



GOOD PRACTICE WEBINAR

Highlights report

Enhancing access to health services in rural areas

Introduction

This good practice webinar brought together 70 participants representing 20 EU Member States and 4 non-EU countries. Organised in collaboration with [EURIPA](#) and the [World Health Organization](#), this event aimed to showcase EU-level initiatives and international and local experiences enhancing access to healthcare in rural areas. It also sought to empower participants by boosting their capacity and motivation to develop initiatives to meet rural needs. The webinar fostered discussions on strategies to **attract and retain healthcare professionals**, to create a workforce fit for purpose, design **innovative healthcare services**, and create **integrated, community-based solutions**.

Organiser: Rural Pact Support Office



30 November 2023



Online



70 participants (local practitioners, healthcare professionals, public authorities, experts and researchers, other EU-funded projects)



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What is the Rural Pact and where does health fit in the rural vision?



Alexia Rouby (DG AGRI) introduced the [Rural Pact](#) as a key initiative of the European Commission to involve a wide range of stakeholders in the implementation of the Long-Term Vision for Rural Areas ([LTVRA](#)). The Rural Pact outlines [10 shared goals](#) to be achieved by 2040, with health intersecting several objectives. The most significant among them is goal 9, striving to establish vibrant places equipped with efficient, accessible, and affordable public and private services. This includes cross-border services tailored to provide solutions, specifically in health and care, encompassing long-term care provisions. Notably, among the rural action plan flagship initiatives, thematic actions have been conducted under the umbrella of [social resilience](#).

Setting the scene: EU and international initiatives to improve the access to health services in rural areas



Christoph Spegele (DG SANTE) presented strategies from the [State of Health of the EU Companion Report 2021](#) to expand the health workforce in rural areas. Key measures involve better workforce planning, increased investment in education and training, and developing new skills and innovations in healthcare practices, such as task-shifting. Several EU actions are already aiming at this. These include a [cluster of 5 projects](#) focusing on medical deserts, encompassing diagnostic tools, case studies, and recommendations. Additionally, the [Joint Action HEORES](#) aims to enhance databases and create effective tools for improved healthcare workforce planning. Furthermore, the [BeWell Blueprint alliance](#) focuses on developing a future health workforce strategy that emphasises digital and green skills, aiming to modernise medical profession curricula.



John Wynn Jones (European Rural and Isolated Practitioners Association, EURIPA) presented the EURIPA [Blueprint for rural practice in Europe](#). As the rural workforce declines across Europe, the demand for health services has increased substantially due to issues such as ageing population and failure to invest in primary care. The Blueprint aims to provide a vision for rural healthcare in Europe for the next 25 years and emphasises the importance of three elements to enhance recruitment and retention: selecting students from rural backgrounds, offering extended rural placements during undergraduate training, and establishing specialised postgraduate training programmes targeted specifically for rural practice.



Theadora Swift Koller and Chris Brown (World Health Organization) presented the [Rural Proofing for Health project](#), which supports OECD and WHO member countries to develop approaches to ensure that rural contexts are reflected across health policy and programme cycles, involving both health and rural development authorities. When it comes to rural proofing for the rural health workforce, the WHO has developed a [dedicated strategy](#) and works to foster country to country [exchanges](#) and study visits. The WHO quantifies how the health sector contribution to the economy is crucial through different tools, illustrated during the webinar in the [analysis of the health sector in North Macedonia](#) and its vital contribution to the national economy.

Learning from inspirational projects and practices



Tackling medical deserts by improving attraction and recruitment of health workers in rural areas

AHEAD



Stefan Mandić-Rajčević (AHEAD project, RS) presented the work of the [AHEAD project](#) to address

medical deserts, understood as the end point of a process called 'medical desertification', that implies continuous and increasing inability of a given population to access health services. Actions to combat this include building a supply of competent and motivated health workers, through subsidies and incentives, mandatory practice in medical deserts during fellowship, internship and residency programme in medicine, or enabling contracts for mobile healthcare practices.

Integrated support for remote rehabilitation services for isolated areas through technology



Cristina García (ROSIA project, ES) presented the pre-commercial procurement project [ROSIA](#) which

aims to enable remote rehabilitation service for isolated areas by creating an open platform for a flexible model to build personalised integrated care. The involvement of healthcare professionals, patients and IT specialists during the design and testing of the solution is key to develop a model that makes possible the entry to the telerehabilitation market of disruptive technologies while meeting users' needs.

Mobile multidisciplinary health workers providing access to free medical healthcare in remote rural areas



Vlad Berbecar (Caravana cu Medici, RO) presented the NGO [Caravana cu Medici](#) composed of

doctors and medical students who voluntarily travel to rural areas across Romania. They provide free basic and advanced medical care, conducting screenings and diagnostic tests, and educating the rural population on

preventive measures and healthy living. Between 2014 and 2023, they organised over 200 caravans on weekends, delivering free medical services to more than 30,000 beneficiaries. Their proactive stance involved advocating for regulatory recognition. The Mobile Healthcare Act, a significant result of their efforts, was passed through Parliament in 2022, becoming an official law that outlines the provision of healthcare through mobile health services and medical caravans.

Mapping availability, quality, and accessibility of health services for evidence-based solutions

Giovanni Baglio (OASES project, IT)

presented a comprehensive perspective on medical deserts, defining them not solely as areas lacking health professionals but also as regions with poor-quality services, particularly affecting specific subgroups' access to healthcare. [OASES](#) has formulated a conceptual matrix designed to evaluate the availability, quality, and accessibility of health services within a particular region relative to its population. This tool aims to assist public health authorities in reforming their healthcare systems by implementing evidence-based solutions.

Access to maternal health in rural border regions

Alban Davesne (HARBOR project, NO)

presented the [HARBOR project](#), which examines cross-border interactions and their impact on healthcare accessibility to create a framework where cross-border interactions are an essential aspect of healthcare provision in rural areas. He highlighted two case studies from Belgium-France and Sweden-Norway border areas, focusing on maternity healthcare access. This scenario underscores the significance of proximity, showcasing instances where women give birth across the border. In both cases, cooperative agreements were initiated to address unmet needs, driven by hospitals seeking higher patient volumes and income by attracting patients from across border.

Social prescribing. Connecting patients with community-based resources to improve overall wellbeing.



Miriam Dolan (EURIPA, UK) member of [EURIPA](#) and the [Social Prescribing and Community Orientation Special Interest Group](#) of [Wonca Europe](#), presented her work as a general practitioner and owner of [Dolan's social farm](#). She outlined her experience in social prescribing, a method that links individuals with various non-clinical community initiatives to enhance their health and well-being by promoting activation and social mobilisation, targeting specific social determinants of health. In 2013, Miriam and her family conducted a [pilot project](#), transforming their farm into a supportive space where individuals with identified needs could engage with the community. Their approach focuses on a holistic definition of health encompassing physical, mental, and social well-being, rather than merely the absence of disease.

Main messages from group discussion

Attraction and retention of health workers in rural areas

- > The **curriculum** for healthcare studies should better consider the **context of rural areas**. Training options in rural settings, similar to successful **long-term placement** programmes in countries like Australia, have demonstrated positive outcomes and should be replicated.
- > Efforts are required to establish frameworks that enable ongoing training and skill development for healthcare professionals in rural areas. These frameworks should focus not only on clinical skills but also on **alternative learning methods** and include technological proficiency.
- > **Young students**, especially those from rural backgrounds, should be encouraged, receive guidance and opportunities to connect with rural healthcare professionals who can serve as **mentors**. It is crucial to provide training opportunities in rural areas, including **decentralised models of education** to support their career development.
- > There is a need for **rural proofing** specific regulations, **unified political support and cooperation** across various public administration departments, including education, health, agriculture and rural development.

Innovative ways to deliver general and specialist health services

- > Innovative solutions in healthcare need to be integrated, aligning with professionals' workload, skills, and long-term viability. Assessing and studying **global integrated solutions**, like intersectoral committees and smart villages, can provide valuable models for delivering innovative healthcare solutions.
- > **Specific regulations** and supportive conditions are necessary to facilitate telemedicine and mobile health units. These regulations should address legal barriers, privacy concerns, and healthcare standards compliance to ensure patient trust and effective implementation.
- > **Telemedicine** solutions should be **collaboratively designed**, involving healthcare practitioners, patients, and IT developers. Prioritising intuitive and user-friendly interfaces is crucial for accessibility and navigation, especially in remote areas. Offline options must be available to overcome geographic constraints and ensure accessibility.
- > Innovative solutions should be included into healthcare professional curriculums. Educating and training community members in technology use for health is vital to tackle the **digital divide**.

Integrated and community-based services

- > **Collaboration among diverse stakeholders** can create integrated healthcare provision, as seen in existing models like "care villages," which blend professionals with volunteers through public-private partnerships. Similarly, dedicated local companies or employing agronomists or extension services can be useful in identifying health issues.
- > **Social farming**, primarily situated in rural areas, uses local resources and can be a competitive advantage of these areas, illustrating the potential of rural resources in healthcare.
- > Investments in health services do not only support rural development but also **prevent financial instability** caused by medical deserts. Collaborating with central banks and other financial sector actors is pivotal for establishing mutually beneficial strategies.
- > Although community-based practices have gained political recognition, existing **policy gaps** need addressing. Practices like social farming require clear definitions and benchmarking to be incorporated into mainstream healthcare practices

More information from group discussions is available on the whiteboards uploaded on the [website](#).

Concluding remarks

In the final session, **Betty-Ann Bryce (OECD)** stressed the intertwining between attractiveness to life and work in rural areas and access to health services. The importance of health services as a contributor to rural development were highlighted during the event and for this to continue, integrated governance supporting the health system across departments and actors is needed. Lastly, **John Wynn Jones (EURIPA)** highlighted the need for social accountability, as the obligation to direct education, research and service activities toward addressing priority health concerns of the community.

Finally, Enrique Nieto, Deputy Team Leader of the Rural Pact Support Office, outlined briefly the upcoming Rural Pact activities and events.

Join the Rural Pact Community and online platform
https://ruralpact.rural-vision.europa.eu/become-member_en



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