

UN goals trigger calls for Canadian aid reforms

A set of [Sustainable Development Goals](#) (SDGs) adopted by the United Nations on Sept. 25 will require Ottawa to extensively reform its international aid strategies, global health experts warn.

The 17 SDGs specify 169 targets, including ambitious goals to dramatically reduce child and maternal mortality, ensure universal access to sexual and reproductive health care services including family planning, and eradicate epidemics of HIV/AIDS, malaria and tuberculosis, all by 2030.

The new goals, which come into effect Jan. 1, 2016, are a “roadmap to ending global poverty,” according to United Nations Secretary-General Ban Ki-moon.

While Canada, along with 192 other nations, has agreed to support the SDGs, many of Ottawa’s current development strategies are out of step with them, said Janet Hatcher Roberts, co-director of the World Health Organization Collaborating Center for Knowledge Translation and Health Technology Assessment for Health Equity at the University of Ottawa.

“If we’re serious about our commitment to the SDGs, we’ll have to stop slashing development spending and recommit to international programs including education and environmental sustainability,” Hatcher Roberts said.

She notes that from 2010 to 2014, Canadian aid budgets were cut almost 20% (from 0.34% of gross domestic product to 0.27%). And while Canada’s funding for maternal and child health increased by \$146 million annually during this period, spending on education was cut by \$166 million annually. The SDGs strongly emphasize that health and education are interlinked.

Ottawa is especially out of step with the SDG pledge to “ensure universal access to sexual and reproductive health care services, including for family planning, information and education, and the integration of reproductive health into national strategies and pro-



THE GIFT77/S/stock

New UN Sustainable Development Goals commit Canada to supporting access to abortion and contraception.

grams,” said Sandeep Prasad, executive director of the pro-choice charity Action Canada for Sexual Health and Rights.

Prasad notes that Canada’s maternal and child health programs currently exclude funding for services that provide women with access to abortion, while “ignoring” services that provide access to contraception.

“There’s no doubt the SDGs commit Canada to supporting access to abortion and contraception, along with a broader array of sexual health services,” said Prasad.

The Canadian Network for Maternal, Newborn and Child Health (CAN-MNCH) has received \$1.8 million from Ottawa to help the government develop science-based maternal and child health programs overseas, and promote public understanding of Canada’s efforts at home. CAN-MNCH Director Helen Scott declined to be interviewed about the implications of the SDGs, citing the Oct. 19 federal election.

Dr. Jennifer Brenner, who is a member of CAN-MNCH’s “measuring results” working group and Canadian

director of Healthy Child Uganda, a Calgary-based aid project, notes that the illegality of abortion in Uganda is a “big issue” when it comes to tackling maternal and child health. Reproductive health services “have definitely got to be part of the package” within maternal, newborn and child health efforts, she said.

The emphasis on integrated approaches to global health within the SDGs is encouraging, said Brenner. The goal to reduce global maternal mortality to [less than 70 per 100 000 live births](#) from 230 is only achievable with approaches that integrate health, education and social programs. “In order to achieve this goal, the world will have to devote its resources to the most marginalized people, especially in rural areas,” Brenner said.

Dr. Zulfiqar Bhutta, who holds the Robert Harding Inaugural Chair in Global Child Health and Policy at The Hospital for Sick Children in Toronto, agrees with Brenner that the SDG goal for maternal health can only be achieved if financial commitments are greatly increased by wealthy nations.

Bhutta also believes the SDG target of reducing neonatal mortality to at least as low as 12 per 1000 live births and under-five mortality to at least as low as 25 per 1000 live births by 2030, is doable with increased financial commitments.

The 2000 SDG targets helped deliver substantial progress against

infectious diseases and dramatic reductions in child and maternal deaths. The [global neonatal mortality rate fell](#) from 36 deaths per 1000 live births in 1990 to 19 in 2015. The global under-five mortality rate dropped 53%, from 91 deaths per 1000 live births in 1990 to 43 in 2015, according to the UN Inter-agency Group for Child Mortality Estimation.

“Canada has stood firm with its commitments to maternal and child health,” Bhutta said after noting that other wealthy nations have slashed their commitments. “But even so, we will face considerable financial challenges.” — Paul Christopher Webster, Toronto

CMAJ 2015. DOI:10.1503/cmaj.109-5167