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World Health
Organization

Webinar: Lessons in rural proofing of health policies, strategies, plans and programmes

13h00-14h30 CET, Thursday, 15 July 2021

This Webinar is part of a WHO series on “tackling rural health inequities”, convened under the umbrella of World Health Day 2021 on “Health Equity”.

It is organized by the WHO/HQ Gender, Equity and Human Rights Team, with external partners including WONCA’s Working Party on Rural Practice, OECD, and other agencies in the UN Inequalities Task Team (ITT) subgroup on rural inequalities.

The series will run from July 2021 to March 2022.



Most of the world's poor live in rural areas. For many health and other SDG indicators, rural areas are lagging behind.

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

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

COVID-19 has exposed and magnified chronic under-investment in health systems and health determinants in rural disadvantaged areas, in both LMIC and HIC.

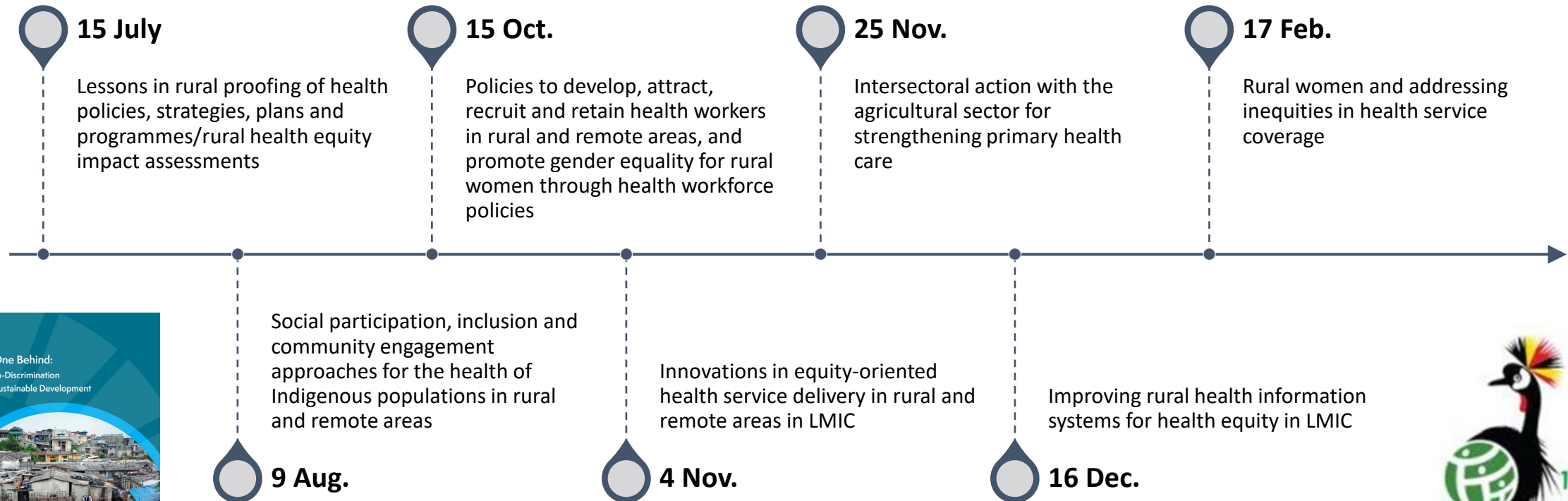
Rationale for the “Rural health equity” webinar series

Source second bullet: WHO (2021). WHO guideline on health workforce development, attraction, recruitment and retention in rural and remote areas. Geneva: World Health Organization

Rural health equity webinar series

hello

it's world health day
it's time to build a fairer
healthier world for
everyone everywhere



Leaving No One Behind:
Equality and Non-Discrimination
at the Heart of Sustainable Development



A Shared United Nations System Framework for Action



United Nations System
Chief Executives Board for Coordination



GOALS



Webinar series partners

WHO

(Gender, Equity and Human Rights Team in HQ, in collaboration with PHC-SP, HWF, HGF, SDH, DDI-HIM and other departments and colleagues in Regional and Country Offices)

World Organization of Family Doctors (WONCA) Rural Working Party

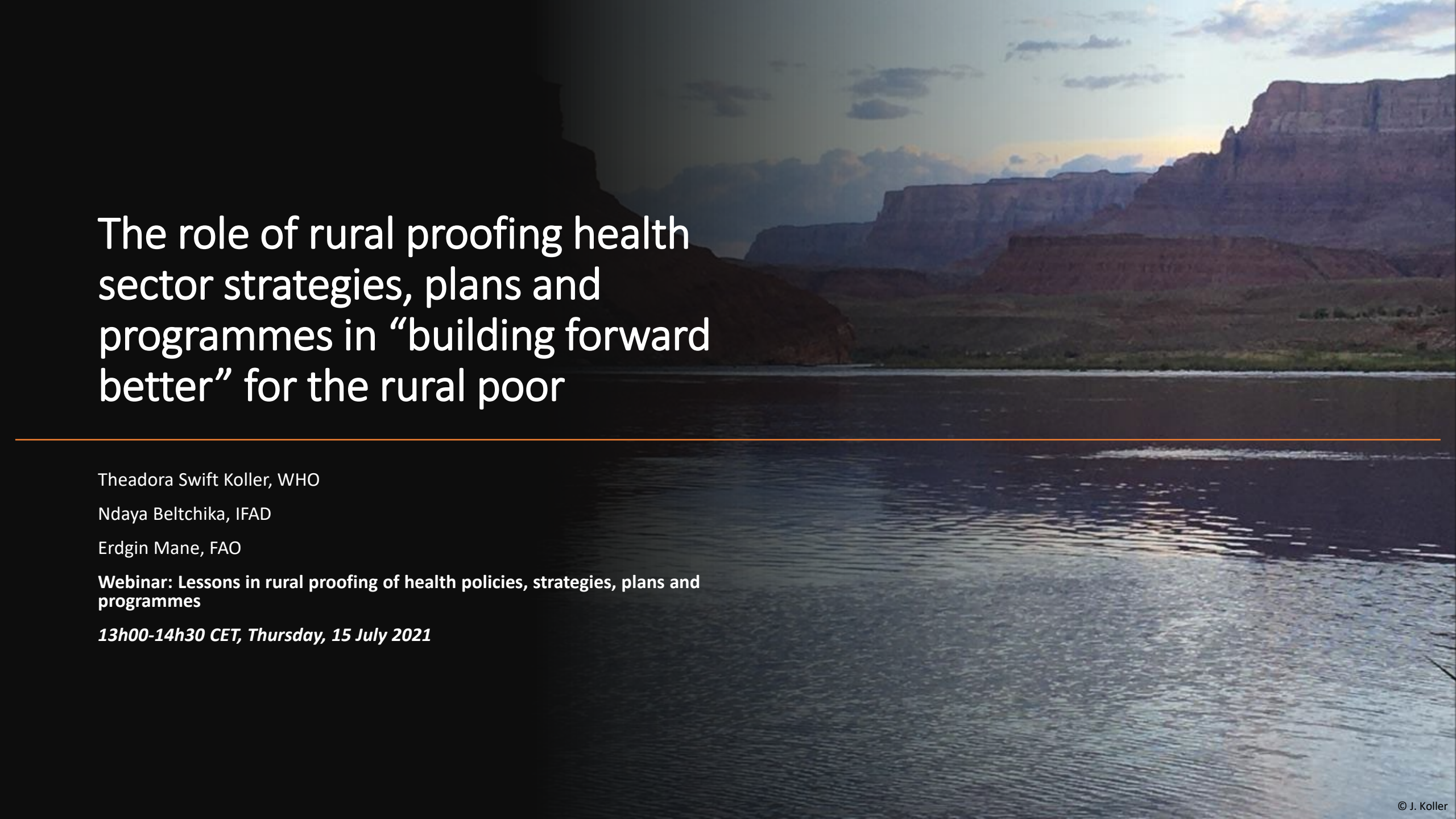
Rural poverty sub-group of the UN Inequalities Task Team

(the subgroup has 15 UN agencies and is co-led by WHO, FAO and IFAD)

Organization for Economic Cooperation and Development (OECD)

Academic centres and
NGOs working on rural
health in a range of
universities globally

Presentations for country-
specific case studies will
be presented by Member State
governments, civil society
organizations or other
partners.



The role of rural proofing health sector strategies, plans and programmes in “building forward better” for the rural poor

Theadora Swift Koller, WHO

Ndaya Beltchika, IFAD

Erdgin Mane, FAO

Webinar: Lessons in rural proofing of health policies, strategies, plans and programmes

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An aerial photograph of a rural landscape. In the foreground, there are numerous terraced fields, some of which are golden-brown, suggesting they are ready for harvest. The fields are separated by narrow paths or small streams. In the middle ground, a small cluster of buildings, likely a village, is visible. The background consists of steep, forested mountains under a cloudy sky. The overall scene depicts a typical rural environment.

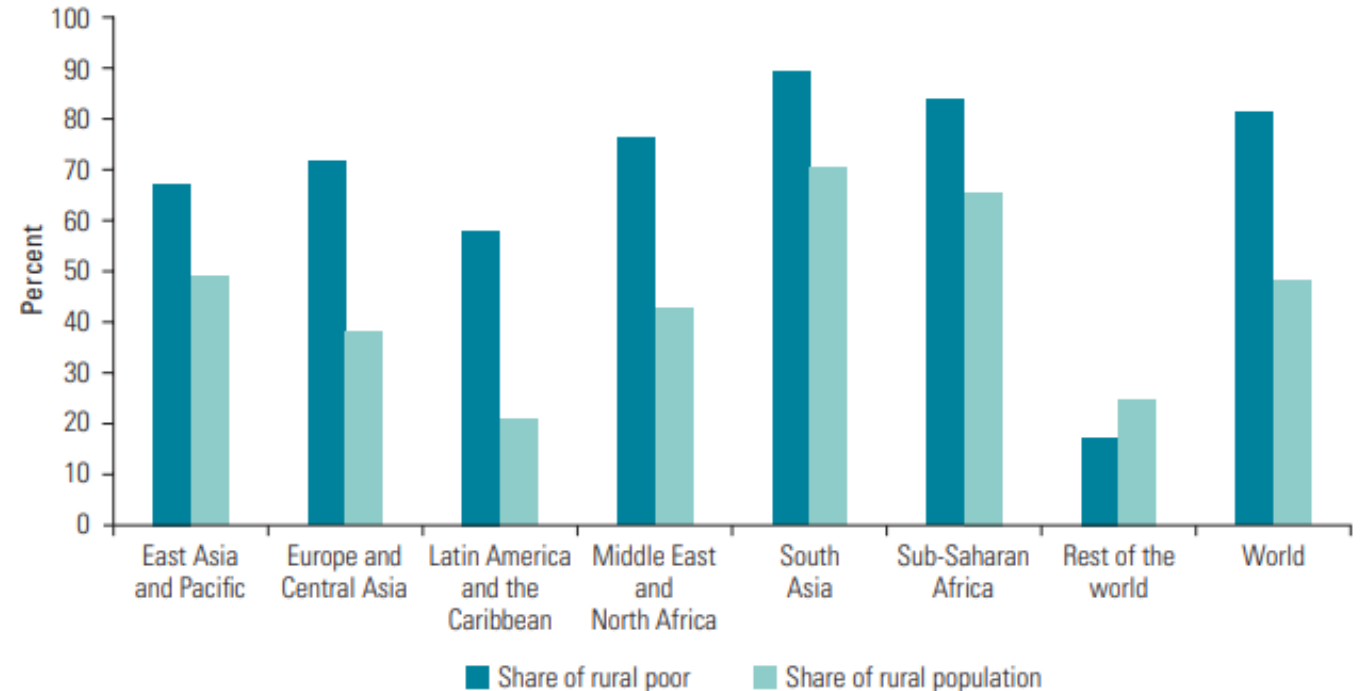
Rural proofing

- 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.*
- Rural proofing can have a key role in leaving no one behind, as called for by WHO's 13th General Programme of Work and the UN's CEB shared framework for action on LNOB.
- 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 poverty

- Globally, **extreme poverty** continues to be overwhelmingly rural, accounting for almost 4 in 5 people living in extreme poverty.
- In fact, poverty became more rural between 2015 and 2018. The share of the rural poor in the total population of poor people increased by more than 2 percentage points during that period.
- Poverty and unemployment rates are increasing due to the COVID-19 crisis, and with potential for deepening rural poverty due to lack of remittances, blocked supply chains for goods, etc.

FIGURE 3.1 Share of Rural Poor and Rural Population, by Region



Source: World Bank estimates based on Global Monitoring Database data.

Sources:

Bullet 1, 2 and figure: World Bank (2020). *Poverty and Shared Prosperity 2020: Reversals of Fortune*. Washington, DC: World Bank.
Bullet 3: United Nations (2021). *World Social Report. Reconsidering Rural Development*. UNDESA, New York.

Rural multidimensional poverty & deprivation

- Multidimensional poverty is also more intense in rural areas. Of the 1.3 billion people who are **multidimensionally poor**, 1.1 billion people—84.2 percent—live in rural areas.
- In low-income countries, analyses of recent survey data indicate that where every 100 urban residents complete secondary school, only 23 rural residents do so.
- Nutritional status and dietary habits are often worse off in rural areas. The prevalence of stunting is higher in rural areas and in poorest households.

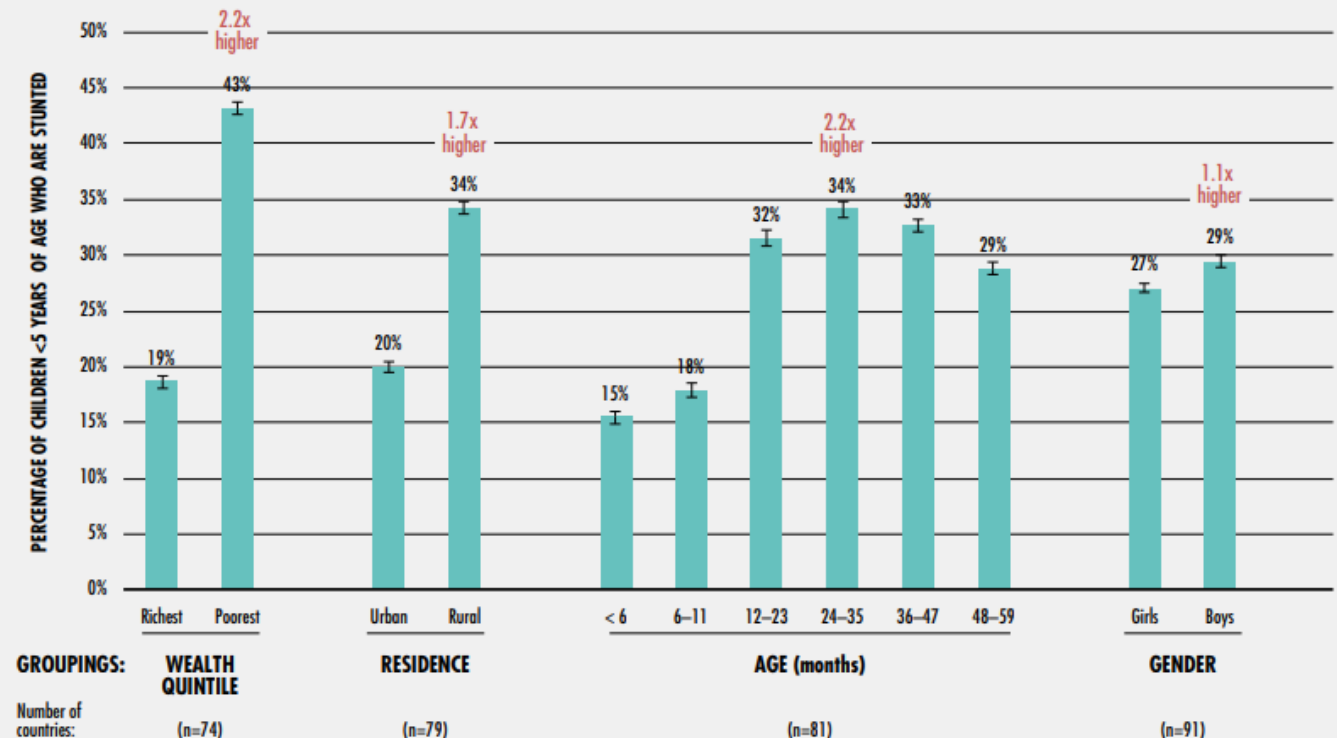
Sources:

Bullet 1: OPHI (2020). *Global MPI 2020 – Charting pathways out of multidimensional poverty: Achieving the SDGs*. Oxford Poverty and Human Development Initiative. Oxford.

Bullet 2: UNESCO (2020) Global education monitoring report, 2020: Inclusion and education: all means all. Paris

Bullet 3 and Figure: FAO, IFAD, UNICEF, WFP and WHO (2020). *The State of Food Security and Nutrition in the World 2020: Transforming Food Systems for Affordable Healthy Diets*.

FIGURE 14
THE PREVALENCE OF STUNTING IS HIGHER IN RURAL AREAS AND IN POOREST HOUSEHOLDS



NOTES: Estimates are based on the most recent national survey with disaggregated data available between 2013 and 2019 and thus only include a subset of the country data used for the global Joint Malnutrition Estimates (JME). The estimates for each grouping are based on a different subset of countries given variable data availability by background characteristics. Estimates are population weighted and require >50 percent population coverage to be displayed. The relative difference between the highest and lowest for each grouping is shown in red and was calculated using unrounded estimates.

SOURCE: UNICEF, WHO & World Bank. 2020. *UNICEF-WHO-World Bank: Joint Malnutrition Expanded country dataset, May 2020*. [online]. <https://data.unicef.org/resources/jme>, www.who.int/nutgrowthdb/estimates, data.worldbank.org/child-malnutrition (analysis from 118 countries).

Gender Gap in Global Food Insecurity and Covid-19: SDG 2.1.2 based on FIES

- The gender gap in the prevalence of moderate or severe food insecurity across the world grew even larger during the COVID-19 pandemic, **being 10 percent higher among women than men in 2020, compared with 6 percent in 2019.**
- This is mostly due to the widening of the gap in **Latin America and the Caribbean** (30 percent in 2020 versus 24 percent in 2019) and **Asia** (10 percent in 2020 versus 4 percent in 2019)
- **Rural women tend to be disproportionately affected** by health and economic crises in a number of areas, including but not limited to food security and nutrition, health, time burden, and productive and economic dimensions.

Sources:

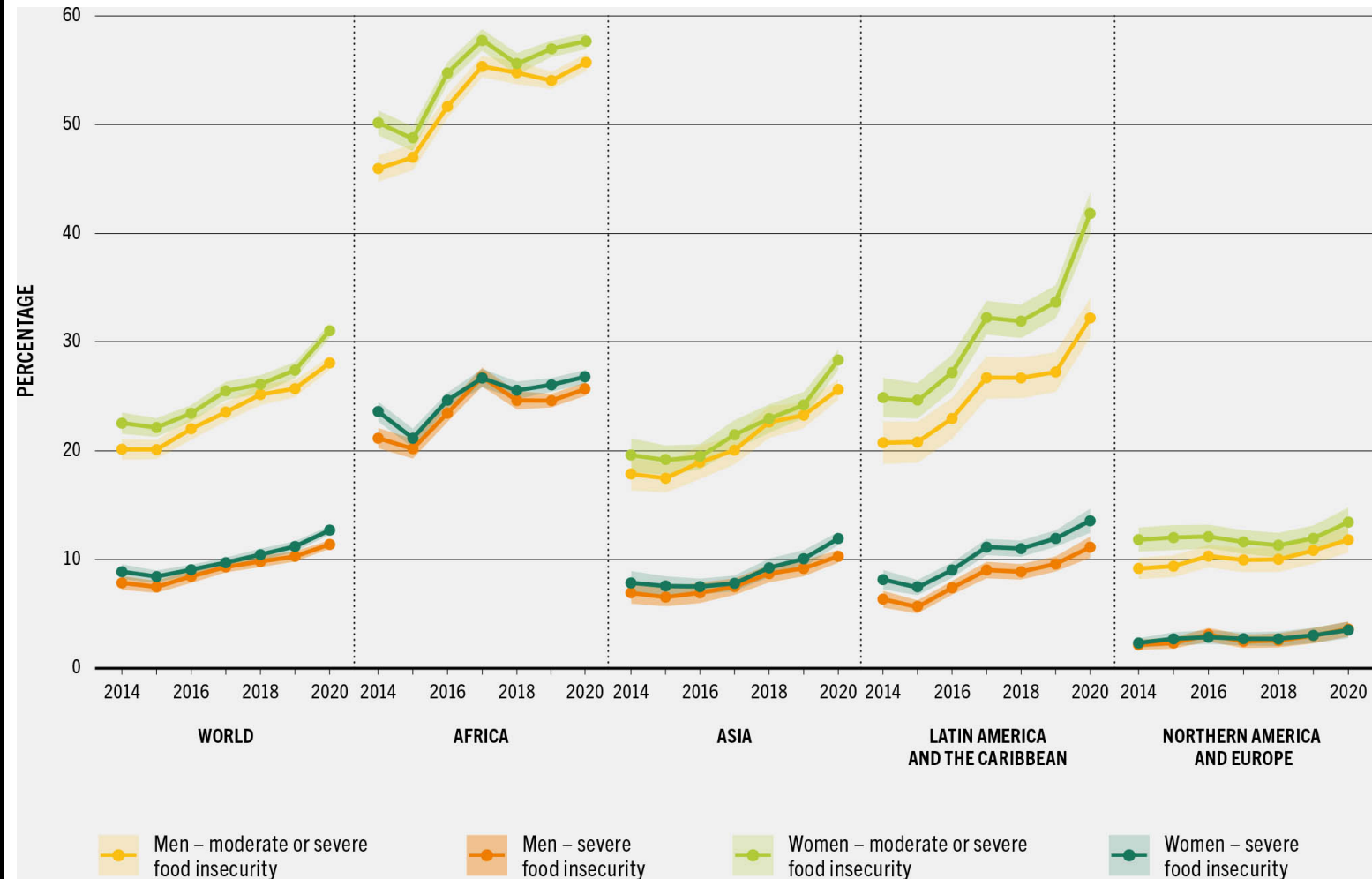
Bullet 1, 2 and Figure: FAO, IFAD, UNICEF, WFP and WHO. 2021. The State of Food Security and Nutrition in the World 2021.

Transforming food systems for food security, improved nutrition and affordable healthy diets for all. Rome, FAO.

<https://doi.org/10.4060/cb4474en>

Bullet 3: FAO. 2020. Gendered impacts of COVID-19 and equitable policy responses in agriculture, food security and nutrition. Rome, FAO. (also available at <https://doi.org/10.4060/ca9198en>).

GLOBALLY AND IN EVERY REGION, THE PREVALENCE OF FOOD INSECURITY IS HIGHER AMONG WOMEN THAN MEN



NOTE: The shaded area represents the margins of error around the estimates.
SOURCE: FAO.

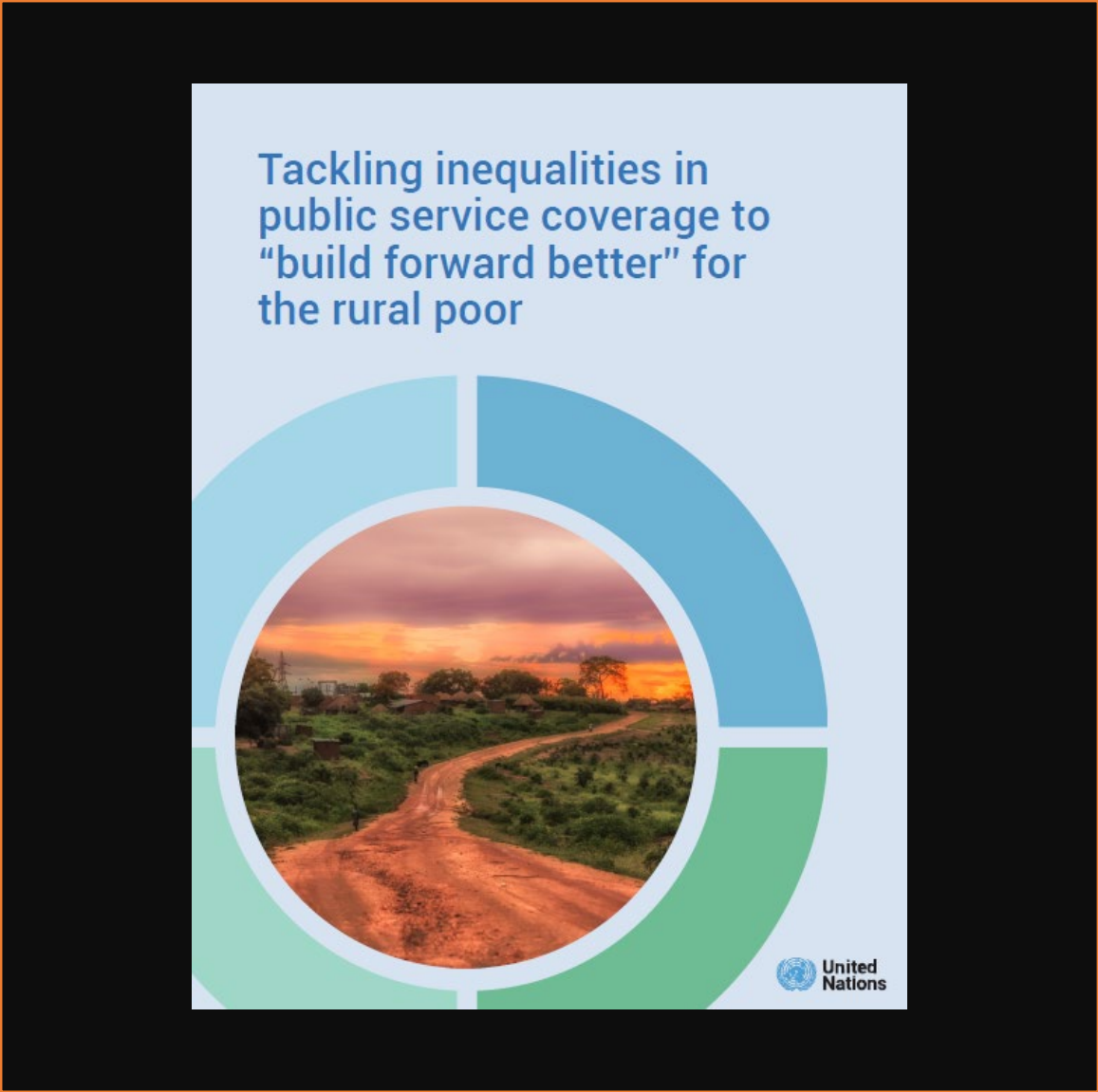
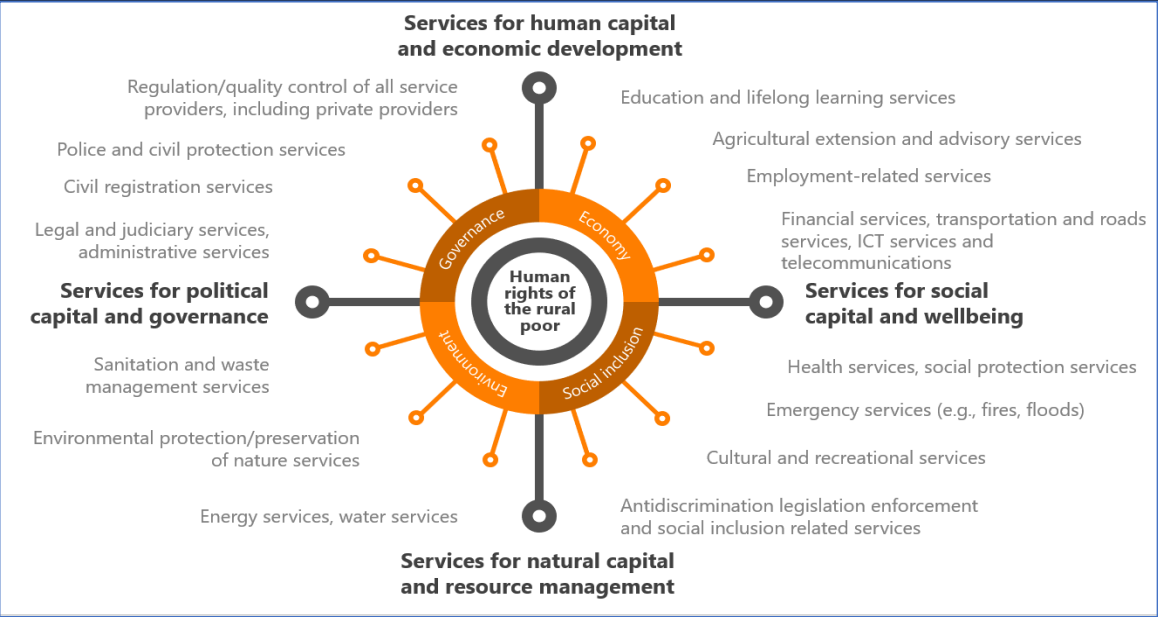
Inequities *within* rural areas

- Rural women and girls
 - Rural youth and children
 - Indigenous people
 - Other populations experiencing discrimination based on ethnicity
 - Older persons
 - Persons with disabilities
 - Internal and international migrants
-



Multisectoral transformative rural development planning

Figure. Examples of public services in rural areas and their contribution to sustainable development



Source: Figure 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.

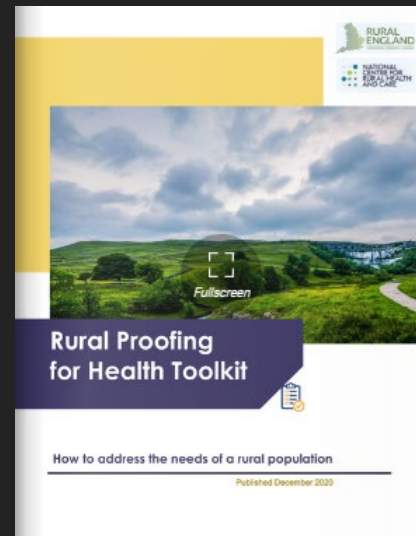
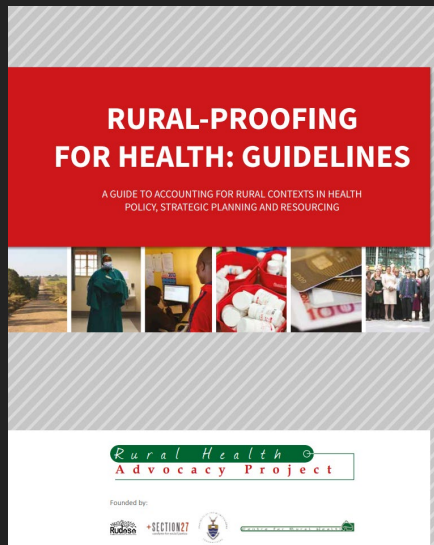
Key questions on rural proofing for today's webinar

- In which ways could rural proofing of national health policies, strategies and plans contribute to the reduction of health inequities in rural areas and “building forward better” for the rural poor?
- How is rural proofing now being used in different country contexts and what are the challenges and successes?
- How can rural proofing across sectors help address social and environmental determinants in rural areas, in support of multisectoral transformative rural development plans?
- How can the rural poor, as well as health workers, be engaged in rural proofing?
- What evidence is needed to feed into rural proofing for health, from both within and beyond the health sector?



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Aimag government representatives considering the barriers experienced by low-income rural and remote herder populations along the health pathway for treatment of cardiovascular disease.



Panel with country experiences

- South Africa: Russell Rensburg, Director of the Rural Health Advocacy Project
- United Kingdom: Brian Wilson, author of the “2020 Rural proofing for health toolkit”
- Chile: Josefina Montero, Head of the Rural Development Department at the Ministry of Agriculture

OECD principles on rural policy and rural proofing of sectoral policies – *Ana Moreno Monroy*

OECD (2019). Principles on Urban Policy and Rural Policy.

Principle 7 recommends assessing the impact of key sectoral policies (e.g., transportation, health education) on rural areas and diagnosing where adaptations for rural areas are required (e.g., rural proofing).

OECD (2020). Rural Well-being Policy Framework. Paris

- Rural proofing arrangements are normally based on ex ante ministerial assessment and review of rural development coherence done by each government body or on ex post regional assessment evaluation of different ministries' policy decisions on rural regions. [...]
- Rural proofing as a policy strategy is not without challenges (e.g., lack of coordination and integration, and missed opportunities in light of this).

OECD (2021). Delivering Quality Education and Health Care to All: Preparing Regions for Demographic Change. OECD Rural Studies, OECD Publishing, Paris.



OECD Rural Studies

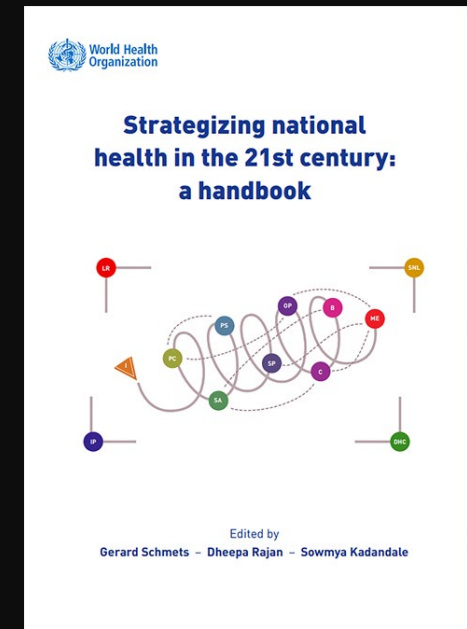
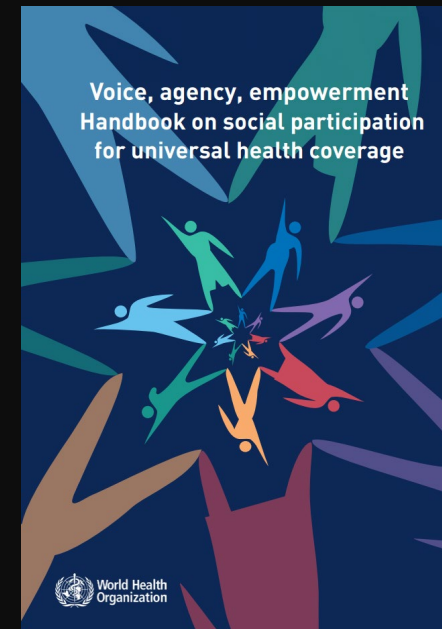
Delivering Quality Education and Health Care to All

PREPARING REGIONS FOR DEMOGRAPHIC CHANGE



How the UHC Social Participation toolkit can support community engagement in rural proofing - *Kira Koch*

- Equitable opportunities to participate;
- Capacity-building for participation;
- Linking participatory rural proofing to the “population consultation” phase of national health policies, strategies and plans.



WONCA perspectives on rural proofing – *Bruce Chater*

- Rural proofing human resources for health policies and health workforce pipelines
- The role of the health workforce initiatives in contributing to rural proofing of national policies, strategies and plans
- A preview of the upcoming topics in the Webinar series, which are all relevant to and contribute to rural proofing

