

Social Determinants of Health: What is Next?

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The Report of the Commission on the Social Determinants of Health

- The Report aims to provide an overarching intellectual framework to justify policy focuses on and measure progress in a range of issues aimed at building a more egalitarian global society.
- The goal is to systematically eliminate the social, economic and political barriers that prevent everyone being able to enjoy healthy lives



The Targets

- *To reduce by 10 years, between 2000 and 2040, the life expectancy gap between the third of countries with the highest and the third of countries with the lowest life expectancy levels;*
- *To halve, between 2000-2040, adult mortality rates, in all countries and in all social groups within countries;*
- *To reduce by 90%, between 2000 and 2040, the under-5 mortality rate, in all countries and all social groups within countries, and reduce by 95%, between 2000 and 2040, the maternal mortality rate, in all countries and all social groups within countries.*



Migration of Medical Personnel

- *“[The] migration of health care workers is directly linked to at least three of the Millennium Development Goals.”*
- *Of 737 graduates from nursing programmes in Zimbabwe, 473 nurses went to the UK alone*
- *On average, 1 in 4 African-trained doctors and 1 in 20 African-trained nurses work in OECD countries*
- *The investment in training medical staff who work in richer countries is an unjust subsidy by the poor to the rich*
 - *Based on a cost of \$97 000 to train a doctor and \$42 000 to train a nurse, medical migration from South Africa represents a subsidy to other countries' health systems of US\$1 billion*



Migration of Medical Personnel

- It is important to put this movement in context: *it is estimated medical schools in African countries are training 10-30% of the staff estimated to be required for the Millennium Development Goals*
- The right to migrate is a fundamental human right: « *Everyone has the right to leave any country, including his own, and to return to his country.* »
- Migration has benefits as well as costs



Migration of Medical Personnel

- Incentive-based retention strategies in countries of origin and destination are key
 - Improved working conditions
 - Flexible working hours
 - Paths of career progression
 - Supportive management processes



Civil Society

- *By undertaking research, monitoring progress towards the key indicators of health equity and lobbying for further action where it is needed, civil society can provide a strong voice for health equity.*
- Case Studies:
 - Women's Health in Chile;
 - Formal Trade Unions
 - Associations of informal workers



Gender

- *The disempowerment of women, representing more than half of the world's population, is widespread and often structural.*
 - Women worldwide own less land and property;
 - They are paid on average 20-30 per cent less for equal work;
 - They are prevented from accessing the training and therefore the opportunities available to men;
 - 48% of women aged over fifteen in South Asia are illiterate
- *Issues specific to women are often ignored:*
 - 74% of maternal deaths could be avoided by a simple intervention



Gender

- *Better health for women means better health for those they care for*
 - the children of uneducated women are 50 per cent more likely to suffer from malnutrition or die below the age of five
 - Women's unpaid work has been estimated at between 33 per cent to 52 per cent of Canada's 1998 GDP
- *Women's role and specific needs in this area must be recognised, taken into account and supported*
- *Where this provision of care constitutes a burden preventing women's autonomous development, alternatives should be sought out*



Conclusions

- These are just a few of the recommendations of the report;
- Building a strong health system requires the removal of all barriers to health;
- A strong global health force is one that considers the empowerment and training of all its members, formal or informal



Thank you for your attention

