability of different actions. Different counter-factual actions will give rise to different costs of inaction. Give the focus on HIV/AIDS, countries were selected from within the highest HIV prevalence region. Selected countries differ in terms of their prevalence and access to resources. This is important because the actions which are identified as desirable in one context may not be desirable in another. Initial visits have already been made to the selected countries - South Africa, Rwanda, Tanzania, and Angola. Data collection visits have been conducted in Rwanda and Angola. In-country meetings with government officials, international nongovernmental organizations (NGOs), and local nonprofit organizations have provided valuable insights into the implications of a failure to respond effectively to the needs of children who are affected by HIV/AIDS in these countries. These local actors provide an on-the-ground perspective on actions being taken and on actions that should be taken to address the needs of these at-risk children and their families.
The Cost of Inaction team has now developed country-specific proposals that take into account recommendations of interventions for children in poverty and distress, the unique context of each country, and the feasibility and effectiveness of alternative interventions for the four countries. Special attention has been given to developing individual research plans for each country, as the four countries have differing political, cultural, geographical, and religious structures which present unique challenges to implementation and delivery.

For each case-study country, the Cost of Inaction team is in the process of identifying actions that the evidence suggests are desirable but have not been implemented. Following identification, these actions will be subjected to a process of review and reformulation with in-country partners. The consultation process will lead to a final list of actions. It is against these actions that the costs of inaction will be assessed and measured. The costs of action will not simply be assessed in monetary terms but will include multiple social and economic costs that follow from inaction.