

Rural proofing for health equity and related activities

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Good Practice Webinar: Enhancing access to health services in rural areas |
Rural Pact Platform

Virtual event, 30 November 2023, 09:00 - 13:00 CET

Examples of WHO work for rural health equity

- Primary health care-oriented health systems strengthening through investments in areas such as health workforce and digital health;
- Monitoring health inequalities, mapping barriers to health services, and modelling service accessibility;
- Supporting health sector planning and reviewing health programmes to address inequities;
- Fostering intersectoral and transformative integrated rural development planning to address social and environmental determinants of rural health;
- Building capacity and raising awareness on the importance of tackling rural health inequities; and
- Spearheading research on interventions including rural proofing of national health policies, strategies and plans.

Rural proofing

- Rural proofing is a term used to describe the systematic application of a rural lens across policies, programmes and initiatives, to ensure that they are adequately accounting for the **needs, contexts, and opportunities** of rural areas.
- It is a governance intervention that – through engagement with **rural communities and stakeholders** – should result in adaptations to national policies, programmes and interventions that reflect the heterogeneity of rural contexts, maximize benefits and tackle inequities, thus upholding social contracts/healing social fractures.
- Rural proofing also accounts for inequities *within* rural areas (e.g., by sex, age, income, education, ethnicity, migrant status, etc). Applying an intersectional lens is critical.



Policy coherence
across sectors, and
synergies for rural
development

Legislation/government
mandates calling for
closing coverage gaps
and ensuring rights for
rural communities

Hardware and software of rural proofing for health

Champions for rural
opportunities and
unique contributions of
rural to the national
health service/product
offer

Data sets that map
spatial and social
inequalities

Capacity-building and
differentiated skillsets
and mindsets of
decision-makers

Organizational
body/committee or
focal point networks
that can be catalysts for
action

Tools and guidelines to
help support
systematization

Vertical coherence across
levels of governance, and
participatory platforms

Budgets get rural
proofed/match needs

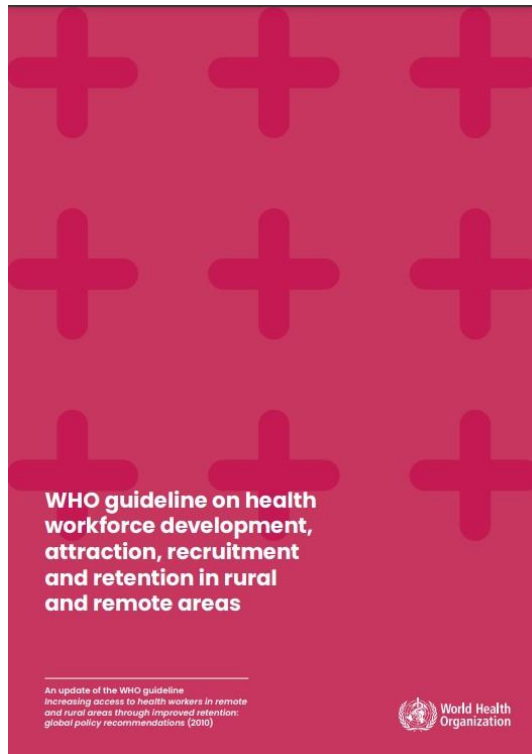
Explicit stance on territorially/spatially
balanced development, pre-
empting/reversing negative
externalities of rural disadvantage

Rural Proofing for Health project

Leads:	<ul style="list-style-type: none">• WHO (Rural Health Equity workstream, GER Department, Director General’s Office, WHO/HQ)• OECD Centre for Entrepreneurship, SMEs, Regions and Cities <p><i>...in close collaboration/partnership with Rural WONCA (Working party on rural practice of the World Organization of Family Doctors) and other UN agencies</i></p>
Aim:	To support OECD and WHO member countries develop approaches to ensure that the contexts of rural areas are reflected across health policy and programme cycles, involving both health and rural development authorities.
Objectives:	<ol style="list-style-type: none">1. Bridging silos. To convene national and subnational health sector and rural development authorities for jointly defining entry points and action areas to close rural service coverage gaps and act on health determinants.2. Know-how. To provide capacity-building platforms on rural health equity (pre-service and continuing education) for learners from health and rural development sectors.3. Guidance. To create consensus documents and supportive resource materials on rural proofing for health services.4. Data. To improve the evidence for rural proofing for health by refining quantitative and qualitative methods to understand health system performance issues and social and environmental determinants contributing to health and wellbeing in rural areas.5. Country support. In a set of countries, provide technical assistance and facilitate country-to-country exchange on specific/targeted rural health topics, involving both health and rural development authorities.
Timeframe:	Mid-2023 to mid-2024 (design phase), then through 2028.

Project design phase is now underway

Rural proofing health workforce policies



1. Education

1. Enrol students with a rural background in health worker education programmes
2. Locate health worker education facilities closer to rural areas
3. Bring students in health worker education programmes to rural and remote communities
4. Align health worker education with rural health needs
5. Facilitate continuing education for rural and remote health workers

3. Incentives

10. Provide a package of attractive incentives to influence health workers' decisions to relocate to or remain in a remote or rural area

2. Regulation

6. Enable rural health workers to enhance their scopes of practice to better meet the needs of their communities
7. Expand range of health worker occupations to meet rural health needs
8. Ensure that compulsory service agreements respect the rights of health workers and are accompanied with appropriate support and incentives
9. Tie education subsidies for health workers to agreements for return of service in rural areas and remote areas

4. Personal and professional support

11. Improve living conditions in rural and remote areas
12. Ensure workplace safety in rural and remote health facilities
13. Ensure decent work for health workers in rural and remote areas
14. Foster the creation of health workforce support networks
15. Develop and strengthen career pathways for rural health workers
16. Facilitate knowledge exchange between health workers
17. Raise the profile of rural health workers

Source: <https://apps.who.int/iris/handle/10665/341130>

Contact for more information in WHO-EURO:

Health Workforce and Service Delivery Unit

Division of Country Health Policies and Systems

World Health Organization, Regional Office for Europe

Rural health workforce



Action 4.
Develop strategies that attract and retain health workers in rural and remote areas

The issue of so-called medical deserts in which populations have insufficient access to HCWs and health services is affecting rural, remote, isolated and even some urban settings in many countries.

The WHO Regional Office for Europe will:

- support countries and national policy dialogues in developing evidence-informed strategies, informed by the *WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas (41)*.

Source: <https://www.who.int/europe/publications/i/item/9789289058339>

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Health Workforce and Service Delivery Unit

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Country-to-country exchanges and study visits on issues such as:

- Recruitment and retention in rural and hard to reach settings – especially evaluated retention strategies;
- Competencies and education of nurses and healthcare assistants in primary care;
- Requirements and monitoring of continuous professional development;
- Frugal innovation / low-cost digital solutions and digital competencies of HWF.

Fatal Consequences . . .

2019-2022

600,000 excess deaths in the European Region were in areas with low human development coupled with low health system investment.

Transforming the health and social equity landscape

Promoting socially just and inclusive growth to improve resilience, solidarity and peace

Executive summary



Health Sector Partnerships for Rural Development

Mondragon
Preston community
wealth- building
The Welsh Foundational
Economy
Anchoring



Prosperous cities and regions



**Rural regeneration and economic
cohesion of rural areas**

Rural proofing health
Healthy tourism

Youth Mental
Y4H
Thriving from the start



**Mental health, social and economic
inclusion of young people**



**NCDs, economic inclusion, and
health and social systems resilience**

Healthy Caring Neighborhoods
Men's Health Sheds
Health Justice Partnership

Contact for more information in WHO-EURO:

*WHO European Office for Investment for Health and Development (WHO Venice Office)
World Health Organization, Regional Office for Europe*

Rural Development and the role of the Health System

The Role of Health Systems



Investing in health has an **economic multiplier effect**



The health sector is an **employer** and access to **health services** is **key to attracting and repopulating** rural areas



Contributes to building **social cohesion** and **trust in institutions**



Enhances capacity to respond to **health emergencies** (e.g., pandemics) and health needs

Key Messages	Summary of finding of the impact of the healthcare sector on the national economy in North Macedonia
<p>The healthcare sector is key for the economic development of North Macedonia. It contributes to the growth of every other economic sector.</p>	<ul style="list-style-type: none"> – In 2015 (latest available data) the return on every €1 invested on goods and services generated by the healthcare sector in North Macedonia yielded an increase of €2.36 in total national economic output. – In the same year, €1 invested in the healthcare sector demand was equivalent to an increase of €1.06 in the GVA of the whole economy—a value fairly higher than the average of 60 other sectors at €0.84.
<p>The healthcare sector in North Macedonia is an important employer, actively creating local and good quality jobs both within itself and in the rest of the economy.</p>	<p>In 2015:</p> <ul style="list-style-type: none"> – An additional job in the healthcare sector resulted in 2.5 jobs in the rest of the economy. – 11.2 jobs are created in the whole economy for every €100.000 spent in the healthcare sector's services. – A €1 increase in incomes in the healthcare sector resulted in an increase of €1.31 in household level incomes for both 2010 and 2015. – Wages in the healthcare sector grew by 35.51% in the past 10 years, significantly more than wages in the rest of the economy, which grew by 24%. – 84% of the health systems employees live within a 10 km radius. – It employs people from various socioeconomic backgrounds: 48.05% have a tertiary education, 44.31% have secondary level education, and 7.63% have attained primary education only.

Source: [WHO-EURO-2020-5576-45341-64886-eng.pdf](https://www.euro.who.int/en/health-topics/communicable-diseases/news-and-events/news/2020/05/who-euro-2020-5576-45341-64886-eng.pdf)

Contact for more information in WHO-EURO:

WHO European Office for Investment for Health and Development (WHO Venice Office)

World Health Organization, Regional Office for Europe



Rural regeneration and economic cohesion of rural areas

Health and Tourism



Healthy environment



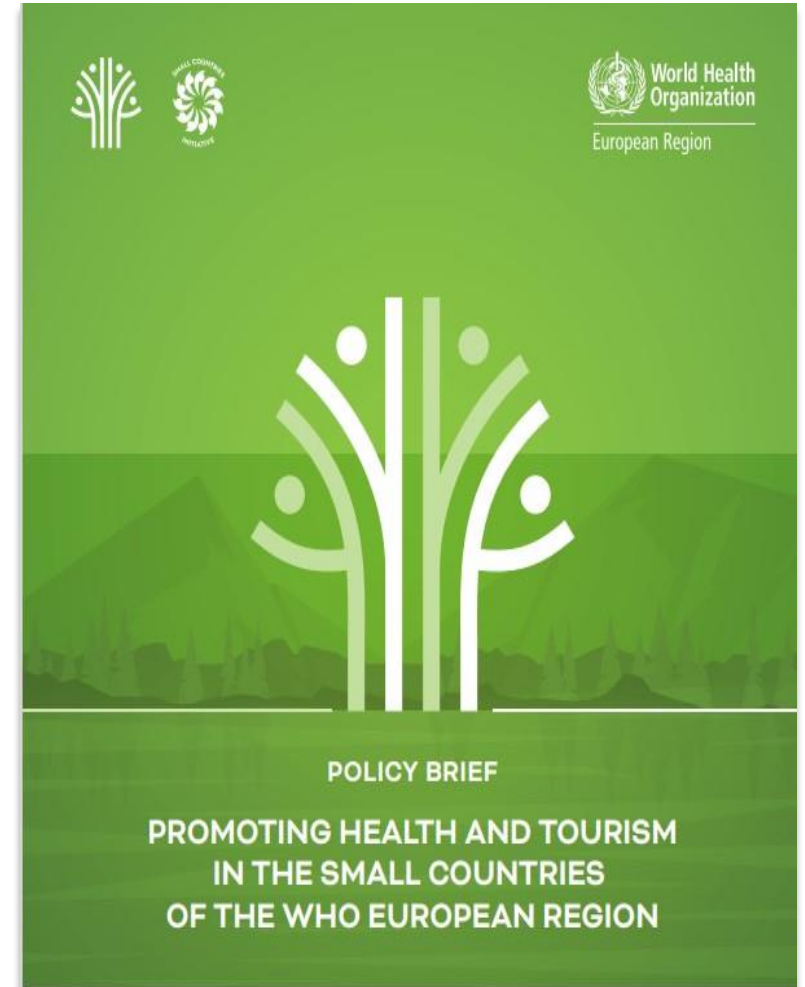
Healthy economies



Healthy communities



Healthy tourists



Source: [Putting health at the heart of tourism development in small countries of the WHO European Region: policy brief](#)

Contact for more information in WHO-EURO:

WHO European Office for Investment for Health and Development (WHO Venice Office)

World Health Organization, Regional Office for Europe

Rural health and Primary Health Care

PHC APPROACH

Integrated health services with an emphasis on primary care and essential public health functions

Empowered people and communities

Multisectoral policy and action

PHC LEVERS

Strategic Levers

1. Political commitment and leadership
2. Governance and policy frameworks
3. Funding and allocation of resources
4. Engagement of communities and other stakeholders

Operational Levers

5. Models of care
6. Primary health care workforce
7. Physical infrastructure
8. Medicines and other health products
9. Engagement with private sector providers
10. Purchasing and payment systems
11. Digital technologies for health
12. Systems for improving the quality of care
13. Primary health care-oriented research
14. Monitoring and evaluation

PHC RESULTS

Improved access, utilization and quality

Improved participation, health literacy and care seeking

Improved determinants of health



Imbalances in rural primary care
A scoping literature review with an emphasis on the WHO European Region

TECHNICAL SERIES
ON PRIMARY HEALTH CARE

Policy advocacy and building political commitment

Performance diagnostics and analysis

Strategy and policy development

Policy dialogue and executive consultations

Implementation support

Communications

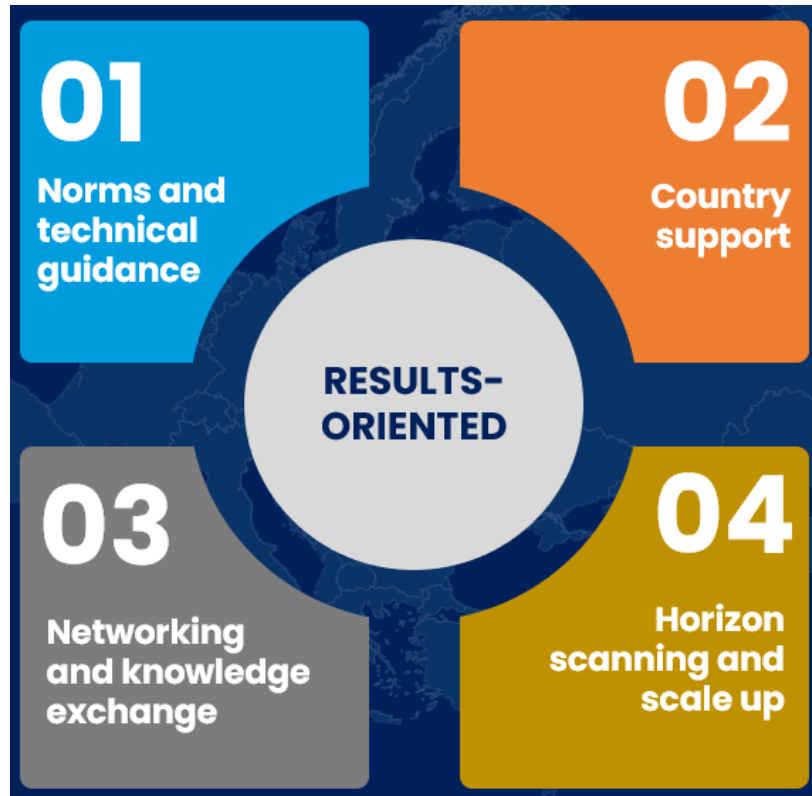
Source: [EUR/RC72/5: Regional digital health action plan for the WHO European Region 2023–2030](#)

Contact for more information in WHO-EURO:

WHO European Centre for Primary Health Care

World Health Organization, Regional Office for Europe

Rural health and the Regional digital health action plan for the WHO European Region 2023–2030



Contact for more information in WHO-EURO:
Data and Digital Health Unit (EUDigitalHealth@who.int)
Division of Country Health Policies and Systems
World Health Organization, Regional Office for Europe

Some of the **barriers and bottlenecks** digital health can help overcome:

- Geographical barriers
- Improving access to specialist care
- Reducing wait times
- Reducing financial burdens
- Reduced stigma
- Improved adherence

Example **tasks for optimizing the use** of rural digital health:

- Infrastructure (i.e. Internet access issues)
- Digital health literacy
- Adequate integration with clinical workload
- Requires evolving the funding model
- Regulatory concerns and data privacy issues addressed
- Changes to consultation protocols

Relevant links:

- [Regional digital health action plan for the WHO European Region 2023–2030](#)
- [Digital Health in the European Region: the ongoing journey to commitment and transformation](#)
- [Digital health in WHO/Euro](#)