

# Are the Sustainable Development Goals Realistic and Effective: A Qualitative Analysis of Key Informant Opinions

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**Abstract:** The UN Sustainable Development Goals (SDGs) were devised in part to help define the international development funding agenda for future decades. This study sought to explore the challenges and strengths of the SDGs, with respect to their ability to effectively address current and future global health issues. Active researchers and opinion leaders in global health research were interviewed about their opinions on the future of global health, with particular attention to the likely impact of the SDGs on individual research programs. According to thematic analysis, respondents felt that the SDGs should focus more on the development of good governance structures, address corruption and tax systems to develop more comprehensive health structures and financing, and embody a more holistic approach to global health.

**Keywords:** Global health; International development, international health, Millennium Development Goals, Sustainable Development Goals; United Nations

## Introduction

The development and application of the Millennium Development Goals (MDGs) was a transformative achievement and one of the largest and most ambitious global health initiatives that has ever been undertaken on an international level [1]. The goals' intent, derived from agreements at the United Nations Millennium Declaration of 2000, was to create "a more peaceful, prosperous and just world" [1, 2]. They consisted of a set of eight time-oriented goals, each with numerical indicators, to tackle immediate global development challenges to be achieved within a 15-year time period [2, 3].

The Sustainable Development Goals (SDGs), adopted in 2015, were meant to be the successor framework to the MDGs [4]. Consisting of 17 goals and 169 targets, the SDGs are superficially congruent to the MDGs, but are more aspirational and less prescriptive.

With the MDG process completed, there is disagreement about how successful they were, with most observers acknowledging the goals' "uneven accomplishments", as some regions lagged behind others in reaching their identified targets [5]. There is, however, widespread agreement that a handful of the eight targets were achieved on a global level: halving poverty, halving the number of people who lack access to clean water, halving the likelihood of childhood mortality under five, and achieving accessible education for 90% of children in developing regions [6]. With the outcomes of the MDGs laid bare, an opportunity arises for an early assessment of the SDGs' potential for building upon its predecessor framework's successes while avoiding the pitfalls of its failures.

With this study, we sought the opinions of key informants --international health experts from a variety of fields and sectors--to better understand where the SDGs will be best applied and least relevant.

## Methods

Key informant interviews with experts involved in the various sectors of global health were conducted. Subjects who were North American, English-speaking professionals were identified through the primary literature based on prior publication history in the field of global health and/or via their involvement in global health and the MDG/SDG agendas. Subjects were recruited via email, and willing participants were invited for an interview. The

list of questions (see Appendix 1) was based on a review of the published literature that expressed criticisms of the MDGs and emerging SDGs.

These interviews were audio recorded and later transcription, with all transcripts made available to the participants to review and confirm. Written consent was obtained from each participant, who was also given the option to remain anonymous. Participants were given the choice to conduct the interview in person at various locations within the city of Ottawa, over the phone, via email, or through Skype.

Transcribed responses were analyzed using Hsieh & Shannon's [7] conventional content analysis thematic coding process. Analysis was conducted with the assistance of AtlasTI qualitative analysis software. Themes were identified based on the major findings and codes. This methodology involved a one-rater system, but data transcripts and analysis were reviewed and supported by both authors independently.

Permission for this study was granted by the Office of Research Ethics and Integrity at the University of Ottawa, file H08-14-12.

## Results

In total, 18 participants were willing to complete interviews, with an average interview time of forty-four minutes (exclusive of the interviews conducted over email). Fifteen participants declined. The professional backgrounds of the participants were multi-disciplinary, including physicians and scientists with affiliations with the World Health Organization, the Canadian Council for International Collaboration, the Canadian Society for International Health, WASH (Water, Sanitation and Hygiene initiatives), the North-South Institute, as well as university-appointed faculty members in the fields of international development and globalization, health economics, population health, public health, feminism and gender studies, medicine, global health, and international affairs.

Six themes arose from the responses. In declining order of prominence, they were: Greatest threats; Developing a more holistic view of health; Moving forward into the future; Maternal, newborn and child health (MNCH); Future financing; Universal healthcare coverage. These themes are summarized in Table 1, with sample quotes from respondents following.

Table 1: Summary of themes emerging from key informant interviews.

	Theme	Description	Elements
A	Greatest threats	Concern that the entire SDG agenda would fail due to the large number of goals and targets	Security; climate change, energy production; employment; infrastructure; overconsumption; gender issues
B	Developing a more holistic view of health	Lack of integration of the health SDGs into a broader global development context	Gender imbalance; collaboration with other sectors; goals too broad
C	Moving forward for the future	Desire for the SDGs to focus more on good governance as a tool for addressing social inequalities	Charismatic stakeholders; role of media; political networks; public advocacy
D	MNCH (maternal, newborn, and child health)	Need for MNCH interventions to be integrated into economic and social determinants	Large concern for donors; disconnect between money spent and measurable outcomes; better link with poverty reduction
E	Future financing	Future financing of global health projects should be from domestic sources	Sustainability; improper reliance on large donors; healthy business sectors
F	Universal health care coverage	Disagreement over role of universal health care coverage	Public health insurance is not for everyone or possible in every country

### **A) *Greatest Threats***

In this theme, the overarching concept was concern that the entire SDG agenda would fail due to the large number of goals and targets. The biggest concerns were the SDGs' inability to address inequality, create good governance structures (to eliminate corruption), eliminate poverty and deal with climate change. Specifically concerning health, researchers identified NCDs (non-communicable diseases) as the main health priority moving forward, as well as emergent and re-emergent diseases.

#### ***Sample quotes from respondents***

'We need to focus on NCDs. No doubt about that – we manage them relatively poorly at a primary care level, we don't have good benchmarks or indicators for how well we are doing in terms of how we are getting people onto the right track and with how coherent we are with international practice guidelines. There's also not a lot of funding for NCDs despite the fact that most of our tax dollars are spent managing chronic diseases.'

'Another area [relates to] governance, peace and security goals, [and] effective institutions. Obviously these are more of a concern in some countries more than others. More than that, governments do not want a spotlight on their actions. They don't want to be told that their institutions are not effective. It's more contentious from that point of view to get governments to agree. But there is a strong recognition that this is the glue of the agenda – governance, security.'

### **B) *Developing a More Holistic View of Health***

Respondents felt that there is a lack of integration of the health SDGs into a broader global development context and stressed the need to consider health from avenues beyond that of a strictly bio-medical perspective. Additionally, there was a lack of consensus on whether the combining of three health-based MDGs into the one health-themed SDG was a wise strategy. Some saw this as an opportunity for less newsworthy diseases to attract more attention, while others viewed the goal's 13 as too broad and needlessly aspirational.

#### ***Sample quotes from respondents***

'Donors are choosing specific issues they want as flagship issues, but what they should be doing is following the aid effectiveness principles of aligning with global development and ensuring greater country ownership and shifting away from projects to supporting programs so governments can make their own decisions on what the priorities are.'

'The expansion of clearly defined specific goals to one aspirational goal (with some equally aspirational and unrealistic targets) is a double-edged sword. It will help overcome some of the pernicious impacts of the MDGs – the failure to truly capitalize on this spending to strengthen domestic health systems and national capacity to deliver primary health care services, as well as the neglect of important health issues. But it may result in a lack of cohesion among donors that could be damaging – the MDGs forced donors to work more closely together.'

'As an adult male, unless I had HIV, malaria, TB, it wasn't clear where I fit into the MDGs.'

'Financing for this broader suite of SDGs may hold more long-term opportunity to improve global health than disease-specific funding.'

### **C) *Moving Forward for the Future***

Respondents expressed a desire for the SDGs to focus more on good governance as a tool for addressing social inequalities. This includes strategies for encouraging collaboration between development stakeholders, and assurances for stakeholder accountability. In addition, they felt that complex interventions should be explicitly required to be gradually implemented and derived from the determinants of health. In other words, health issues should be addressed using an intersectional systems approach, rather than the disease-focused, largely vertical, approach seemingly encouraged by the MDGs.

#### ***Sample quotes from respondents***

'Ultimately it comes down to good governance and health structures within the country to determine what is needed and what interventions need to be a priority to strengthen the health system. As global health experts, we assume that because we are subject matter experts we are also context matter experts.'

'It is an opportunity to generate those links with domestic organizations and international organizations and generate more solidarity between groups. It is an opportunity to make all of this seem like a less foreign agenda and something more global and relating to everyone in the world.'

'It is up to the countries who understand their local contexts to know what is feasible and what is an actual priority at the local level. There are different interventions that are going to have different effects in different countries.'

### **D) *Maternal, Newborn and Child Health (MNCH)***

Respondents recognized the need for MNCH interventions to be integrated into economic and social determinants, with the desired overall effect on strengthening health systems. They saw MNCH as a necessary priority for its close

deterministic relationship with poverty, socioeconomic status, and overall community development. Many expressed a desire for MNCH issues to be more highly prioritized among the SDGs as a singular endeavour, a perspective recapitulated in the literature [8].

***Sample quotes from respondents***

‘What we should be doing and focusing on are all other goals around creating a healthy environment, reducing poverty, gender equality and empowerment, equitable education, hunger – these go a long way to improving maternal health outcomes.’

‘It has been proven through extensive research that providing individuals with a comprehensive package of sexual and reproductive health information and services, including a range of modern methods of contraception, has the potential to contribute to economic growth.’

***E) Future Financing***

Respondents believed that future financing of global health projects would be primarily from domestic and inter-sectoral sources, rather than through the traditional international donor bodies, with opportunities to diversify on an as-needed basis for respective countries. They noted that health will most likely continue to be seen as a priority by all players, but that health initiatives would need more diversified funding sources. The need for strengthening tax systems and reducing corruption was noted as paramount to success in this regard.

***Sample quotes from respondents***

‘In many of these cases, a lot of the financing efforts will come from within. The south financing component and the capacity to raise their own resources is going to be important for all of them. You are going to have countries again that are incredibly weak and are going to continue to have to accept traditional assistance from public and private donors. That isn’t a bad thing but it points to a diversity of financing need and an option that is missed in the SDG details.’

‘...the only means to sustain actions on them is through (a) changes in the power relations between capital and labour, (b) changes in domestic taxation structures (to increase progressivity), (c) changes in global financial regulation (to constrain predatory speculation and capital accumulation), (d) development of global taxation systems for cross-national redistribution, and (e) stronger forms of global governance for health and development to negotiate the mechanisms for such redistribution.’

***F) Universal Healthcare Coverage (UHC)***

Respondents did not agree on the merits of UHC. Some suggested the implementation of a gradual package of services that can be rolled out sequentially as measurable progress is achieved. Others felt that good governance practices are a necessary precursor to UHC, and that focus on the latter would detract from progress toward the former.

***Sample quotes from respondents***

‘There are ways to tackle these challenges collectively. If you are able to roll out pro-poor universal coverage and packages of resources for high-burden countries, and then expanding the package over time as the resources grow, you can tackle these challenges in a long term sustainable way. And if you develop robust pro-poor fiscal policies like taxing tobacco, sugar, and removing fossil fuel subsidies, you can mobilize resources for health while curbing NCDs and injuries. It isn’t a case of choosing one disease over another but instead building systems beginning with the most cost-effective interventions and high-burden areas, while doing so in a way that uses public finance to cover those interventions in a way that is sustainable and as you can expand them over time.’

‘Public health insurance is not for everyone. What you should do is develop your rural health, since that is where 70% of your population is. It is silly to just build hospitals. You build a hospital and suck in all the nurses from the rural areas. It is a zero sum game.’

**Discussion**

While our sample was small, it was sufficient to attain thematic saturation. However, our respondents were mostly North American, Anglophone, high ranking members of their professions and institutions. There was gender diversity, but limited ethnic diversity and no representation by scholars from low income countries. This is perhaps the most glaring omission, as our findings may be clouded by the same neo-colonial sensibilities that often taint international development policy discussions.

Nevertheless, three prevailing findings emerged from the six themes identified in our results. First, there can be no true sustainable development without an attempt to encourage good governance. Corruption remains a reality in

many developing countries, presenting a significant barrier to efficient investment. Indeed, in absence of good governance, the injection of funds can serve to promote and prolong corruption and insecure financial systems.

Second, the SDGs should be both more comprehensive and more focused. The need to satisfy conflicting agendas has resulted in a patchwork list of goals and targets lacking both a cohesive philosophy and, in some cases, measurable outcomes. The multitude of goals and targets might be too broad and dilute to be optimally useful [9, 10]. As well, the goals' aspirational nature can be advantageous in its inclusiveness, but problematic when it comes to serving as an evaluation tool or target for measuring the success of programs and projects.

Third, where health is concerned, our respondents felt that the SDGs should approach health inequalities from a deterministic, intersectional perspective. At present, the biomedical model of health prevails, inasmuch as targets lean toward traditional quantitative population health indicators. But by contextualizing health as a product of interventions aimed at gender and socioeconomic disparities, to name but two determinants, a more holistic and ultimately more cost effective path can be joined. The existing SDG approach to health, it has been argued, is unclear and unfocused [3].

The creation of the SDGs was a consultative process between governments, citizens, the private sector and international agencies [11], in contrast to the more restricted method by which the MDGs were devised [12]. While such a big-tent approach can create policy paralysis, it can also ensure a perspective that is more inclusive of local views. It can be argued that a strength of the SDGs' committee sensibility is its simultaneous embracing of both regional and global responsibilities. For instance, there is an unspoken requirement implicit within the SDGs that countries must tackle issues within their own borders, but also remain as loyal global citizens committed to addressing global responsibilities and challenges[13]. Optimistically, this may allow for local variations on the larger SDG theme, perhaps opening the door for the inclusion, in some areas, of the changes desired by our respondents. Indeed, the need to align internal and external priorities of countries and facilitate better communication between stakeholders is essential to ensure a sustained focus on development issues, which cannot be a strictly prescriptive or top-down affair [13, 14].

Coordination between different policy processes, institutions and stakeholders at the systemic level should remain a top priority for those seeking to implement sustainable development initiatives[15]. This is the essence of the financial reform desired by our respondents, to coordinate constant, simultaneous revenue streams by mobilizing domestic public resources (employing taxes and market instruments, reducing tax evasion and avoidance and the creation of global partnerships); mobilizing domestic and external private resources (through partnerships and institutions, reducing transaction costs and barriers, and facilitating longer term investment flows); and mobilizing external public resources by improving development cooperation (via commitments from new donors) [15].

Our results suggest that to achieve sustainable development in the health sector, we are well advised to address basic issues, like corruption, governance and taxation, while remembering to approach health disparities through an intersectional lens. As the SDGs are still relatively new, their strengths and weaknesses are still being determined. However, if re-assessment of the goals midterm is possible, then further research, both qualitative and quantitative, into their efficacy is warranted.

### **Conflicts of Interest**

The authors report no conflicts of interest and no funding sources.

### **Appendix 1 – Questionnaire**

The following is the question guide used to inform conversations with key informants.

1. Are the financial contributions of the MDGs and the future SDGs from global health actors currently at an appropriate level to address global health needs? If not, where should they be (funding sources, greater aid leverage, etc)?
2. How should financing of the SDGs be implemented in order to gain public support and conviction?
3. What are the opportunities or threats as we transition to financing the SDGs?
4. Do you think there are sections of the SDGs that will be prioritized or discounted from a cost-benefit perspective despite the needs of countries?
5. What are the competing political interests that support or impair financing the SDGs?
6. What are the top three SDGs that you believe will yield the most return on investment and how can we ensure their sustainability?
7. What do you consider to be the greatest barriers or challenges for the SDGs (financing)?

8. How should SDG financing effectively address disparities between Low Income Countries (LICs) and Middle Income Countries (MICs) that experience different issues (i.e. access, resources, etc.)
9. How do you think the financing aims of the SDGs should be adjusted so that they efficiently respond to local (country) needs instead of general regional or global financing?
10. Do you have any final general comments on focusing the financing of the SDGs?

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