Development goals in the post-2015 world: Whither Canada?

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ABSTRACT

A new set of post-2015 development goals for the world is being negotiated. Several potential goals relating to sustainable development, poverty, the economy and health have been identified. Many of them have potential public health gains, although there are inadequacies in how several of them have been defined. In participating in finalization of these goals, Canada should strengthen its commitments to maternal/child health; promote its publicly funded health system as an important model for universal health coverage; incorporate stronger protections for public health in trade and investment treaties; use its foreign aid to help low- and middle-income countries build the transparent and progressive tax systems to mobilize domestic revenues for health; and promote global systems of taxation to prevent tax evasion and illicit capital flight.

KEY WORDS: Public health; social determinants of health; world health

La traduction du résumé se trouve à la fin de l'article.

Can J Public Health 2014;105(3):e224-e228.

In 2000 the world's nations committed themselves to eight Millennium Development Goals (MDGs). Progress has been mixed and not without controversy, including the lack of ambition with regard to the extreme poverty goal, the poor quality of data used to measure many of the targets and the lack of an equity analysis in countries' achievement of the targets (see Table 1). Although goals 4, 5 and 6 are generally considered the "health goals", most of the others exert a powerful influence on the social determinants of health. Slow progress on goals 4 and 5 led to Canada's leadership on the Muskoka Initiative on Maternal, Newborn and Child Health, announced during the 2010 G8 summit.

The MDGs expire in 2015, and the past few years have been spent on numerous intergovernmental, international, Internet and non-governmental initiatives to define what should be the next set of global development goals. The starting point for these initiatives is to complete the unfinished 2000 MDG agenda, but there are efforts to incorporate a more ambitious and relevant set of development goals. Canada's North-South Institute has been tracking these post-2015 debates, enumerating 77 different goal proposals from civil society groups and international organizations.⁴ The objective of this commentary is to familiarize the Canadian public health community with the state of play on the post-2015 agenda and the implications for greater global health equity. It first reviews the positioning of health within two of the key initiatives (referred to as the Sustainable Development Solutions Network, or SDSN, and the United Nations [UN] High Level Panel, or HLP), whose differing goal lists are expected to converge into a final set to be adopted by UN member states some time later this year. The commentary then discusses some of the shortcomings of the goals, drawing on the North-South Institute's monitoring of the less official proposals. The

commentary concludes with a short assessment of how Canada could, or should, position itself in the post-2015 agenda setting.

Sustainable Development Solutions Network

The SDSN, an international group of researchers reporting to the UN Secretary-General, engaged in broad consultation in developing its list of 10 sustainable development goals, most of which are to be achieved by 2030⁵ (see Table 2). It calls for an elimination of extreme poverty and hunger, an increase in aggregate national income and a reduction by half of households living below half the national median income (relative poverty). It adds early childhood development programs to the MDG education goal, aspires to a low rate of youth unemployment and aims to curb violence, especially against women and children. It also calls on governments to manage their economies so as to live within environmental limits, end forest and wetland conversion to agriculture (e.g., biofuels) and cap greenhouse gas emissions by 2020, with a commitment to de-carbonize energy. As with the earlier MDGs, these goals address important determinants of health. The one specific health goal calls for universal health coverage, with targets for reduction of child, maternal, infectious and non-communicable disease mortality (thereby consolidating all of the MDG 2000 health goals into a single one), and promotion of healthier behaviours (which could be problematic unless other goals addressing the required resources for people to choose healthier behaviours are also provided).

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Conflict of Interest: None to declare.

Table 1. Mixed progress on the Millennium Development Goals¹⁻³

Goal	Comment
1. Eradicate extreme poverty and hunger	The goal of halving the proportion living in extreme poverty has been reached, although the number in the world living in precarious and still poor conditions has increased. The hunger goal is within reach. A target associated with achieving full employment has been derailed by the financial crisis, which has led to the highest ever recorded number of global unemployed.
2. Ensure by 2015 all children are able to complete primary schooling	Global primary school enrolment stands at 90%, but 250 million leave primary school illiterate, early school leaving remains persistent, and gender inequities have not been eliminated.
3. Promote gender equality and empower women	Gender disparity in primary and secondary education, the key target, has narrowed but persists. More women now work but often in insecure, poorly paid and hazardous conditions.
4. Reduce child mortality	Under-5 mortality has dropped by almost 50% but is below the two thirds decline set by the goal.
5. Improve maternal mortality and universal access to reproductive health care	Maternal mortality has dropped by almost 50% but is below the three quarters decline set by the goal. Over half of women do not receive the minimum four antenatal visits.
6. Combat HIV/AIDS, malaria and other diseases	HIV incidence is declining in most regions, malaria deaths have fallen by 26% and the TB mortality rate by 41%. Concern exists with post-financial crisis declines in development aid for these diseases, a rise in extensively drug-resistant strains of TB and the failure of the goal to address non-communicable diseases.
7. Ensure environmental sustainability	Progress on sanitation has been made but is one third below the target; the target of improving dwellings and water/sanitation access for slum dwellers was achieved but was set at only 100 million people, whereas just shy of a billion people live in slums; biodiversity loss has increased rather than reversed; and greenhouse gas emissions continue to rise rather than decline.
8. Develop a global partnership for development	Trade and investment liberalization has expanded, although the benefits remain inequitably shared and the liberalized financial system created the financial crisis and subsequent recession; development assistance increased annually until the financial crisis and fell in real terms in 2011 and 2012; essential drugs have become more affordable, but new trade treaties continue to erode the progress made on the rights of countries to access lower-cost generic medicines.

UN High Level Panel

The parallel UN High Level Panel comprised 26 “eminent persons” representing government, the private sector, academia and civil society.⁶ The Panel generated 12 goals, including an end to extreme poverty and hunger, greater gender rights, better food security and nutrition, universal access to water and sanitation, and greater employment opportunities. Many of its goals, although lacking final target numbers, are more precisely stated than those of the SDSN and more closely resemble a continuation in style of the MDGs. Many are less ambitious than the goals developed by the SDSN, particularly those for environmental, climate change and fossil fuel targets. This may make them more acceptable to a broader number of UN member nations when time for a final choice comes about. The health goal calls for an end to preventable infant and under-5 deaths, and references “priority non-communicable diseases” but does not mention universal health coverage.

A big improvement, but...

Both sets of goals, however they eventually combine, are much improved over their 2000 millennium predecessors by dint of the range of complex social determinants of health that they identify, but there are weaknesses. The post-2015 poverty goal (based on \$1.25/day in purchase power parity) is still much less ambitious than it needs to be. UNCTAD (the United Nations Committee on Trade and Development) argues that \$5/day in purchase power parity should be considered the minimum for any modestly comfortable existence. By this metric, in 2030 4% would still be poor in Europe and Central Asia, 15% in Latin America and the Caribbean, 30% in East Asia and the Pacific, 50% in the Middle East and North Africa, and 90% in South Asia and sub-Saharan Africa.⁷ Given the population of South Asia and sub-Saharan Africa, these are sobering estimates. UNCTAD, along with many civil society organizations and academics, have urged an “inequality” goal or target to reduce income and wealth inequalities that have skyrocketed over the past two decades, rather than a goal based merely on poverty

reduction. The relative poverty target in the SDSN and HLP go part of the distance, but not far enough.

Another missing piece is social security, provisions for which have taken a beating in the austerity agenda subsequent to the financial crisis and recession. By the end of 2015, some 90% of the world's population (6.3 billion people) are expected to be living under the contractionary policies of austerity.⁸ The International Labor Organization has been leading a global movement to ensure that there is a “social protection floor” for all nations, and achieving social security is one of the most frequently cited issues for those groups commenting on the post-2015 goals.

There are other limitations. The SDSN, for example, leaves many of its targets with an asterisk, noting that how these are finally determined will be up to individual nations. The HLP identifies many of its targets as candidates for minimum global standards, but most of these are as yet not fully established or require “further technical work”. More important, as good as both goal sets are in intent there is little operational guidance offered in how to achieve them. What methods should be chosen to achieve them may be seen as the sovereign right of individual nations to determine, yet many of the goals address inherently global issues (environment, conflict/violence, employment, poverty). Furthermore, both sets of goals discuss the importance of establishing some system of global finance (the 0.7% of gross national income [GNI] target for development assistance, funding to help developing countries deal with climate change). What is important is *how* we move on these goals, which requires an analysis of *why* we have these problems in the first place. As an analysis by the People's Health Movement, an international network of health activists, points out, none of the models for post-2015 priorities questions, much less challenges, the prevailing neoliberal paradigm of economic growth.⁹ Instead, there is an assumption that growth can accommodate environmental limits, with little evidence that it has done so over the past several decades.

This lack of structural economic and environmental contextualization is apparent in the targets for global governance. The MDG global partnership target calling for more

Table 2. Some progress on post-2015 Millennium Development Goals⁵

SDSN goals	HLP goals	Comment
End extreme poverty including hunger	End poverty	By 2030 many will still be living in not-quite-extreme poverty, with only minimal social protection.
Achieve development within planetary means	Manage natural resource assets sustainably	SDSN includes a target for reducing population growth.
Ensure effective learning for all	Provide quality education and lifelong learning	SDSN adds early child development programs, HLP includes pre-primary education and adds learning outcomes, not just access.
Achieve gender equality, social inclusion and human rights	Empower girls and women and achieve gender equality	SDSN includes a relative poverty measure for social inclusion; neither SDSN nor HLP includes sexual orientation in its list of goals to end discrimination.
Achieve health and wellbeing at all ages	Ensure healthy lives	Both continue targets for maternal child health from the MDGs and reference non-communicable diseases; neither refers to universal health coverage.
Improve agricultural systems and raise rural prosperity	Ensure food security and good nutrition	SDSN emphasizes agriculture and rural livelihoods more generally, HLP focuses on hunger, nutrition and food security.
Empower inclusive, productive and resilient cities	Achieve universal access to water and sanitation	SDSN includes employment targets and improved living standards in slums; both include targets for water and sanitation access and water conservation.
Curb human-induced climate change and ensure sustainable energy	Secure sustainable energy	SDSN calls for “pricing greenhouse gas emissions” (carbon tax) and de-carbonizing the economy; HLP is less ambitious with the goal of doubling renewable energy and ending fossil fuel subsidies.
Secure ecosystem services and biodiversity, good management of water and natural resources	Manage natural resource assets sustainably	SDSN calls for “polluter pay” (including government pay) for the social cost of pollution and use of environmental services.
Transform governance and sustainable development	Ensure good governance and effective institutions	SDSN calls for trade, finance, taxation, business accounting and intellectual property rules to be reformed to be consistent with sustainable development goals; HLP emphasizes civil and political rights.
	Ensure stable and peaceful societies	HLP targets a reduction in violence, similar targets embedded in other SDSN goals.
	Create a global enabling environment and catalyze long-term finance	HLP target for trade is less precise and ambitious than SDSN’s but does call for an end to illicit (capital) flows and tax evasion and for the 0.7% target of GNI for development; this is also embedded in other SDSN goals, although neither references financial transaction taxes as a development financing strategy.

Recent minor revisions to the sustainable development goals have been made; an up-to-date list can be found here: http://sustainabledevelopment.un.org/content/documents/3686WorkingDoc_0205_additional supporters.pdf
SDSN=Sustainable Development Solutions Network; HLP=High Level Panel; MDG=Millennium Development Goals.

trade and investment liberalization has been somewhat nuanced. The HLP accepts the conventional argument that “increased trade and access to markets brings more equitable growth”⁶ (p.54) (which is not always the case), but calls for it to be fairer (whatever that might mean). The SDSN goes further, urging that rules for “international trade, finance, taxation, business accounting, and intellectual property are reformed to be consistent with and support achieving” its list of sustainable development goals⁵ (p. 31). But as the fine details of this target get worked on, the more powerful countries in the world continue to push for trade and investment treaties that veer in exactly the opposite direction. An economy that lives within ecological means, a global economy that fulfills a social purpose and a financial economy that is back under capital controls remain the three most pressing goals now, for the near future. None will be accomplished without systemic forms of market regulation and resource redistribution.

Whither Canada?

One small means of resource redistribution that the SDSN and HLP both reiterate (for the 43rd time since it was first promised back in 1970) is achieving the 0.7% of GNI target for development assistance. Canada here is losing ground already, freezing the level of our disbursements, restricting contributions to a smaller number of countries and scoring poorly on the transaction costs of what we do provide.¹⁰ In 2012/2013, around 10% of Canada’s reduced aid funding was “lapsed” (unspent) and

returned to general revenue, what one commentator calls “budget cuts by stealth”.¹¹ Canada also shifted its focus from long-standing partnerships in Africa (where the need is still greatest) to Latin America, where Canadian companies stand to gain economically. An example of this is a doubling of aid to Peru in 2012, an upper middle-income country but with strong Canadian mining interests. Most of Canada’s aid to Peru in 2012 and 2013 focused on the private mining sector in promoting local development, although critics contend that this has more to do with reducing opposition to the well-documented environmental externalities of open-pit mining than improving local democracy or health.¹²

While Canada has untied its aid and is contributing more of it through multilateral agencies (a good thing), linking aid priorities to foreign trade interests is more controversial. Canada is not alone in emphasizing “trade not aid” in its development rhetoric. Ever-larger sums of official development assistance are now being allocated to “aid for trade” on the assumption that increased trade inevitably leads to development and trickle-down health. But this then requires that the rules of trade treaties that Canada negotiates should provide disproportionate benefits to poorer, aid-recipient countries. This is not currently the case. This lack of foreign policy coherence has particular relevance for control of non-communicable diseases, in that trade and investment treaties are posing risks to public health regulation.¹³

Environment is the top-rated concern for civil society and international organizations involved in the post-2015 goal

Table 3. Canada in a post-2015 agenda

- Strengthen our commitments to maternal/child health.
- Promote our publicly funded universal health system as an important model for expanding universal health coverage.
- Ensure that health concerns (present and future) are fully protected in trade and investment treaties.
- Aid for trade – if trade treaties actually disproportionately benefit poorer people and countries.
- Aid for tax reform – to build the transparent and progressive tax systems developing countries need to establish effective states and mobilize domestic revenues for health.
- Join and promote global systems of taxation to foster global development (including the post-2015 goals) and climate change mitigation.
- Work with the G20 to reform global taxation systems in order to prevent tax evasion and illicit capital flight.
- Work with developing countries to improve their royalties on extractive industries, notably mining.

debate. It is also particularly prominent in the SDSN and less so, but still central to, the HLP goals. Many developing countries have some concern that they will be expected to restrain their economic development to sustain the environment, even as the rich nations continue in their exploitation of fossil fuels (think shale gas and fracking). Canada scores particularly poorly on this account, with our exceptional exit in 2011 from the Kyoto Protocol to the United Nations Framework Convention on Climate Change. If the post-2015 goals achieve their stated intent of applying to *all* countries, and developing countries' anger at rich nations reneging on their climate change commitments continues to increase, Canada may be forced back into accountable commitments to a greener future.

Health is the second-ranked concern of civil society and international organizations, followed by education and employment/inclusive growth (where social security holds prominence as a concern). Several of the SDSN and HLP goals deal with key health determinants, albeit imperfectly. The World Health Organization (WHO) for its part is calling for completion of the 2000 health MDGs' unfinished agenda, but it is most keen on a post-2015 health goal of universal health coverage, which it defines as "ensuring...health services... of sufficient quality to be effective, while also ensuring that the use of these services does not expose the user to financial hardship."¹⁴ This sounds reasonable but avoids the contentious issue of the relationship between public and private sectors in health care financing and provision. With private insurers and providers eager to claim a larger piece of the annual \$6.5 trillion health care "market", the risk is that the costly public/private model dominant in the US will come to define the global default position.

This is a debate in which Canada could play a more aggressive and healthy role, by elaborating its own experience with a universal, single-payer, mixed provider system. Canada's system is far from perfect, with problems of wait times, coverage gaps, inefficiencies and encroaching privatization. Compared with the US system and the dual public/private models still dominating Latin America, however, these imperfections pale to insignificance.

Canada and the aid/trade agenda

Whatever shape the post-2015 development goals take, there are foreign policy positions that all governments could begin to consider, especially for goals related to the global economy and global governance targets. With respect to the aid/trade agenda, for example, Canada could support much stronger general health exceptions in trade treaties, starting with the detailed texts of the "agreed in principle" Comprehensive Economic and Trade Agreement with the European Union and the still to be completed 12-nation Trans Pacific Partnership Agreement (TPPA). Another approach would be to ensure that trade and investment

treaties include a provision requiring deference to WHO soft law (e.g., the Framework Convention on Tobacco Control) or World Health Assembly approved global action plans (e.g., on non-communicable diseases) whenever a public health policy or regulation is subject to a dispute. Canada is unlikely to lead in such an initiative. The only new foreign policy the current government has announced is a "sea change in the way Canada's diplomatic assets are deployed around the world" such that all are "harnessed to support the commercial success by Canadian companies".¹⁵ But it could support initiatives in this direction when advanced by other trade negotiating partners. Canada has also been opposing almost every effort by the US to extend patent protection in the TPPA beyond provisions in the World Trade Organization's TRIPS (Trade-Related Aspects of Intellectual Property Rights) Agreement¹⁶ and has used public health arguments to defend its ban on certain tobacco flavourings in committee meetings at the World Trade Organization.¹⁷ So there may be some room for a stronger global public health presence in Canadian trade policy to guide how the post-2015 goals on trade are implemented.

Canada and the global tax agenda

Aid will continue to be necessary for many low-income countries, especially in sub-Saharan Africa, where taxation reforms are still years away from being effectively developed. But aid is no substitute for domestic economic empowerment. Progressive taxation is fundamental to that empowerment, and to responsible state building and the social contract between well-functioning states and their citizens. Many African countries have been improving their revenue systems, but their tax rates are still too low to be adequate and still inefficient and full of exemptions for imports, investors and transnational profits. Why not aid for progressive taxation reforms rather than (or at least in addition to) aid for trade? Since Canada has become the Western world's global mining giant as a result of the domestic tax breaks we give to mining companies,¹⁸ we also have a potential role to play in supporting developing countries in their efforts to increase their low royalty rates, which were largely imposed during structural adjustment programs in the 1980s and 1990s. Although the current government is on record as being opposed to a financial transaction tax (previously known as a "Tobin tax" and initially proposed to slow down speculative and economically harmful capital flows), 40 countries already have such a tax, and 63 nations support implementing one globally. At a low rate of 0.05% such a tax would raise over USD 8.6 *trillion* annually,¹⁹ funding that could be used for global development, climate change mitigation and "bailouts" for those who lost employment and homes as a result of the 2008 financial crisis.

Canada could also take an assertive role in the most recent G20 promise to develop a more transparent international tax

identification system, so that taxes are paid where production profits are earned, avoiding the toxic practice of transfer pricing through tax haven countries.²⁰ In doing so it might also begin to stem illicit capital flows, especially from Africa, which in the past 40 years topped \$1.4 trillion, much of it the result of transnational corporate practices and more than all of the aid and debt cancellation funds that went to the continent over the same period.²¹

Actions towards economic and taxation reforms by Canada in the post-2015 agenda would begin to move us away from a charity model of intermittent, donor-driven aid to a structural model of global social solidarity and equitable economic empowerment (see Table 3). Whether we move in that direction could, and should, be part of next year's serendipitously timed 2015 federal election campaign.

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Received: December 12, 2013

Accepted: May 20, 2014

RÉSUMÉ

On négocie actuellement un nouvel ensemble d'objectifs de développement mondial pour l'après 2015. On a défini plusieurs objectifs possibles liés au développement durable, à la pauvreté, à l'économie et à la santé. Un bon nombre de ces objectifs pourraient permettre de réaliser des gains en santé publique, mais la définition de plusieurs d'entre eux comporte des lacunes. En participant au parachèvement de ces objectifs, le Canada devrait renforcer ses engagements envers la santé des mères et des enfants; présenter son système de santé subventionné comme un important modèle de couverture de santé universelle; intégrer des mesures de protection de la santé publique plus robustes dans les traités relatifs au commerce et aux investissements; utiliser son aide à l'étranger pour aider les pays à faible revenu et à revenu intermédiaire à construire des systèmes fiscaux transparents et progressifs afin de mobiliser les revenus intérieurs pour la santé; et promouvoir des systèmes de fiscalité mondiaux pour prévenir la fraude fiscale et la fuite illicite de capitaux.

MOTS CLÉS : santé publique; déterminants sociaux de la santé; santé mondiale