Health in the Sustainable Development Goal Era

In September 2015, Canada and all United Nations (UN) Member States adopted the 2030 Agenda for Sustainable Development. At the heart of this agenda for peace and prosperity for people and planet lie 17 Sustainable Development Goals (SDGs) that aim to address today's social, economic, and ecological challenges.

The Canadian Society for International Health (CSIH) is a networking organization bringing people and organizations together around common interests in global health; we have long-standing partnerships with like-minded institutions and are committed to working with stakeholders across various sectors. Together, we contribute to the achievement of the SDGs by applying a Canadian lens grounded in the principles of equity, particularly human rights as reaffirmed by the 2018 Declaration of Astana (1).

CSIH affirms Canada's leadership in global health, and further notes that in order to carry out our mission to improve health equity in Canada and worldwide, we must strengthen and mobilize the global health community to act upon the underlying determinants of health. CSIH has a long history of acting as a knowledge platform bringing together researchers, practitioners, and policymakers to support the continuum of health policy, programming, knowledge creation, innovation, and practice in order to achieve our mandate of health systems strengthening and health equity.

Health equity is a function of social, political, economic, and ecological factors that impact the physical and mental well-being of all population groups. The SDGs speak to the complexity of the relationships in these areas, with the Agenda serving as an important policy framework to use as an intersectoral lens for strengthening health systems and health equity.

SDG 3 - the goal to ensure healthy lives and promote well-being for all at all ages - is underpinned in human rights and directly relevant to the work of CSIH (2). However, many (and arguably all) goals are interrelated as they intersect with the determinants of health.

Advancing health equity and reaching the SDGs in Canada and worldwide are a priority area in CSIH's Strategic Plan for the 2018-2022 period. In line with this, and in consultation with topical experts within our membership, 10 SDGs are identified as being of particular importance to our work in global health.

We view these SDGs as directly relevant to ensuring equitable health outcomes and health systems strengthening:

1 NO POVERTY

[End Poverty in All its Forms Everywhere](#)

2 ZERO HUNGER

[End Hunger, Achieve Food Security and Improved Nutrition and Promote Sustainable Agriculture](#)

3 GOOD HEALTH AND WELL-BEING

[Ensure Healthy Lives and Promote Well-Being at all Ages](#)

4 QUALITY EDUCATION

[Ensure Inclusive and Equitable Quality Education and Promote Lifelong Opportunities for All](#)

5 GENDER EQUALITY

[Achieve Gender Equality and Empower All Women and Girls](#)

6 CLEAN WATER AND SANITATION

[Ensure Access to Water and Sanitation for All](#)

10 REDUCED INEQUALITIES

[Reduce Inequality Within and Among Countries](#)

13 CLIMATE ACTION

[Urgent Action to Combat Climate Change and its Impacts](#)

16 PEACE, JUSTICE AND STRONG INSTITUTIONS

[Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels](#)

17 PARTNERSHIPS FOR THE GOALS

[Strengthen the Means of Implementation and Revitalize the Global Partnership for Sustainable Development](#)

Health systems will be strengthened through the achievement of these 10 SDGs. These Position Statements are endorsements of the tangible benefits the SDGs provide in reducing poverty and malnutrition; improving access to water and sanitation, and education; taking climate action; and addressing inequalities and inequities negatively impacting the health of individuals and communities in both low- and high-income countries.

The Statements articulate why action on the 2030 Agenda is of utmost importance for the health and well-being of people both in Canada and beyond. This document signals CSIH's positions on SDGs and serves as a call to action for Canada to increase its overseas development assistance (ODA) to 0.7% of Gross National Income (GNI) to fulfil its international obligations.

The Canadian Society for International Health believes meeting the targets under the purview of all the following SDGs is in line with the organization's values of diversity, equity, and inclusion, and contributes to the improvement of health and health equity across the globe.

SDG 1*:* End Poverty in All its Forms Everywhere

The UN's 2030 Agenda for Sustainable Development highlights, in **Goal 1, the end of poverty around the globe** as essential to global health equity (3,4). Ending poverty requires universal protection systems that ensure the opportunity of self-actualization for everyone throughout the life cycle (3,4).

Poverty is more than a lack of income or resources (3,5). It is the deprivation of one's capabilities and ability to be optimistic about the future (3,5). These deprivations occur as a result of hunger and malnutrition, lack of access to education and essential services, social discrimination, and exclusion from governance (3,5–7). Both communicable and non-communicable (NCD) diseases emerge from these conditions in both low-income and high-income countries (5). In low-income countries, poverty increases rates of tuberculosis, HIV, and malaria and is co-morbid with malnutrition related diseases (5,7). In both high-income and low-income countries, poverty increases rates of non-communicable diseases, such as heart disease, diabetes, obesity, hypertension, and depression (5,7).

In Canada, Indigenous peoples suffer from chronic poverty comparable to low-income countries (6,8). This poverty is primarily the result of government policies, funding inequities in basic social services, and legal exclusions from self-governance (6,8). Intergenerational trauma directly resulting from the history of colonialism, the residential school system, and many other disconnections from land, language, and culture serves to further perpetuate poverty within Indigenous communities (6). As such, they experience significantly higher rates of both poverty-related communicable diseases, and poverty-related non-communicable diseases – specifically diabetes, depression, and substance abuse (6,8). Lack of access to safe water and sanitation services, education, food, and adequate housing further deteriorate health outcomes for Indigenous populations (6,8). Attempts to redress the policies and conditions causing these outcomes have occurred following the release of the Truth and Reconciliation Commission's 94 Calls to Action in 2015 (9). 84 Calls to Action still remain to be completed, including all calls related to health, child welfare, and education (9).

The fulfillment of SDG 1 calls for significant intersectoral action rooted in social justice for policies that address the complex and multilayered impact of poverty on health (7,10). These poverty-eradicating policies must be robust, feasible, evidence-based, outcome-oriented, sustainable, appropriately resourced, and applied systematically with considerations for the unique conditions and sensitivities of the people they serve (7,11). Through these measures, poverty can be eradicated, its negative health impacts mitigated, and health equity effectuated.

Key Targets for Health Equity:

1.1 By 2030, eradicate extreme poverty for all people everywhere, currently measured as people living on less than $1.25 a day

1.3 Implement nationally appropriate social protection systems and measures for all, including floors, and by 2030 achieve substantial coverage of the poor and the vulnerable

1.4 By 2030, ensure that all men and women, in particular the poor and the vulnerable, have equal rights to economic resources, as well as access to basic services, ownership and control over land and other forms of property, inheritance, natural resources, appropriate new technology and financial services, including microfinance

1.5 By 2030, build the resilience of the poor and those in vulnerable situations and reduce their exposure and vulnerability to extreme climate-related events and other economic, social and environmental shocks and disasters

1.B Create sound policy frameworks at the national, regional and international levels, based on pro-poor and gender-sensitive development strategies, to support accelerated investment in poverty eradication actions

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CSIH Actions

Health and poverty are inextricably linked. By working to ensure access to quality health services for all, and specifically women and children, CSIH is supporting efforts to reduce poverty through Targets 1.4 and 1.B. These efforts can be seen through CSIH's participation in the ENRICH and TAMANI projects in Tanzania as well as the Knowledge to Action project focused on Hepatitis in Canada.

CSIH's 2018 Canadian Conference on Global Health, *Fragile Environments and Global Health: Examining Drivers of Change*, also promoted Targets 1.1, 1.4, and 1.5 through knowledge sharing on unemployment, income inequality, social and economic inclusion, vulnerable populations, and Indigenous peoples in Canada.

SDG 2: End Hunger, Achieve Food Security and Improved Nutrition and Promote Sustainable Agriculture

The UN's 2030 Agenda for Sustainable Development highlights, in **Goal 2, food security, improved nutrition, sustainable agriculture, and sufficient food all year round** as essential to health equity and increased health outcomes across the globe (12,13). Food security is defined as when all people, at all times, have physical and economic access to sufficient, safe, and nutritious food that meets their dietary needs for an active and healthy life, especially in regards to newborn, maternal, and child health (14,15).

Adequate food and essential nutrient consumption is a social determinant of health (16). Malnutrition, whose consequences encompass wasting, stunting, obesity, and other non-communicable diseases, is a growing concern for the world's most vulnerable populations as climate change, and the political and economic systems driving it, exclude them from access to adequate nutritious food (17). The lack of access to safe and nutritious food, and the overconsumption of low-nutritional value food, gives rise to non-communicable diseases across the globe (17).

Sustainable Development Goal 2 addresses these food-related issues by mandating that everyone, especially the most vulnerable, receives access to a sufficient amount of safe and nutritious food all year round at an affordable cost (12,13). Included in the purview of food security is access to healthy diets, including the growing double burden of malnutrition (undernutrition and obesity). In ensuring food security at the country level everywhere, the pandemic of non-communicable diseases currently affecting health across the globe will be mitigated (16,17).

Key Targets for Health Equity:

2.1 By 2030, end hunger and ensure access by all people, in particular the poor and people in vulnerable situations, including infants, to safe, nutritious and sufficient food all year round.

2.2 By 2030, end all forms of malnutrition, including achieving, by 2025, the internationally agreed targets on stunting and wasting in children under 5 years of age, and address the nutritional needs of adolescent girls, pregnant and lactating women and older persons.

2.4 By 2030, ensure sustainable food production systems and implement resilient agricultural practices that increase productivity and production, that help maintain ecosystems, that strengthen capacity for adaptation to climate change, extreme weather, drought, flooding and other disasters and that progressively improve land and soil quality.

2.A Increase investment, including through enhanced international cooperation, in rural infrastructure, agricultural research and extension services, technology development and plant and livestock gene banks in order to enhance agricultural productive capacity in developing countries, in particular least developed countries.

CSIH Actions

Through the ENRICH Project (Enhancing Nutrition Services to Improve Maternal, Newborn, and Child Health), CSIH is addressing Targets 2.1 and 2.2. As a sub-contract from World Vision Canada, CSIH is providing health systems strengthening expertise and support for the project, specifically in Tanzania, to strengthen the capacity of existing health systems to effectively integrate basic health and nutrition service delivery, which additionally prevents malnutrition associated with diseases and loss of appetite while sick.

CSIH's approach to this is by working with a team of Canadian consultants and advisors, as well as local partners, to prepare and deliver workshops and training programs to local health authorities. In addition, CSIH will be working at a national level to help advocate for policy and structural changes in the Tanzanian health system.

SDG 3: Ensure Healthy Lives and Promote Well-Being at all Ages

The UN's 2030 Agenda for Sustainable Development highlights in **Goal 3 the importance of ensuring healthy lives and the well-being of all people at all ages** (18,19). Health under this goal encompasses maternal health, newborn and child health, mental health, protection from injury, communicable and non-communicable diseases, and the establishment of universal, equitable and effective health systems across the globe (18). Universal Health Coverage (UHC) is the central focus for the UN in promoting health, and plays an essential role in establishing global health equity. UHC is defined as all people and communities using the promotive, preventive, curative, rehabilitative, and palliative health services they need, of sufficient quality to be effective, while also ensuring that the use of these services does not expose them to financial hardship (20,21).

Health equity is ensuring everyone has a fair opportunity to attain their full health potential without prejudice to their race, religion, ethnicity, gender, sexual orientation, or other socially determined circumstance (2,22). Establishing health equity requires systems and arrangement for all people that are inherently just. These systems will occur through extensive social, political, and economic restructuring with the use of social justice to create new relationships and ways of being that ensure health equity for all. The three principles of actions for health equity are:

1. to improve conditions of daily life – the circumstances in which people are born, grow, learn, and live;
2. to tackle the inequitable distribution of power, wealth, resources, and their social drivers, on the local, national, and global level; and
3. to create a workforce trained in the social determinants of health, and capable of expanding the knowledge base surrounding them (23).

Global health equity applies these same principles in service of reducing inequities in access and outcomes between rich and poor countries (24). It further attempts to redress social inequalities that prevent people in low- and middle-income countries from reaching an optimal state of mental, physical, and social well-being (24,25).

The Canadian Society for International Health affirms that achieving health equity requires:

1. promoting women's rights and gender equality;
2. promoting health and education for all;
3. food for all and sustainable livelihood for food producers;
4. global economic justice;
5. corporate accountability;
6. peace;
7. global environmental justice;
8. strong democratic institutions and global citizenship;
9. effective multilateral systems; and
10. improved aid (10).

Health systems play an essential role in global health equity. They must be governed and designed in a just and equitable fashion. Ensuring the equitable dispersion of medically necessary and appropriate health care, public health goods, and health services, with equity-oriented societal adjustments, is the goal in establishing equitable health systems (26,27). Health capacities are considered equitable when health systems are available to the public; accessible to everyone without exclusion; respectful towards ethics and the lived experiences of those they serve; and scientifically and medically appropriate (11).

Under the SDG principle "Leave No One Behind", CSIH also highlights mental health and neglected tropical diseases (NTD) as under-addressed concerns impeding the achievement of global health equity. Mental health issues or challenges hold a significant portion of the global burden of diseases and must be addressed by alleviating social determinants of mental disorders, and globally investing in increased access to quality, capacity fulfilling care (28). To address NTDs, the WHO recommends the widespread implementation of preventive chemotherapy; innovative and intensified disease management; vector control and pesticide management; safe drinking water, basic sanitation and hygiene services, and education; and zoonotic disease management in tropical regions (29).

Canada is a leader in health equity on the global stage. Beyond universal health care and health promotion policies, Canadian research is beginning to employ artificial intelligence techniques for health equity (30). The Canadian government also is mandated to reconciliation with Indigenous populations by dismantling colonial governance structures and investing in greater access to health services, which reduces social determinants of inequality and health inequities (31). Additionally, Canada's Feminist International Assistance Policy and national partnerships are addressing gaps in women's sexual and reproductive health and rights across the globe (32).

SDG 3 will be fulfilled and the well-being of all people at all ages will be ensured by addressing neglected health concerns, by maintaining the four principles for equitable health capacities, and fulfilling the social, political, and economic restructuring necessary for global health equity,

CSIH affirms that achieving all targets under the purview of SDG 3 is in line with the organization's values of diversity, equity, and inclusion, and contributes to the improvement of health systems and health equity across the globe.

Key Targets for Health Equity:

3.1 By 2030, reduce the global maternal mortality ratio to less than 70 per 100,000 live births.

3.2 By 2030, end preventable deaths of newborns and children under 5 years of age, with all countries aiming to reduce neonatal mortality to at least as low as 12 per 1,000 live births and under-5 mortality to at least as low as 25 per 1,000 live births.

3.3 By 2030, end the epidemics of AIDS, tuberculosis, malaria and neglected tropical diseases and combat hepatitis, water-borne diseases and other communicable diseases.

3.4 By 2030, reduce by one third premature mortality from non-communicable diseases through prevention and treatment and promote mental health and well-being.

3.7 By 2030, 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 programs.

3.8 Achieve universal health coverage, including financial risk protection, access to quality essential health-care services and access to safe, effective, quality and affordable essential medicines and vaccines for all.

3.B Support the research and development of vaccines and medicines for the communicable and non-communicable diseases that primarily affect developing countries, provide access to affordable essential medicines and vaccines, in accordance with the Doha Declaration on the TRIPS Agreement and Public Health, which affirms the right of developing countries to use to the full the provisions in the Agreement on Trade Related Aspects of Intellectual Property Rights regarding flexibilities to protect public health, and, in particular, provide access to medicines for all.

3.C Substantially increase health financing and the recruitment, development, training and retention of the health workforce in developing countries, especially in least developed countries and small island developing States.

3.D Strengthen the capacity of all countries, in particular developing countries, for early warning, risk reduction and management of national and global health risks.

CSIH Actions

CSIH has extensive experience providing technical assistance and implementing global health and development projects in Low- and Middle-Income Countries (LMICs). Its areas of expertise include:

1. evidence-based medicine;
2. health information systems;
3. infection prevention;
4. maternal and child health; and
5. quality improvements in the provision of health care

All CSIH projects seek to strengthen health systems and improve health outcomes for project beneficiaries. CSIH believes that universal health coverage and access to safe and quality health services is a right for all, and works to achieve this through its projects.

Currently, CSIH is improving quality in the provision of health care in Mongolia by providing technical expertise, developing procedures, guidelines and policies, and carrying out capacity-building activities in the areas of blood transfusion, infection prevention and control, sterilization, and biomedical waste management. These interventions seek to improve Mongolia's health system procedures, guidelines, and policies.

CSIH also improved reproductive, maternal and newborn health in Tanzania by training, coaching and mentoring local government authorities on: gender sensitive supportive supervision of Reproductive, Maternal, Neonatal Health (RMNH) services, health management information systems, effective planning and budgeting of RMNH health services

CSIH also carries out a number of projects in the fields of HIV/AIDS and Hepatitis C, with a special focus on the realities of people with lived experience. Through the Knowledge to Action (K2A) Alliance, CSIH contributes to the use of program science and implementation science to improve the health and well-being of people affected by HIV, HCV and STBBI in communities across Canada.

Altogether, these initiatives address goals and targets 3.1, 3.2, 3.3, 3.4, 3.7, 3.8 and 3.D.

SDG 4: Ensure Inclusive and Equitable Quality Education and Promote Lifelong Opportunities for All

The UN's 2030 Agenda for Sustainable Development highlights **Goal 4, inclusive and equitable quality education and lifelong opportunities,** as essential to health equity and improved health outcomes (33,34). Education is both a critical component to an individual's health, and a contributing cause to other elements in an individual's concurrent and future health (35,36).

Access to basic quality education is integral for living a healthy life. A person lacking basic knowledge in literacy, reasoning, emotional regulation, and social skills will suffer from social dysfunction and marginal living conditions with lifelong disadvantages (36). These lifelong disadvantages translate into negative health outcomes otherwise not experienced when access to education is met (35,36).

Formal educational improves health through psychosocial and environmental factors brought on by an increased standing, and access to opportunities education provides (36). SDG 4 additionally encourages the widespread availability of technical, vocational, and tertiary skills training for employment, decent jobs, and entrepreneurship (34). All forms of education highlighted above lead to higher income and better working conditions, which improves health outcomes overall (35,36). By meeting all targets under SDG 4 across the globe, all these improvements to health equity will be incurred and health outcomes will be improved (34,36).

Key Targets for Health Equity:

4.1 By 2030, ensure that all girls and boys complete free, equitable and quality primary and secondary education leading to relevant and effective learning outcomes

4.3 By 2030, ensure equal access for all women and men to affordable and quality technical, vocational and tertiary education, including university

4.4 By 2030, substantially increase the number of youth and adults who have relevant skills, including technical and vocational skills, for employment, decent jobs and entrepreneurship

4.5 By 2030, eliminate gender disparities in education and ensure equal access to all levels of education and vocational training for the vulnerable, including persons with disabilities, indigenous peoples and children in vulnerable situations

4.7 By 2030, ensure that all learners acquire the knowledge and skills needed to promote sustainable development, including, among others, through education for sustainable development and sustainable lifestyles, human rights, gender equality, promotion of a culture of peace and non-violence, global citizenship and appreciation of cultural diversity and of culture's contribution to sustainable development

4.A Build and upgrade education facilities that are child, disability and gender sensitive and provide safe, nonviolent, inclusive and effective learning environments for all.

CSIH Actions

CSIH addresses Target 4.7 by recognizing the important role that students and young professionals (SYP) are playing in global health initiatives, and the potential that SYPs have in achieving the SDGs. CSIH continues to support, mentor and nurture emerging and future leaders within the global health community. We do this by supporting global health initiatives defined and managed by networks of student and young professionals such as CSIH MentorNet, the Global Health Students and Young Professionals (GHSYPs) initiative. In addition, CSIH actively supports researchers from LMICs in participating at our annual Canadian Conference on Global Health for continued learning.

Over the last 20 years CSIH has hosted almost 400 interns who are now contributing to the global health community as professionals. CSIH also organizes Study Tours for delegates (typically beneficiaries from the international projects) to travel to Canada and learn about various aspects of the Canadian health system.

SDG 5: Achieve Gender Equality and Empower All Women and Girls

The UN's 2030 Agenda for Sustainable Development highlights, in **Goal 5, gender equality and the empowerment of all women and girls** as an important prerequisite for sustainable development and the establishment of health equity in the world (21,37). Health equity is defined as all people reaching their full health potential without prejudice to their race, religion, ethnicity, gender, sexual orientation, or other socially determined circumstance (2).

In Canada and across the globe, gender is a social determinant of health (38). Gender inequalities emerge in health behaviours and health- systems, such as unequal access to health care, the presence of gender-related stigma in care, and the gendered experiences of the health workforce (38). Gender imbalances in leadership, occupational segregation, the gender pay gap, and the lack of decent work without discrimination or harassment continue to be issues that need to be addressed within the health workforce and society as a whole (39). Gender equality is additionally furthered by promoting "caring masculinity," increasing acceptance of men's participation in caregiving roles, and the expansion of transgender rights to protect from discrimination in education, employment, health care, public accommodations, and housing (40,41). Gender inequalities in all these domains intersect at multiple and overlapping interpersonal levels with ethnicity, education, socio-economic status, citizenship and other socially determined circumstances to undermine health equity and the fulfillment of health care needs for women and girls and other sexually and gender diverse persons (42).

In contrast, gender equality and indicators of women and girls' empowerment is associated with a variety of improved health and development outcomes connected to health behaviours, health systems, and the social determinants of health (38). Fulfilling SDG 5 with policies covering all six Action Areas of Canada's Feminist International Assistance Policy Indicators is paramount to fundamentally improving health outcomes for individuals, the workforce and communities, and achieving health equity across the globe (43,44).

Key Targets for Health Equity:

5.1 End all forms of discrimination against all women and girls everywhere

5.2 Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation

5.4 Recognize and value unpaid care and domestic work through the provision of public services, infrastructure and social protection policies and the promotion of shared responsibility within the household and the family as nationally appropriate

5.5 Ensure women's full and effective participation and equal opportunities for leadership at all levels of decision-making in political, economic and public life

5.6 Ensure universal access to sexual and reproductive health and reproductive rights as agreed in accordance with the Programme of Action of the International Conference on Population and Development and the Beijing Platform for Action and the outcome documents of their review conferences

5.A Undertake reforms to give women equal rights to economic resources, as well as access to ownership and control over land and other forms of property, financial services, inheritance and natural resources, in accordance with national laws

5.C Adopt and strengthen sound policies and enforceable legislation for the promotion of gender equality and the empowerment of all women and girls at all levels

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CSIH Actions

CSIH applies principles of health equity and gender equality in its operations and evidence-based project activities. In doing so, it affirms an equity-based-approach to health systems strengthening, supports a responsive health system that respects people's dignity, autonomy and confidentiality, and meets a population's changing needs shaped by social, economic, ecological and epidemiological changes.

CSIH has passed a gender equality policy in which we pledge to:

1. Work with partners to integrate gender equality in programming, monitoring and evaluation;
2. Address in its projects systemic and structural practices that create barriers to the realization of women's rights and gender equality in the field of health care including facilitating participation of women in decision-making roles;
3. Implement strategies to ensure the needs of boys, girls, men and women are all met equitably in the provision of health and other services;
4. Provide special consideration to vulnerable populations, including when risks and/or disadvantages are gender-based; and
5. Offer equal opportunities for women and men -- head office staff, interns, consultants and service providers – in terms of recruitment, advancement, benefits and working conditions.

Through its projects in Tanzania, CSIH works to improve access to quality health services for all, promote sexual and reproductive health and rights within the health system, and educate on gender equality in the health sector.

In 2018, CSIH developed the inaugural Canadian Women in Global Health List to improve the recognition and visibility of women in global health; and further advance women's leadership in the field. The annual Canadian Conference on Global Health regularly explores gender as a cross-cutting issue, and more recently, intersectionality.

These projects and principles directly translate to improvements in all targets in SDG5 with specific considerations towards Targets 5.1, 5.5, and 5.6.

SDG 6: Ensure Access to Water and Sanitation to All

The UN's 2030 Agenda for Sustainable Development highlights, in **Goal 6, safely managed water supplies and sanitation facilities for everyone** as essential to global health equity (45,46). The Millennium Development Goals (MDG) failed to meet established sanitation and hygiene targets by about a billion people (47). This SDG seeks to inclusively address the gap of those left behind by the MDGs, and improve their health and well-being (47).

Inadequate water and sanitation services act as severe risk factors increasing the occurrence of diarrhoeal diseases and water, sanitation, or hygiene-related illnesses in both low-income and high-income countries (48). The resulting burden of disease in low- and middle income countries has been on the rise[1] (49–51). In Canada, Indigenous communities experience high levels of tuberculosis from contaminated water sources and poor sanitation services comparable to those in low-income countries[2] (8,52). This speaks to the global focus of the SDG, where we are all accountable to providing universal access to everyone.

By meeting the targets of SDG 6, the disease burden will be mitigated with proven, cost-effective, inclusive interventions diligently maintained to guarantee safe and secure drinking water, and sanitation facilities for all (48,53). WASH is an example of a program addressing the disease burden of waterborne illnesses through infrastructure development and education on water, sanitation, and hygiene surrounding access and disposal (54). In implementing WASH, other priorities including maternal, newborn and child health, and sexual and reproductive health rights, need to be addressed when improving water and sanitation services (53). These targeted intersectoral interventions will not only reduce the disease burden but also increase health equity by reducing gender-based inequalities and violence (53).

Key Targets for Health Equity:

6.1 By 2030, achieve universal and equitable access to safe and affordable drinking water for all

6.2 By 2030, achieve access to adequate and equitable sanitation and hygiene for all and end open defecation, paying special attention to the needs of women and girls and those in vulnerable situations

6.3 By 2030, improve water quality by reducing pollution, eliminating dumping and minimizing release of hazardous chemicals and materials, halving the proportion of untreated wastewater and substantially increasing recycling and safe reuse globally

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[1] There were 782 000 deaths from inadequate water sanitation, and hygiene in 2012. In 2016, the burden of disease among the same countries rose to 828 367 deaths. Most of these deaths were of children below the age of 5.

[2] 30% of water systems in Indigenous communities are considered high risk and rates of water-borne infections are 26 times the national average.

6.A By 2030, expand international cooperation and capacity-building support to developing countries in water- and sanitation-related activities and programmes, including water harvesting, desalination, water efficiency, wastewater treatment, recycling and reuse technologies

6.B Support and strengthen the participation of local communities in improving water and sanitation management

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CSIH Actions

CSIH is addressing goal 6.3 by working to introduce international standards to the Mongolian health system's procedures on waste management and infectious diseases through institutional capacity building, and supporting improvements to health infrastructure. These interventions have sought to improve Mongolia's policies in the areas of infection prevention and control, sterilization, and biomedical waste management in health facilities.

CSIH Policy Position

SDG 10: Reduce Inequality Within and Among Countries

The UN's 2030 Agenda for Sustainable Development asserts **Goal 10, the reduction of inequality within and among countries,** as essential to the achievement of improved health outcomes (55–57). CSIH affirms that solutions to inequality must go beyond current structures enforcing economic inequality by applying a social justice approach to achieving health equity. Health equity is achieved by reducing structural and systemic barriers contributing to inequalities, externalities, and cross border problems through a social and global justice approach (26,56–59).

For health equity to be achieved, social justice is a prerequisite. Social justice applied to health systems ensures the equitable dispersion of medically necessary and appropriate health care, public health goods, and health services; and that they remain transparent and accountable (26,27,60). Health capacities are then considered equitable when health systems are available to the public; accessible to everyone without discrimination; respectful towards ethics and the lived experience of those it services; and scientifically and medically appropriate (11).

Social justice also manifests as a redistribution of wealth through mechanisms of progressive taxation and social protection systems, such as government spending on social services, conditional cash transfers, and direct programs to combat economic inequality and fight poverty (58). Health equity beyond this redistribution also requires fulfilling people's rights to adequate nutrition, clean water, education, health care, a healthy environment, and all other factors that contribute to human well-being and thriving (11,58,61). In Canada, this requires addressing major inequities in funding and services, and eliminating discriminatory policies towards Indigenous peoples within the country that perpetuate clear inequalities between settler Canadians and Indigenous peoples (6). Structural, technological, and social changes are necessary in effectively assuring health equity is established by ensuring social justice (27).

CSIH affirms that in addition to reducing inequalities between countries, we must ensure there is equity within them under a justice-based approach to the global economy, prioritizing human rights and the world's carrying capacity (10). Direct action to reduce inequalities between high-income and low-income countries includes just trade agreements, debt relief, progressive lending mechanisms, stable foreign aid agreements, and collaborative ecological global governance (10,58,62,63).

By implementing both these domestic and international measures, health inequalities will be alleviated through social justice in guiding equitable redistribution of wealth; changes in global and domestic economic, ecological, and health structures; and the fulfilment of essential human rights across the globe (10,26,56,58,60,63).

Key Targets for Health Equity:

10.2 By 2030, empower and promote the social, economic and political inclusion of all, irrespective of age, sex, disability, race, ethnicity, origin, religion or economic or other status

10.3 Ensure equal opportunity and reduce inequalities of outcome, including by eliminating discriminatory laws, policies and practices and promoting appropriate legislation, policies and action in this regard

10.6 Ensure enhanced representation and voice for developing countries in decision-making in global international economic and financial institutions in order to deliver more effective, credible, accountable and legitimate institutions

10.A Implement the principle of special and differential treatment for developing countries, in particular least developed countries, in accordance with World Trade Organization agreements

10.B Encourage official development assistance and financial flows, including foreign direct investment, to States where the need is greatest, in particular least developed countries, African countries, small island developing States and landlocked developing countries, in accordance with their national plans and programmes

10.C By 2030, reduce to less than 3 per cent the transaction costs of migrant remittances and eliminate remittance corridors with costs higher than 5 per cent

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CSIH Actions

CSIH's annual Canadian Conference on Global Health convenes our membership and stakeholders to exchange knowledge for advancing equity-based approaches to health systems strengthening. In 2018 the conference theme, *Fragile Environments and Global Health: Examining Drivers of Change*, focused on promoted SDGs 10.2, 10.3, and 10.6. Its theme highlighted five factors to fragility:

1. Economic (e.g. unemployment);
2. Environmental (e.g. climate change);
3. Political (e.g. instability, weak governments);
4. Societal (e.g. income inequality, intimate partner violence); and
5. Security (e.g. crime, conflict).

These factors were used to explore the way health systems are failing in fragile countries. Topics discussed in relation to SDG 10 were the advancement of women and children's health and rights, social and economic inclusion, populations at risk, and Indigenous peoples in Canada.

CSIH Policy Position

SDG 13: Urgent Action to Combat Climate Change and its Impacts

The UN's 2030 Agenda for Sustainable Development highlights, in **Goal 13, the need for urgent action to combat climate change and its impacts** on health systems and global health equity (64,65). This goal necessitates changes in both structural and social relationships that contribute to the worsening of anthropogenic climate change (27,66). The city of Ottawa, where CSIH is situated, along with the Government of Canada, have joined a growing global movement among municipalities and countries that recognize they are in the midst of a climate emergency and must act against it (66).

Airborne pollution, rising temperatures, heat waves, and extreme weather all directly impact human health (17,67). These impact factors primarily affect vulnerable populations of low-income backgrounds, especially in the least developed countries and fragile states of the world (17,67–69). Current food production and distribution systems also harm human health by failing to reduce greenhouse gas emissions, and by further contributing to obesity and malnutrition around the globe (17,67). Both strain health systems through their widespread impacts on human health (17,67,68). High emission systems must then be eliminated, and new governance models adopted, to alleviate the impacts of climate change and their effects on both health systems and health equity (17,67). Desertification, droughts and poor water management practices also contribute to conflicts in many water-scarce regions of the world – all additional problems being further exacerbated by climate change which must be addressed (70–72).

By changing approaches to climate and health governance, carbon pricing, transportation, private sector involvement, urban design, and land use, greenhouse gas emissions can be reduced and the impacts of climate change on health systems mitigated (17,67). These changes will also eliminate social, economic and political structures that maintain the global syndemic of climate change, obesity, and malnutrition and improve health equity around the globe (17,27,67).

Key Targets for Health Equity:

13.1 Strengthen resilience and adaptive capacity to climate-related hazards and natural disasters in all countries

13.2 Integrate climate change measures into national policies, strategies and planning

13.3 Improve education, awareness-raising and human and institutional capacity on climate change mitigation, adaptation, impact reduction and early warning

13.A Implement the commitment undertaken by developed-country parties to the United Nations Framework Convention on Climate Change to a goal of mobilizing jointly $100 billion annually by 2020 from all sources to address the needs of developing countries in the context of meaningful mitigation actions and transparency on implementation and fully operationalize the Green Climate Fund through its capitalization as soon as possible

13.B Promote mechanisms for raising capacity for effective climate change-related planning and management in least developed countries and small island developing States, including focusing on women, youth and local and marginalized communities

CSIH Actions

Seeing climate change as one of global health's most significant challenges, CSIH seeks to address the long-term impacts, and viability of outcomes, of decisions that balance human development and advancement with environmental sustainability through knowledge mobilization and exchange. In 2019, CSIH signed a Call to Action for Climate Change and Health spearheaded by the Canadian Public Health Association (CPHA) and Canadian Association of Physicians for the Environment (CAPE). CSIH's Canadian Conferences on Global Health include the cross-cutting themes of sustainability, which convenes topical experts to exchange knowledge on the subject. As such, CSIH's actions fall under the purview of Target 13.3 in providing education, and awareness-raising through knowledge mobilization and exchange; and Target 13.B in promoting mechanisms for effective climate change-related mitigation in all countries.

SDG 16: Promote peaceful and inclusive societies for sustainable development, provide access to justice for all and build effective, accountable and inclusive institutions at all levels

The UN's 2030 Agenda for Sustainable Development highlights, in **Goal 16, leadership, strong institutions, and an inclusive society** as necessary for health systems to be able to effectively and equitably meet the health needs of the people they serve (73–75). Universal Health Coverage with primary health care is one of the key goals all countries have pledged to achieve by 2030 that requires effective governance to truly improve the health of the people receiving it (20,73).

Effective governance at the local, regional, and global level is a major pre-determinant of health (73). Health systems across all levels that can deliver services equitably and effectively are critical to achieving positive health outcomes (73). Strong leadership and governance can address lack of access to essential medicines, insufficient financial resources, ineffective health information systems, and an insufficient numbers of health workers to meet public health needs. These concerns are present at all levels, whether it is a local health system trying to meet the needs of a rural population, or a global health system responding to an epidemic (73).

SDG 16 addresses many of these issues by focusing on governance and its crucial role in maintaining strong institutions through strategic policies and effective oversight (73–75). With both, health systems can be more inclusive, effectively financed, provide essential medicines, maintain consistent service delivery across the board, and meet the health needs of the population they serve (73,76). Effective health governance then improves health equity by increasing health system efficiency, responsiveness, inclusivity and outcomes as a whole (73,76).

Key Targets for Health Equity:

16.3 Promote the rule of law at the national and international levels and ensure equal access to justice for all

16.6 Develop effective, accountable and transparent institutions at all levels

16.7 Ensure responsive, inclusive, participatory and representative decision-making at all levels

16.8 Broaden and strengthen the participation of developing countries in the institutions of global governance

16.10 Ensure public access to information and protect fundamental freedoms, in accordance with national legislation and international agreements

16.A Strengthen relevant national institutions, including through international cooperation, for building capacity at all levels, in particular in developing countries, to prevent violence and combat terrorism and crime

16.B Promote and enforce non-discriminatory laws and policies for sustainable development

CSIH Actions

CSIH's annual conferences provide a platform for global health scholars, practitioners, and decision makers to exchange their knowledge and experience to ensure best practices.

CSIH's evidence-based project activities meet goal 16.6. They are based on the foundational principle of health equity and adopt an integrated approach to building technical capacity, strengthening health systems, improving people's health and addressing the social determinants of health.

 CSIH does so by:

1. identifying opportunities and undertaking actions to contribute to health systems strengthening (HSS) and institutional capacity building in line with CSIH mission (research, practice, evaluation and learning);
2. applying principles of health equity and gender equality in its operations and activities;
3. supporting health systems strengthening and population health interventions that draw upon the best available evidence from different disciplines and sectors, and that are grounded in innovative, collaborative, inter-sectoral, and interdisciplinary strategies;
4. prioritizing responsive decision-making, accountability and transparency, and improved governance in its health system strengthening initiatives;
5. mobilizing expertise and resources for technical assistance and development projects to achieve HSS and capacity-building objectives; and
6. contributing to and participating in relevant networks and initiatives that advance health equity and global health agendas.

These evidence-based project practices were used to effect in CSIH's Disease Management Program in Kazakhstan to ensure disease care in primary health facilities became more organized, predictable, efficient, systematic, and patient-centred. In Tanzania, CSIH is building institutional capacity for health systems governance and management at the sub-national level in select regions to improve accountability and transparency. In addition, CSIH's Knowledge to Action (K2A) project builds capacity for implementation science amongst practitioners.

The 2019 Canadian Conference on Global Health promotes goal 16.3, 16.6 and 16.7 with its theme, *Governance for Global Health: Power, Politics, and Justice*.

SDG 17: Strengthen the Means of Implementation and Revitalize the Global Partnership for Sustainable Development

The UN's 2030 Agenda for Sustainable Development highlights, in **Goal 17, global partnerships for the goals** as essential to improving the means towards global health equity. Effective global partnerships are defined as institutionalized interactions between public, private, international, and civil society actors not limited by borders that aim at the provision of collective goods (77,78)." The work of global partnerships takes the form of capacity building supports, which will help all countries create equitable health systems, and improve global health system responses to public health emergencies of concern (79–81). They are effectively led, cross-sectoral partner mixed initiatives with stringent goal setting, and sustainable funding, structured to address a targeted problem (77,78). Through professional process management, regular monitoring, and by appropriately mapping governance structures to the social and political context in which the partnerships are situated, global partnerships are effective in improving outcomes beyond the capabilities of individual states (77,78).

The United Nations Agenda 2030 for Sustainable Development is a global partnership in action that also forms the basis of many other partnerships established in the private and civil sectors (82–84). For instance, the Global Goals for Sustainable Development and the Global Compact Network of Canada are partnerships assisting private sector organizations in implementing the SDGs within their national and global operations (82,83). In Canada, Alliance 2030 is another partnership organization working to facilitate the implementation of SDGs with the public, private, and civil sectors at both the local and global level (84).

Acknowledging that sustainable development is not just an international goal, but a global goal, the mediation of international linkages through national governments is not sufficient to holistically achieve it (78,85,86). All levels of the public sector, be it the local/urban, provincial/state, or national levels, must leverage their own international linkages for health equity, health systems and sustainable development with the global civil and private sectors, and other equivalent levels of government across the globe (86,87).

The borderless nature of infectious diseases, and the responsibility every nation has to the health of its people, makes global partnerships at all levels essential to filling the gaps left by insufficient health systems capacities(88). By meeting all targets under the purview of Sustainable Development Goal 17, many countries' health system capacities will be significantly improved, as will be the global response to public health emergencies of concern involving communicable and non-communicable diseases (80).

Achieving 0.7% of Gross National Income towards development assistance under goal 17.2 is also an important component to improving health equity, education and other services in the developing world and has been reached by six developed countries (10,89). In response to a 2005 Harvard report on world poverty, the Canadian government passed a 10-year timetable meant to advance Canada's ODA budget in line with commitments to the MDGs (90,91).

Yet instead of progressing to the realization of 0.7% of GNI through the timetable, Canada's ODA budget has in fact been on the downward trend since the 1990s (92). The current development assistance budget accounts for only 0.26% of GNI, which is a reduction from 0.3% in 2015 which was also a reduction from 0.47% in 1993 (92).

A timetable for predictable annual increases over the next five years has recently been released, but listed increases still leave Canada's development assistance budget hovering at roughly 0.26% of GNI each year (10,93,94). As a result, the new funding timetable offers no tangible increases to the development assistance budget and will fail to bring Canada to 0.7% of its GNI by 2030 (94).

The Canadian Society for International Health, as a member of the Canadian Council for International Cooperation, requests the government of Canada to revise its overseas development assistance budget to achieve the internationally-agreed commitment by all high-income countries of 0.7% of GNI.

Key Targets for Health Equity:

17.1 Strengthen domestic resource mobilization, including through international support to developing countries, to improve domestic capacity for tax and other revenue collection

17.2 Developed countries to implement fully their official development assistance commitments, including the commitment by many developed countries to achieve the target of 0.7 per cent of ODA/GNI to developing countries and 0.15 to 0.20 per cent of ODA/GNI to least developed countries ODA providers are encouraged to consider setting a target to provide at least 0.20 per cent of ODA/GNI to least developed countries

17.4 Assist developing countries in attaining long-term debt sustainability through coordinated policies aimed at fostering debt financing, debt relief and debt restructuring, as appropriate, and address the external debt of highly indebted poor countries to reduce debt distress

17.6 Enhance North-South, South-South and triangular regional and international cooperation on and access to science, technology and innovation and enhance knowledge sharing on mutually agreed terms, including through improved coordination among existing mechanisms, in particular at the United Nations level, and through a global technology facilitation mechanism

17.7 Promote the development, transfer, dissemination and diffusion of environmentally sound technologies to developing countries on favourable terms, including on concessional and preferential terms, as mutually agreed

17.9 Enhance international support for implementing effective and targeted capacity-building in developing countries to support national plans to implement all the sustainable development goals, including through North-South, South-South and triangular cooperation

17.14 Enhance policy coherence for sustainable development

17.15 Respect each country's policy space and leadership to establish and implement policies for poverty eradication and sustainable development

17.16 Enhance the global partnership for sustainable development, complemented by multi-stakeholder partnerships that mobilize and share knowledge, expertise, technology and financial resources, to support the achievement of the sustainable development goals in all countries, in particular developing countries

17.17 Encourage and promote effective public, public-private and civil society partnerships, building on the experience and resourcing strategies of partnerships

17.18 By 2020, enhance capacity-building support to developing countries, including for least developed countries and small island developing States, to increase significantly the availability of high-quality, timely and reliable data disaggregated by income, gender, age, race, ethnicity, migratory status, disability, geographic location and other characteristics relevant in national contexts

17.19 By 2030, build on existing initiatives to develop measurements of progress on sustainable development that complement gross domestic product, and support statistical capacity-building in developing countries

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CSIH Actions

In its role as convenor and knowledge translator, CSIH pools research and expertise with Canadian, international and local organizations in the countries it operates in. The organization takes an approach that allows for a two-way exchange of knowledge with its local and international teams of experts while always adhering to national policies. It also works in partnership with national governments to effect change at the policy level.

CSIH additionally seeks to strengthen the participation, capacity, and awareness of the Canadian global health community to be significant, appropriate and effective partners in addressing global health issues that contribute to the health-oriented agenda for sustainable development (SDGs).From 2018 to 2019, CSIH partnered with CIHR to bring on expertise related to the SDGs for programing, policy, and research purposes.

CSIH accomplishes this by:

- Convening the global health community through high-quality conferences and other events (workshops, seminars and webinars);
- Partnering with the International Development Research Centre (IDRC) to support the capacity building of researchers from LMICs
- Partnering with the Canadian Institutes of Health Research and the University of Ottawa to harness global health policy expertise
- Establishing communities of practice around priority global health agendas to use research results to make informed decisions about health policies, programs, practices and innovations;
- Implementing effective communications activities (newsletters, website, social media) to engage with the global health community and promote knowledge exchange and networking; and
- Strategically engaging with members and like-minded organizations to produce and disseminate evidence-based position statements on priority global health issues.

All of these contribute to achieving Targets 17.6, 17.9, 17.16, 17.17, and 17.18.

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