Addressing equity in rural health services

Theadora Swift Koller, Senior Technical Advisor for Health Equity, GER, Director General's Office, WHO/HQ

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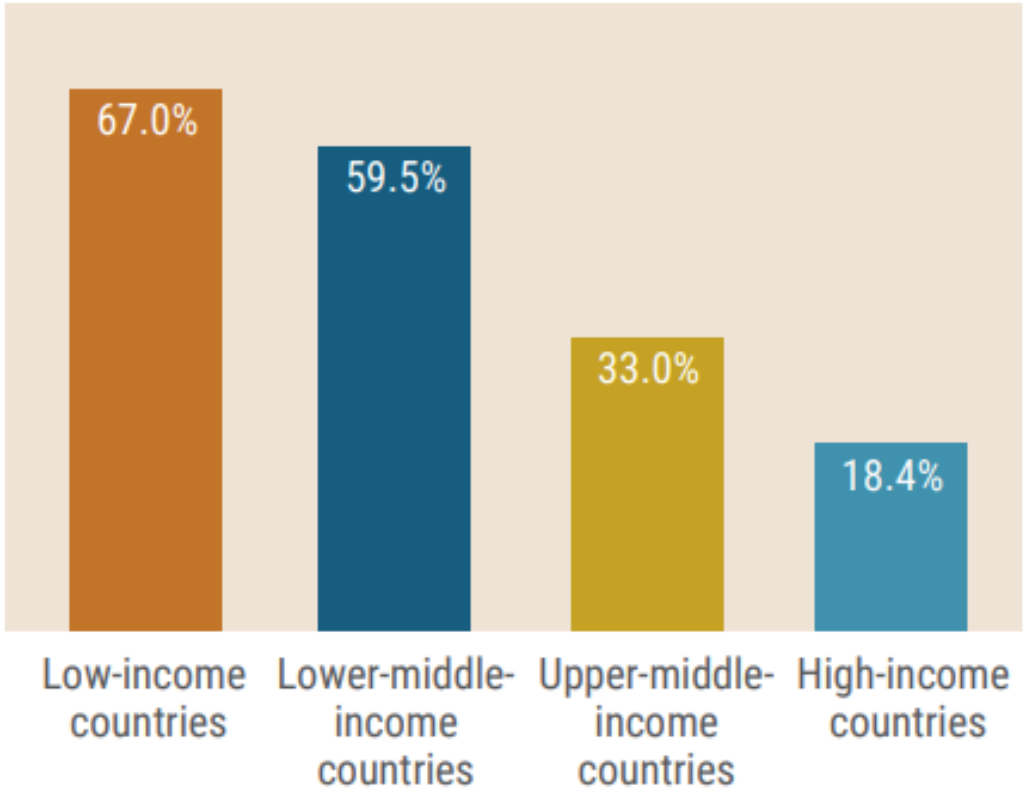
Why scaling up action for rural health equity is needed

- Globally, **extreme poverty** continues to be overwhelmingly rural, accounting for almost 4 in 5 people living in extreme poverty.
- Multidimensional poverty is also more intense in rural areas; of the 1.3 billion people who are **multidimensionally poor**, 1.1 billion people—roughly 84 percent—live in rural areas.
- The rural population comprises about 67 per cent of the population in low-income countries.
- In many countries and for many conditions, the rural poor have worse health.

Figure I.3

Share of rural population in total population by country income group, 2020



Source: UN DESA, based on data from United Nations (2019b) and World Bank (2021).

Sources:

Bullet 1: World Bank (2020). *Poverty and Shared Prosperity 2020: Reversals of Fortune*. Washington, DC.

Bullet 2: OPHI (2021). *Global Multidimensional Poverty Index 2021 – Unmasking disparities by ethnicity, caste and gender*. Oxford Poverty and Human Development Initiative. Oxford.

Bullet 3 and figure 1.3: United Nations (2021). *World Social Report. Reconsidering Rural Development*. UNDESA, New York.

Example rural health inequities - i.e., differences that are *unfair* and *remediable*

- The prevalence of **stunting is higher** in rural areas and in poorest households.
- In one third of 47 low- and middle-income countries studied, the **under-five mortality rate** was 20 deaths per 1000 live births higher in rural areas than in urban areas.
- Evidence from multiple countries show that people with **noncommunicable diseases** (cardiovascular disease, cancer, diabetes, COPD, etc) can face greater challenges in accessing timely and appropriate services in rural areas.
- In 2017, about 8 out of 10 people still lacking even basic **drinking water services** lived in rural areas, as did 7 out of 10 who lacked access to **basic sanitation services**.

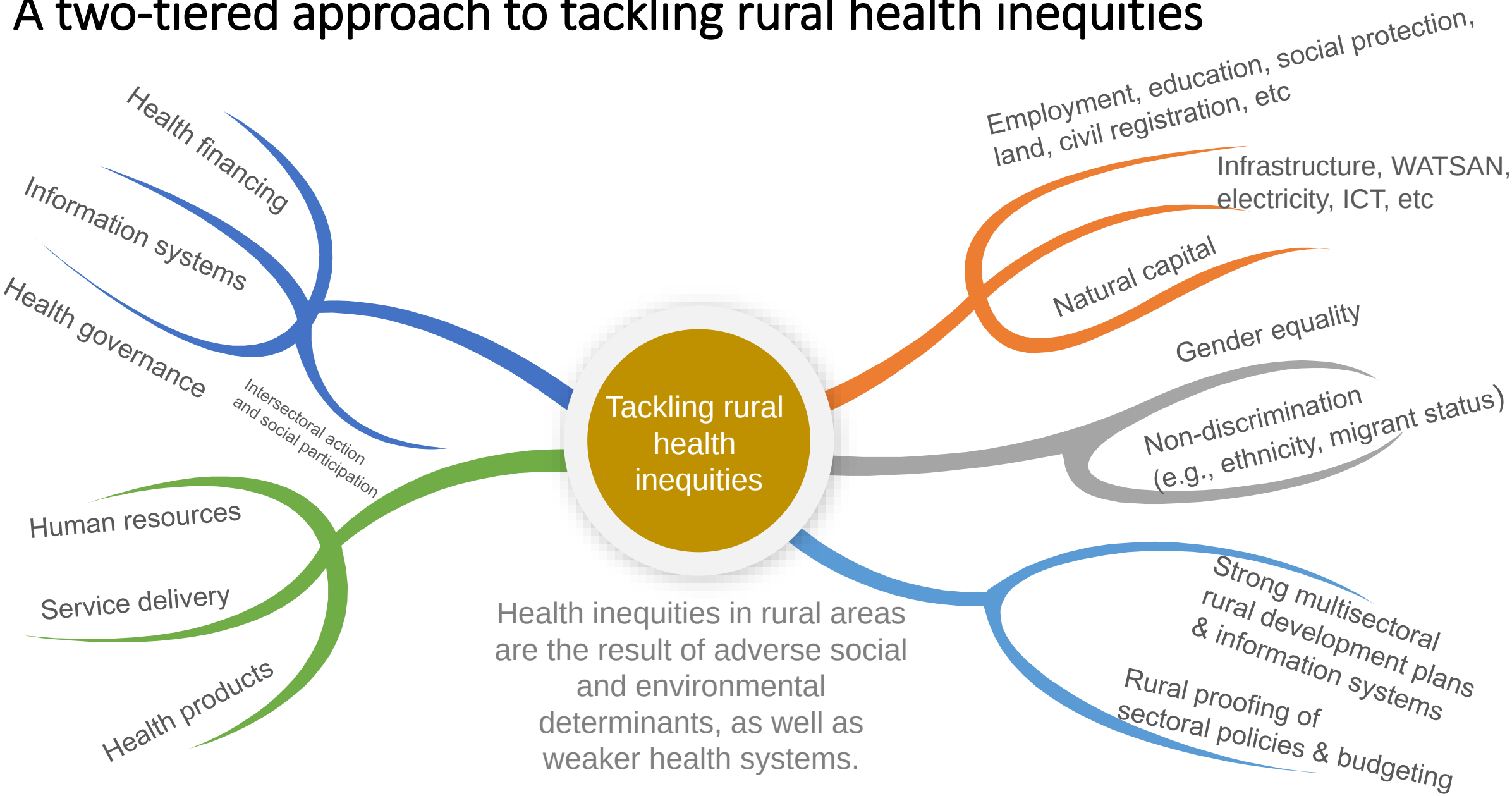
Sources:
Bullet 1: FAO, IFAD, WFP, UNICEF, WHO (2020). State of Food Security and Nutrition in the World (SOFI) 2020. Rome
Bullet 2: WHO Health Equity Monitor: https://www.who.int/data/gho/data/themes/topics/health-equity-monitor
Bullet 3: Bragg F et al, 2017; Sommer et al, 2015; Gonzaga CM et al, 2014
Bullet 4: UNICEF/WHO (2019). Progress on household drinking water, sanitation and hygiene 2000–2017: special focus on inequalities. New York

COVID-19 and rural areas

- COVID-19 has exposed and magnified chronic under-investment in health systems and health determinants particularly in rural disadvantaged areas, in both LMIC and HIC.
- In many countries, the COVID-19 response in rural areas has been hampered by:
  - inadequate numbers of appropriately trained health professionals;
  - poor facilities and infrastructure, including limited capacity in rural clinics to treat severe disease manifestation requiring intensive care;
  - shortages of key health products such as testing kits, PPE, and vaccines;
  - weak referral systems and inadequate safe medical transportation;
  - weak information systems and civil registration in the case of deaths, and
  - financial, geographical, and organizational accessibility of public goods and services.
- Rural pockets with high community connectivity and crowding, compounded by inadequate water and sanitation services, may be particularly vulnerable, given that they also often experience lesser access to quality health services (thus resulting in higher mortality).
- WHO's PULSE surveys show considerable disruption in services for diseases that disproportionately impact the rural poor such as neglected tropical diseases and malaria.

Sources: Ali et al (2020), Ogunkola (2020), Ranscombe (2020), Siedner (2020), Singh (2020), Ponticello (2020, Hsu (2020); Hamidi, Sabori, Ewing, 2020; CDC, 2020; ILO, 2020; ILO, 2021; OECD, 2020; WHO, 2021; text will be featured in forthcoming publication "Tackling inequalities in public service coverage to build forward better for the rural poor" being produced by the WHO, FAO and IFAD co-led subgroup on rural inequalities of the UN Inequalities Task Team.

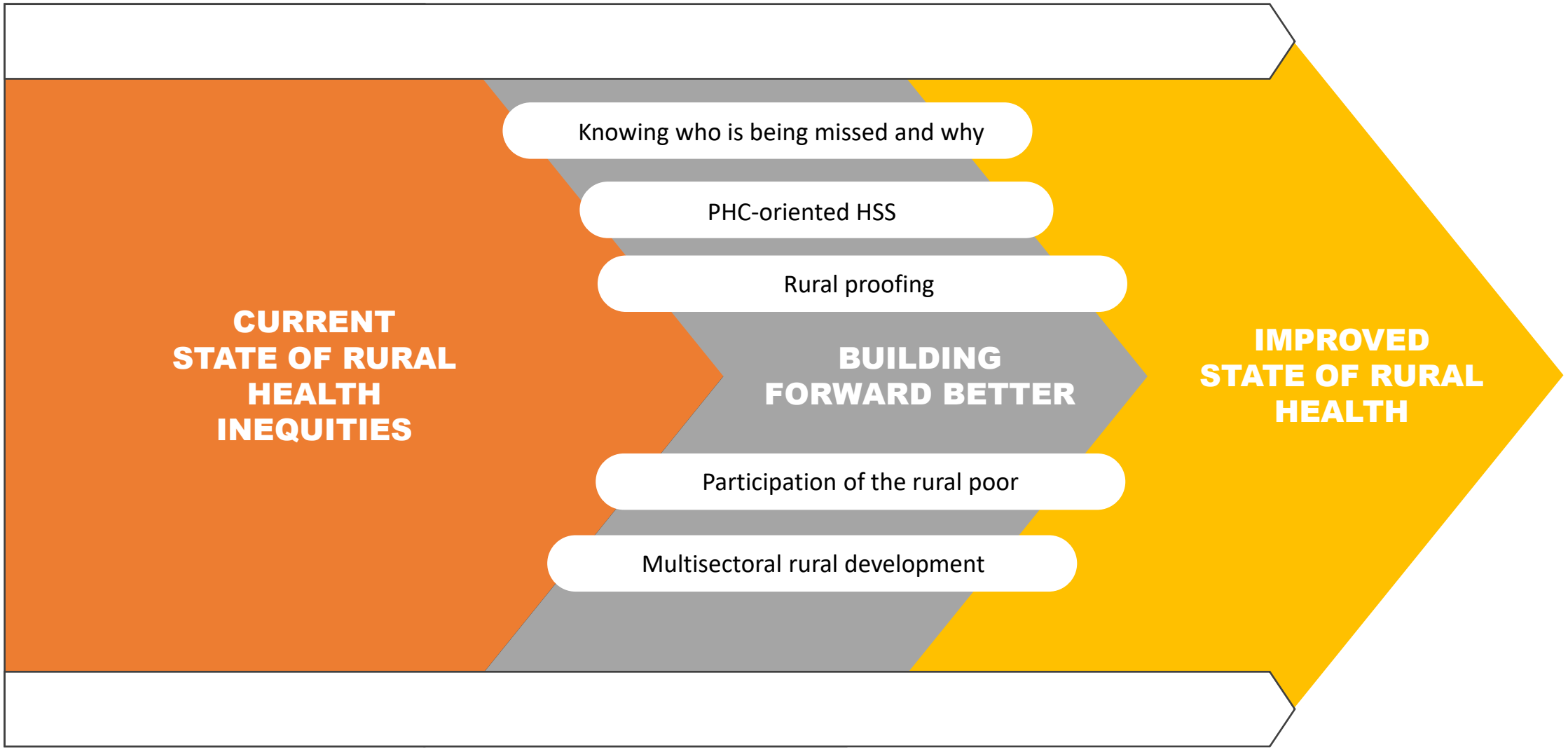
A two-tiered approach to tackling rural health inequities



Strengthening rural health systems

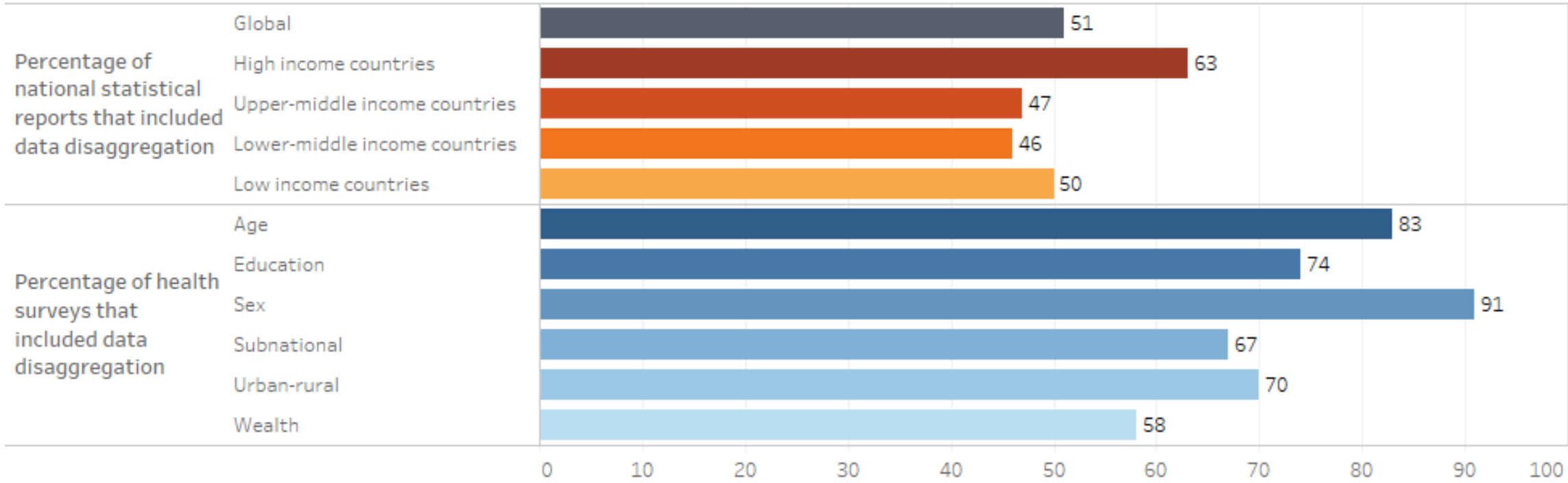
Cross-sectoral work on determinants

5 key messages for today



Knowing who is being missed…

Of 673 household surveys in 133 countries, only 70% collected data disaggregated by urban–rural place of residence and 58% by wealth.



Sources:

Bullet 1: WHO (2021). *WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas*. Geneva

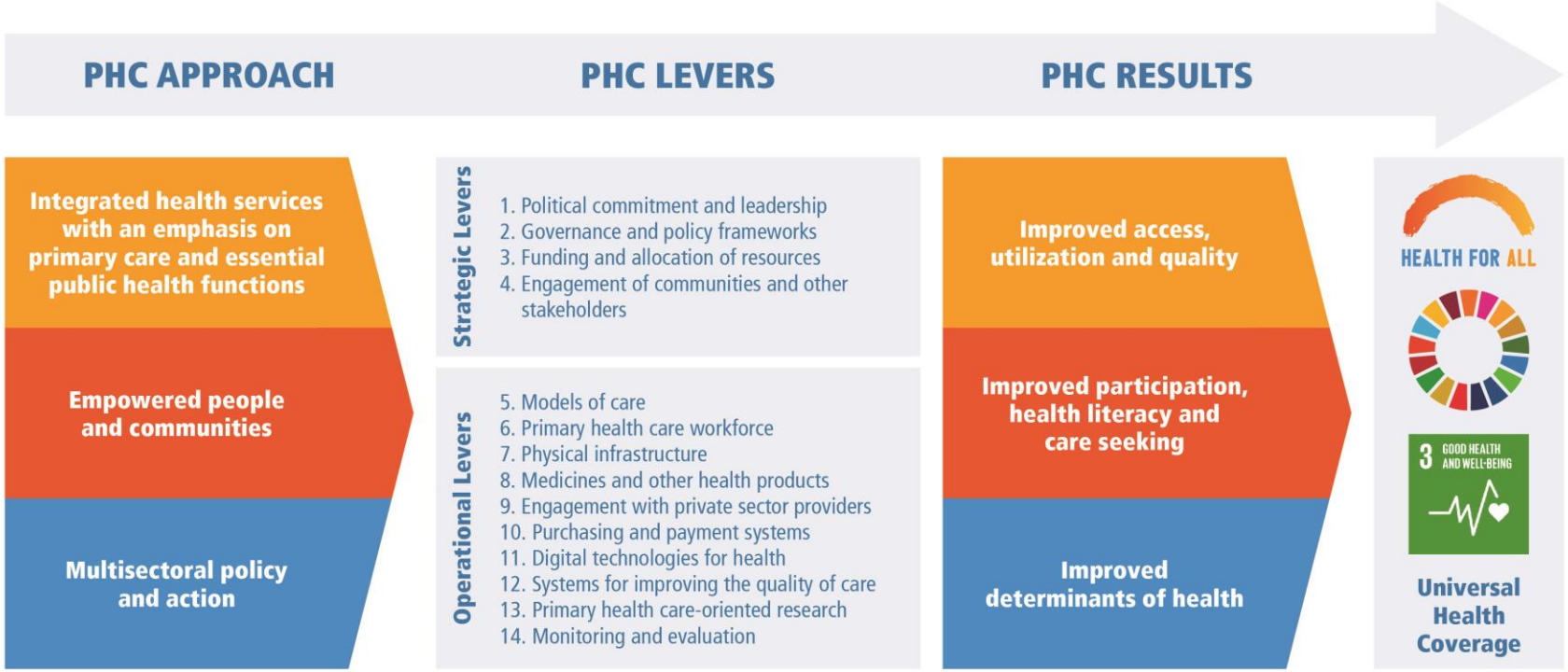
Bullet 2: WHO and World Bank (2019). *Global Monitoring Report on Financial Protection in Health 2019*. Geneva

Bullet 3: WHO (2021). *World Health Statistics 2021*. Geneva

Know who is being missed…AND WHY

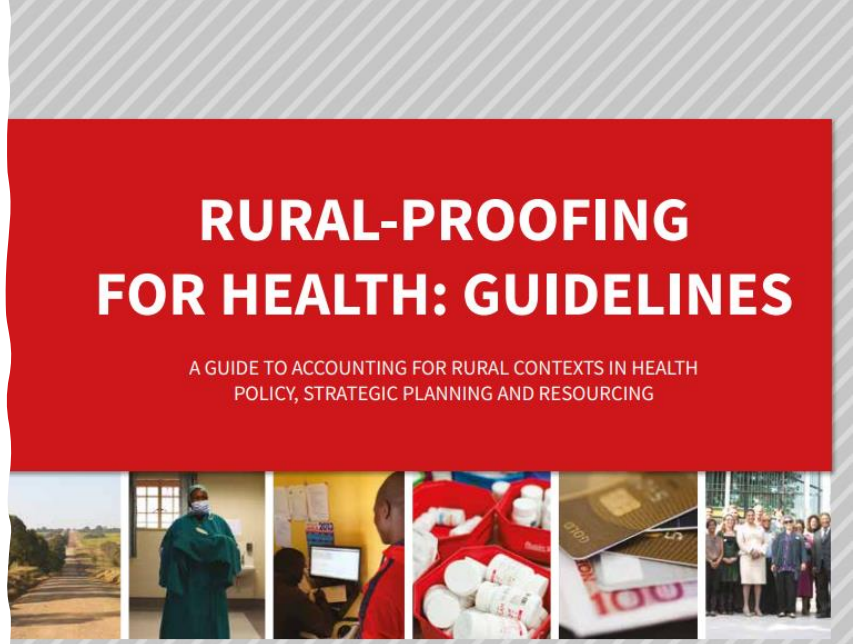
- Unpacking inequities in uptake of Preventive Chemotherapy for Neglected Tropical Diseases in a rural community:
  - Herder livelihood barriers
  - Gender barriers
  - Motorcycle gas
  - Drug arrival times and rainy season
  - Etc.

PHC-oriented health systems strengthening



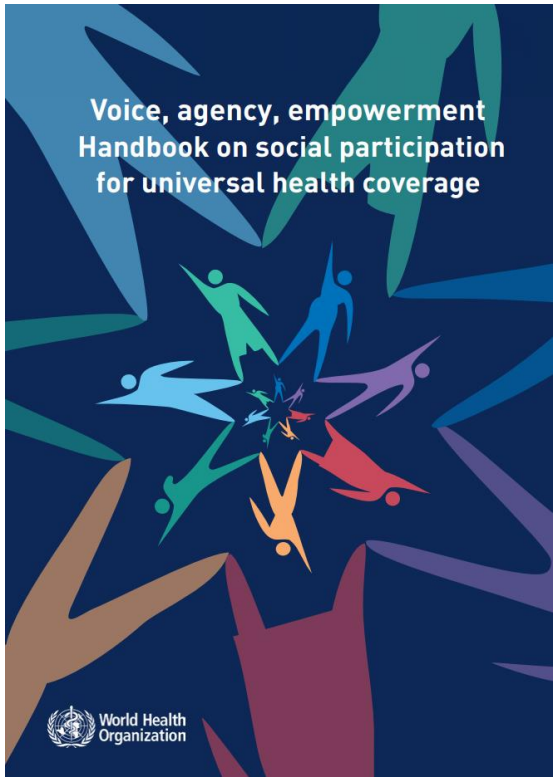
Rural proofing

- Rural proofing is a term used to describe *the systematic application of a rural lens across policies, to ensure that they are adequately accounting for the needs, contexts, and opportunities of rural areas*.
- Equity-oriented rural proofing can help address inequities between rural and urban areas and *within* rural areas (e.g., by sex, age, income, education, ethnicity, migrant status, etc). Applying an intersectional lens is critical.
- Rural proofing on human resources for health/ health workforce policies is essential for overcoming rural health inequities.



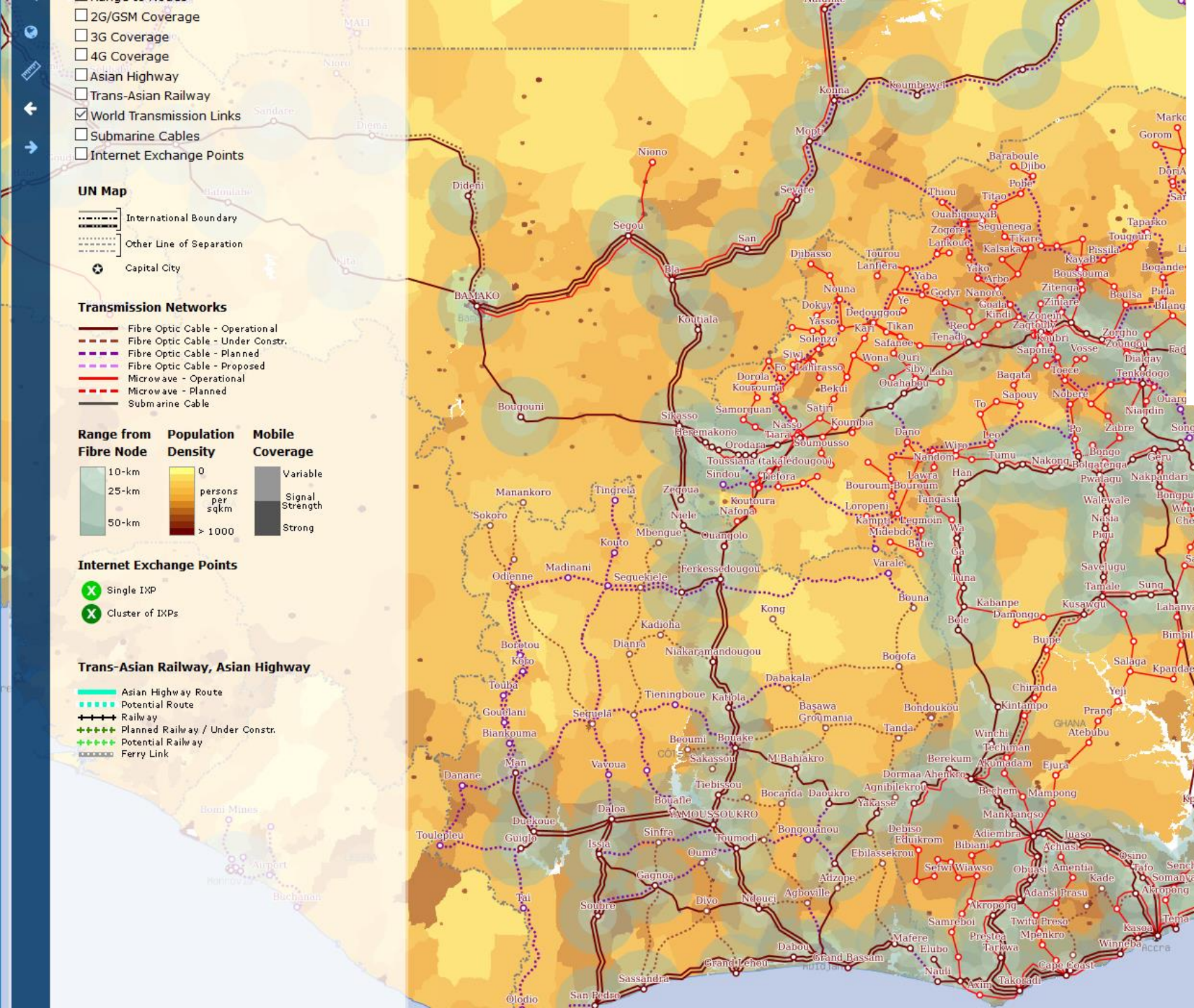
Participation of the rural poor

- Equitable opportunities to participate;
- Sustainable platforms with adequate investment;
- Capacity building



Transformative multisectoral rural development

- Enabling an environment conducive to health systems strengthening;
- Addressing the social and environmental determinants of health;
- Facilitating integrated people-centred approaches to improving wellbeing;
- Strengthening rural governance and institutions;
- Enhancing the socioeconomic multiplier effect of health sector investments;
- Addressing drivers of inequities between subpopulations within rural communities;
- Increasing connectivity of rural areas with intermediary cities.

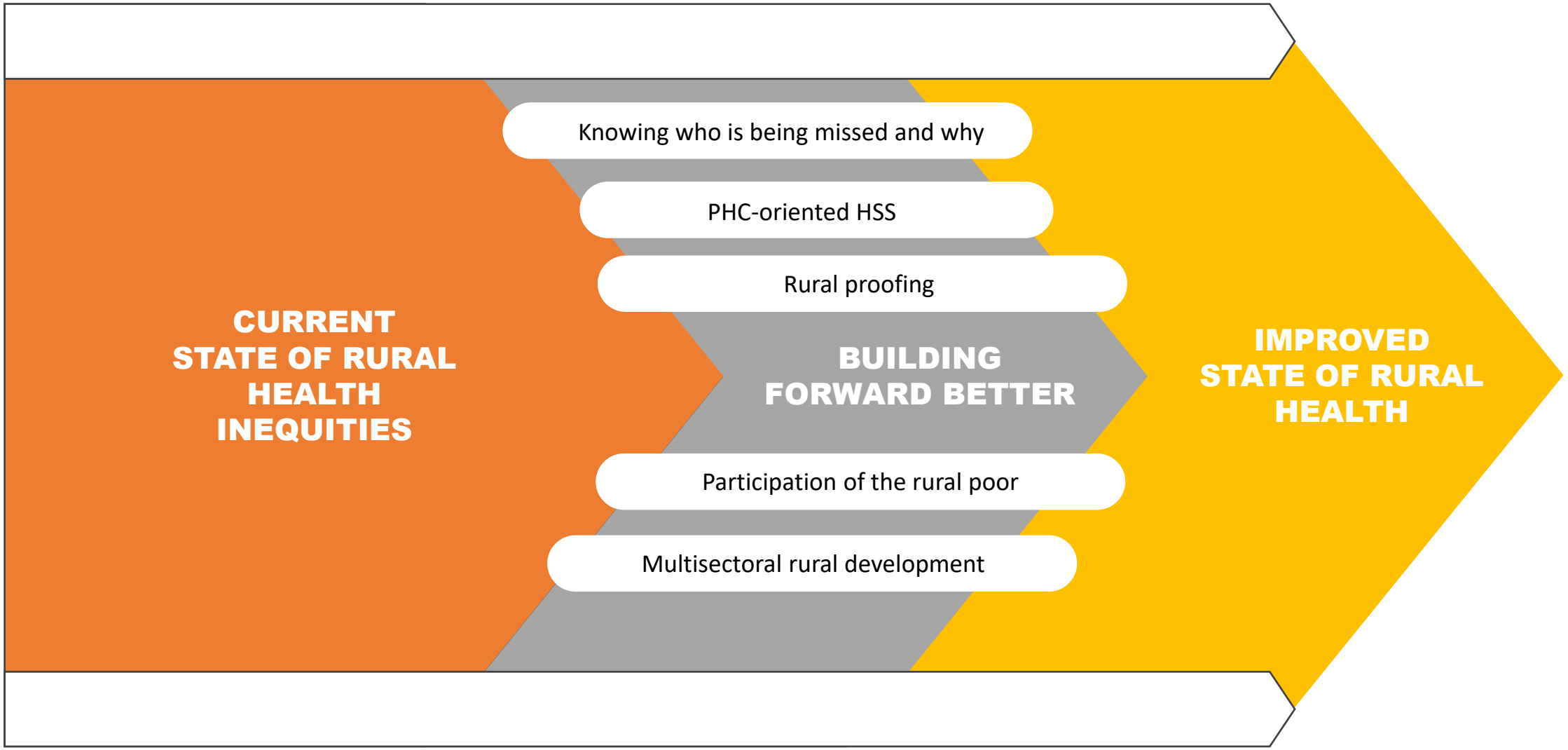


Inequalities in access to ICT and telecommunications

- While virtually all urban areas in the world are covered by a mobile-broadband network, gaps in connectivity and Internet access persist in rural areas.
- Globally, 72% of households in urban areas have access to the Internet at home, almost twice as much as in rural areas (38%) (ITU, 2021).

Image covering parts of Ghana, Togo, Benin and Nigeria along the gulf of Guinea.

5 key messages for today



Thank you

kollert@who.int