



Rural proofing for health

*Joint Pre-conference Forum at the 13th OECD Rural Development Conference: Building Sustainable , Resilient and Thriving Rural Places
Ballyconnell, Co. Cavan, Ireland, 28 September 2022, 10h45 – 12h45 GMT+1*

Introductory slides by Theadora Swift Koller, Senior Technical Advisor, Health Equity (WHO) and Betty-Ann Bryce, Senior Policy Analyst (OECD)



Preconference forum objectives

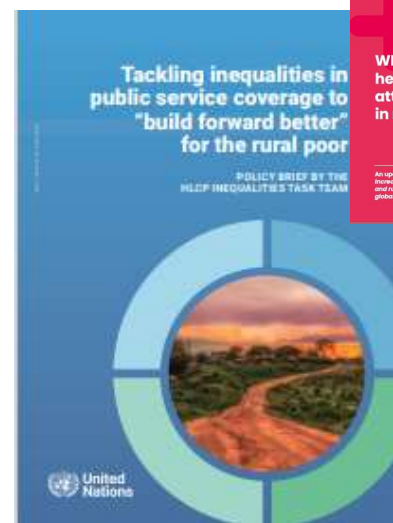
- **Objectives:**

- To learn from the experiences of health authorities and partners who have advanced rural proofing of health policies, strategies, plans and programmes;
- To explore opportunities, challenges, entry points, and partnerships in rural proofing for health.

- Rural proofing involves the systematic application of a rural lens to ensure that the needs, contexts, and opportunities of rural areas are adequately considered.
- Rural proofing means ensuring that “thinking rural” becomes part of the policy design at all governance levels, potential negative impacts are addressed and positive aspects of a policy are fostered.
- Rural proofing is relevant across the policy and programming cycle (e.g., all stages).

Link with conference themes

- Why is rural proofing for health relevant to the 13th OECD Rural Development Conference theme: “Building Sustainable , Resilient and Thriving Rural Places”?
- **Sustainable**: Applying a rural lens across policy domains, including health, is required for sustainable development in rural areas and of countries in their entirety.
- **Resilience**: Strengthening rural health systems enhances capacity to respond to health emergencies (e.g., pandemics) and a wide range of ongoing health needs, and contributes to building social cohesion as well as trust in government.
- **Thriving**: The health sector is an employer, health service accessibility is key to attractiveness and repopulation of rural areas, and investing in health has an economic multiplier effect.



WHO (2021). WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas. Geneva
Additional featured report led by WHO, FAO and IFAD: UN (2021). Tackling inequalities in public service coverage to “build forward better” for the rural poor. Report produced by the UN HLCPT Task Team on Inequalities. New York. <https://unsceb.org/sites/default/files/2021-12/HLCPT%20ITT%20Policy%20Brief%20Rural%20Inequalities%202021.pdf>

A global imperative

An estimated 2 billion people living in rural and remote areas across the world do not have adequate access to essential health services they need within their communities

The health of rural communities

Health financing
Information systems
Health governance
Intersectoral action and social participation

Human resources
Service delivery
Health products

Health inequities in rural areas are the result of adverse social and environmental determinants, as well as weaker health systems.

Employment, education, social protection, land, civil registration, etc

Infrastructure, WATSAN, electricity, ICT, etc

Natural capital

Gender equality

Non-discrimination (e.g., ethnicity, migrant status)

Strong multisectoral rural development plans & information systems
Rural proofing of sectoral policies & budgeting

Strengthening rural health systems

Cross-sectoral work on determinants

Rural proofing for health

- Consistent attention to territorial impact, including for rural areas, is not yet embedded across the policy process in many countries. Until it is, rural proofing approaches and mechanisms can be a useful means of advancing the agenda.
- Focus: refining the means.
- Focus: fostering sectoral ownership.
- Focus: going beyond sectoral silos.
- Focus: learning across countries.



Image source: Moreno Monroy, A. (2021). OECD principles on rural policy and rural proofing of sectoral policies. Presented in the online Webinar: "Lessons in rural proofing of health policies, strategies, plans and programmes", convened on 15 July 2021 by the World Health Organization, Geneva. Retrieved from: https://cdn.who.int/media/docs/default-source/documents/gender/5.ana.moreno.oecd.15july.pdf?sfvrsn=61781105_5

Context – rural proofing



- Principle 7, on “aligning strategies to deliver public services with rural policies”, recommends assessing the impact of key sectoral policies (including health) on rural areas and diagnosing where adaptations for rural areas are required (e.g., rural proofing).
- OECD’s *Rural well-being policy framework* highlights the importance of coordinating rural proofing across sectoral domains to optimize investments and synergies.

Rural proofing for health

*Pre-conference Forum at the 13th OECD Rural Development Conference:
Building Sustainable, Resilient and Thriving Rural Places
Ballyconnell, Co. Cavan, Ireland*

28 September 2022, 10h45 – 12h45 GMT+1

Online – https://meetoe.cd1.zoom.us/webinar/register/WN_FkL8z-VGSeSU2P_WsAcgfw

In-person – **Cranaghan**, Slieve Russell Hotel

Greetings and introduction:

- **WHO:** Theadora Swift Koller, Senior Technical Advisor, Health Equity, WHO/HQ
- **OECD:** Betty-Ann Bryce, Senior Policy Analyst, Regional and Rural Policy Unit, Centre for Entrepreneurship, SMEs, Regions & Cities

Roundtable:

Moderated by Tatjana Buzeti, Deputy Minister of Agriculture, **Slovenia**

- **European Commission:** Katarzyna Ptak-Bufkens, Policy Officer, DG-SANTE, and Alexia Rouby, Policy Coordinator, Long-term Vision for Rural Areas, DG-AGRI
- **New Zealand:** Barbara Kuriger, Member of the New Zealand Parliament and the Agriculture Spokesperson for National Party
- **Australia:** Adjunct Professor Ruth Stewart, National Rural Health Commissioner
- **Ireland:** Liam Glynn, Professor of General Practice at the University of Limerick School of Medicine and Breda Crehan-Roche, Chief Officer, Community Healthcare West
- **United Kingdom:** Cathy Lavery, Head of Equality, Diversity and Inclusion, Southern Health and Social Care Trust, and Aidan Campbell, Policy and Public Affairs Officer, Rural Community Network, Northern Ireland
- **Italy:** Sabrina Lucatelli, Senior Policy Expert, Department for Cohesion Policy, Italian Presidency of the Council
- **United States:** Tom Morris, Associate Administrator for Rural Health Policy, Health Resources and Services Administration, U.S. Department of Health and Human Services

Discussion and statements from the floor:

Facilitated by **Rural WONCA:** Bruce Chater, Chair, Working party on Rural Practice of the World Organisation of Family Doctors

Close and next steps:

- **OECD:** Dorothee Allain-Dupré, Head of Regional Development and Multi-level Governance, Centre for Entrepreneurship, SMEs, Regions and Cities
- **WHO:** Erin Kenney, Lead *a.i.*, Gender, Equity and Human Rights, WHO/HQ

About the session

The COVID-19 pandemic has underlined the importance of delivering effective health services in rural communities. Rural proofing involves the systematic application of a rural lens to health policies, strategies, plans and programmes to ensure rural needs, contexts, and opportunities are considered. This session will engage national authorities and partners to hear about rural proofing for health. It will address the entry points, challenges and partnerships to effectively support rural proofing for health.

Roundtable themes:

- New approaches to rural proofing EU legislation across policy fields following EU's rural vision; and access to health care in EU's rural areas;
- Why good definitions and data on "rural" matter for rural proofing for health;
- Ensuring community voice and tackling inequities within rural areas (including for Indigenous health);
- Rural proofing in the context of health systems redesign – Geographic equity and a population-based approach to service planning;
- The role of legislation and guidelines in sustaining a focus on rural in health policies, strategies, plans and programming;
- How rural proofing can enhance the economic contribution of the health sector to rural development;
- Ensuring that funding allocations in the health sector account for rural areas.

During or after the event

Send comments and questions to: Rural@oecd.org

Subject line: RURAL PROOFING FOR HEALTH

Extra slides

RMNCH

Coverage with the Reproductive, Maternal, Neonatal, Child Health (RMNCH) composite coverage index tends to be lower among the poorest, least educated, and those in rural areas (WHO & World Bank, 2021).

HIV/AIDS, Malaria

In many countries, testing for HIV was lower among the poorest, least educated or rural subgroups. For malaria, children aged under 5 years who were part of the poorest, least educated and rural subgroups reported lower prompt care-seeking when febrile (WHO, 2021).

NCDs

Despite increases in noncommunicable disease prevalence in rural areas in LMIC, the rural poor can experience challenges in accessing timely and appropriate health services (Zabetian A et al, 2014). Rural livelihoods may influence risk exposure (e.g., in case of COPD) (WHO, 2021).

Nutrition

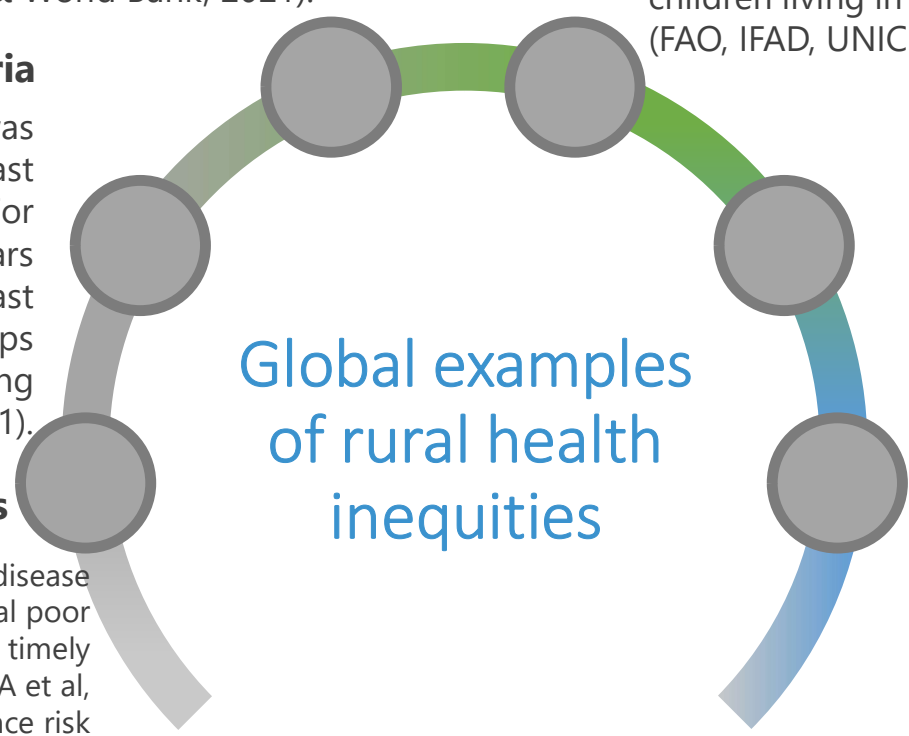
Nutritional status and dietary habits are often worse in rural areas (e.g., the prevalence of children eating foods from at least five out of eight food groups is on average 1.7 times higher among children living in urban than in rural households) (FAO, IFAD, UNICEF, WFP & WHO, 2020).

NTDs & Zoonoses

The rural poor are more exposed to conditions where Neglected Tropical Diseases (NTDs) thrive (inadequate WATSAN and limited access to health care). They are at higher risk of exposure to zoonoses (Engels, Zhou, 2020; FAO, 2018).

Injuries

Agricultural workers often lack access to the necessary occupational health, information and training services to adequately respond to health hazards (FAO, 2018).



Global examples
of rural health
inequities

Roundtable themes

- **Theme 1:** New approaches to rural proofing EU legislation across policy fields following EU's rural vision; and access to health care in EU's rural areas;
- **Theme 2:** Why good definitions and data on “rural” matter for rural proofing for health;
- **Theme 3:** Ensuring community voice and tackling inequities within rural areas (including for Indigenous health);
- **Theme 4:** Rural proofing in the context of health systems redesign – Geographic equity and a population-based approach to service planning;
- **Theme 5:** The role of legislation and guidelines in sustaining a focus on rural in health policies, strategies, plans and programming;
- **Theme 6:** How rural proofing can enhance the economic contribution of the health sector to rural development;
- **Theme 7:** Ensuring that funding allocations in the health sector account for rural areas.