Wonca Rural Health

The Wonca Working Party on Rural Practice

Rural Proofing Making it real

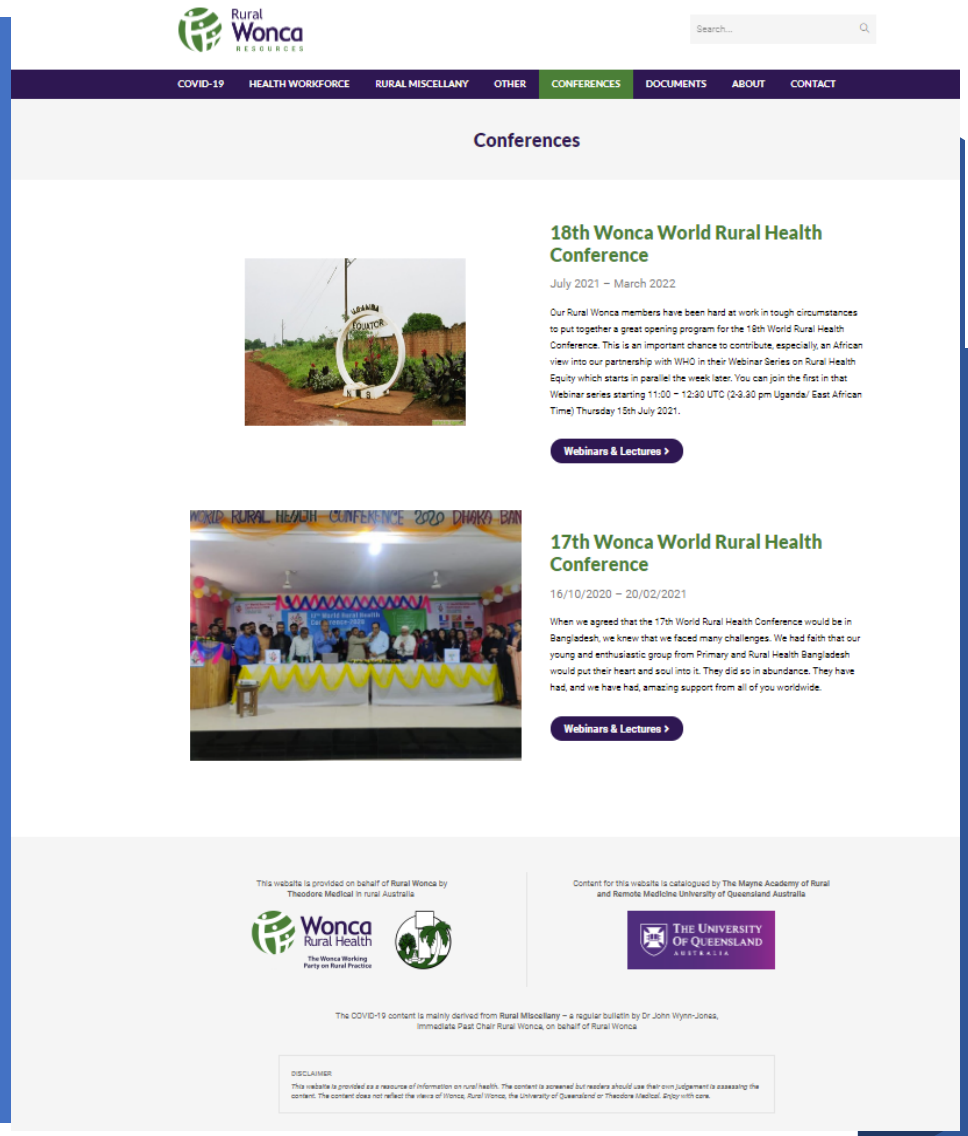
Assoc Prof Bruce Chater

Chair

Rural Wonca

(Wonca Working Party On Rural Practice)

Online collaboration

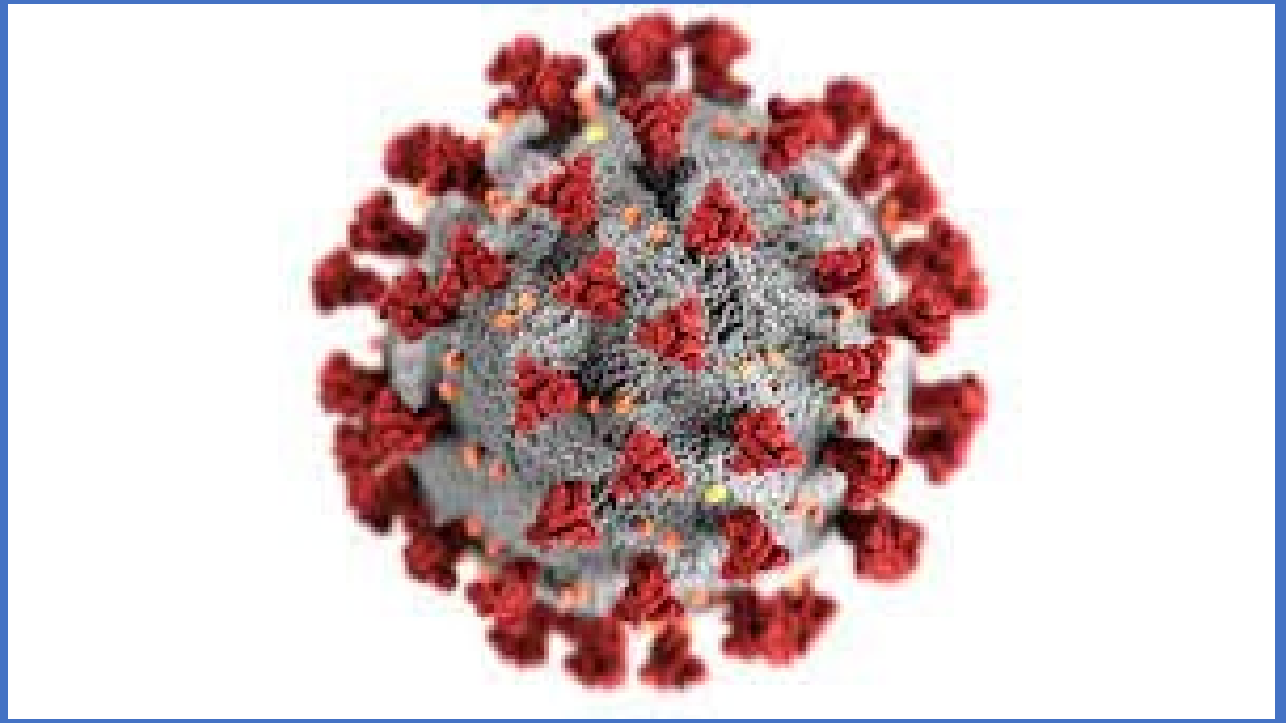


World Health Organization

Food and Agriculture Organization of the United Nations

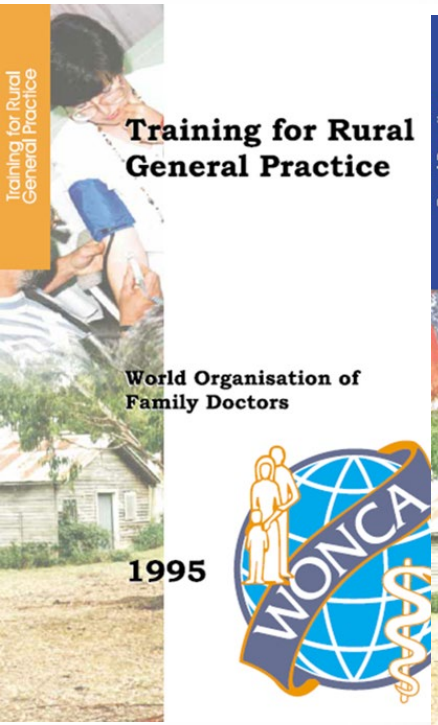
18TH WRHC2021 Uganda

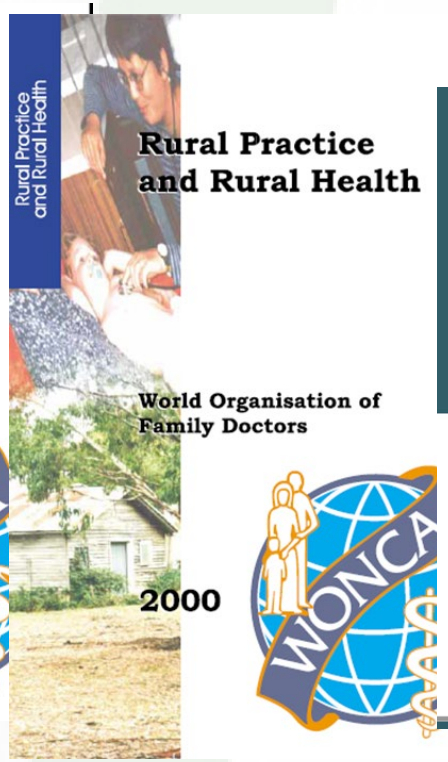
IFAD
Investing in rural people

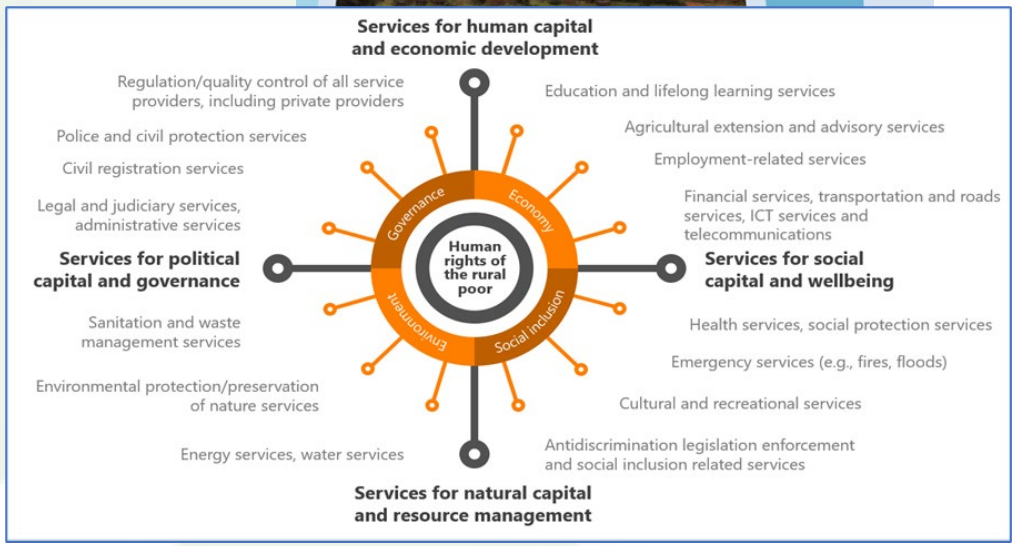


Policy assurance

Practical initiatives







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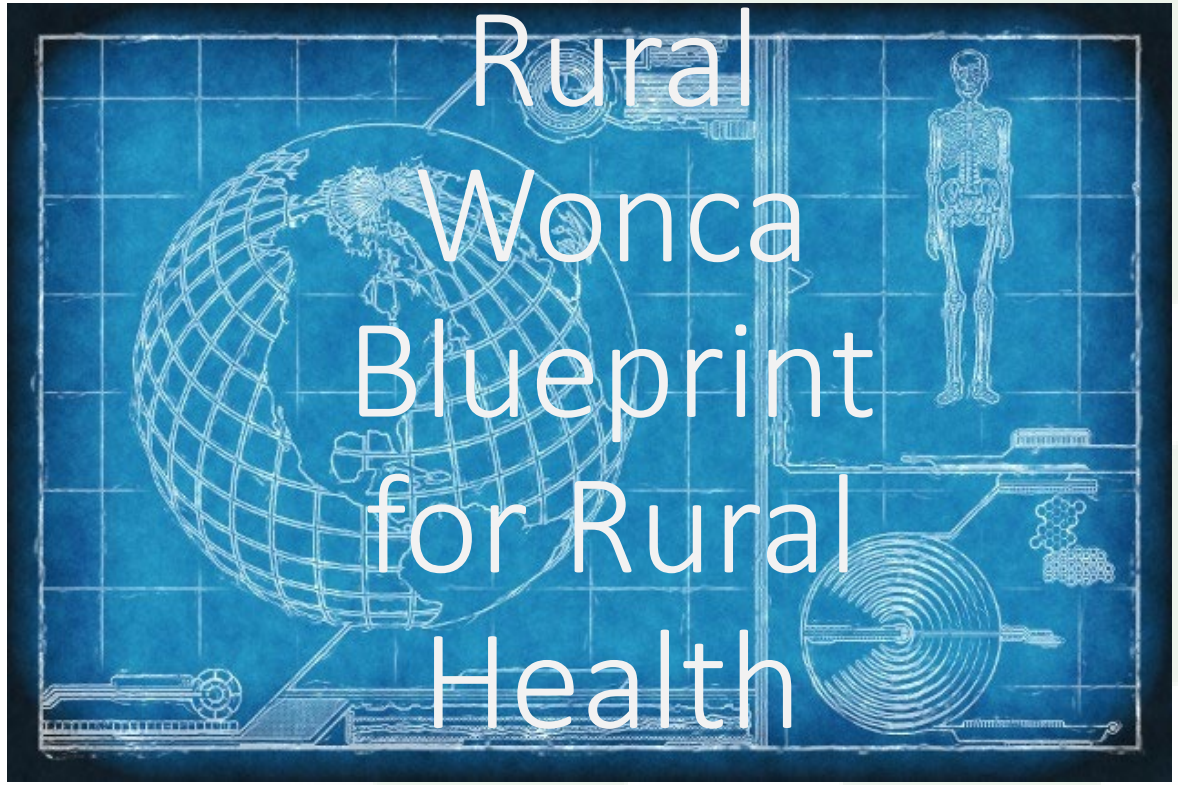

https://ruralwonca.org/wp-content/uploads/17th-WHRC-Conference-Declaration-Blueprint-for-Rural-Health.pdf

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17th World Rural Health Conference Conference Declaration Bangladesh 2021

The 17th World Rural Health Conference hosted, in rural Bangladesh, at the Brahmanbaria Medical College (BMC) by *Primary Care and Rural Health Bangladesh,* and joined internationally through a virtual conference over four months, has considered how best to ensure that high quality health care is delivered to the almost half the world's population that live in rural and remote areas. The conference was addressed by experts in rural health from all regions of the world.

The conference heard of the substantial progress of rural health in Bangladesh. We congratulate the government of Bangladesh for tremendous improvement of rural health care by establishing community clinics for every 6000 people throughout Bangladesh. We also note that this and other measures have improved life expectancy and decreased maternal and infant mortality, and narrowed the urban/rural gap. We acknowledge these achievements make Bangladesh an exemplar in LMIC and demonstrate that country's commitment to ensure health care of all people. (1)

But there is more to do to build on this in Bangladesh and Worldwide. During this conference we have clarified the key practical elements that can provide short- and long-term change that will bring better services to rural people. We commit ourselves to these through a:

Blueprint for Rural Health

This **Blueprint for Rural Health** is designed to inform rural communities, academics, and policy makers about how to reach the goal of delivering high quality health care in rural and remote areas most effectively.

Important practical aspects

- End to end planning and integrity
- Clinical Courage
- Rural Health education in Rural For Rural
- Immersive Community Engaged Education (ICEE)
- Rural Exposure – any is good – more is better
- Grow your own
- Redundancy
- Stepladder education
- Engaging young doctors
- The right health worker
- Rural generalism
- Rural Origin
- Ruralisation
- Rural Policy
- Localising economic benefit

Attitude – from inside Rural ? or outside looking in?

Rural and Remote Health

rrh.

Geographic Narcissism

In the field of psychotherapy there is a subtle, often unconscious, devaluation of rural knowledge, conventions, and subjectivity, and a belief that urban reality is definitive. Through metaphors from geography and cartography and via psychoanalytic theory on privilege, I formulate urbanity as a seldom-addressed privilege and consider implications of the misrepresentation or absence of the rural world on the "map" of psychotherapy. I counter map urban biases on power, space, and time and explore consequences of frame, self-disclosure, ethics, and interpretations as I investigate urban valuing of specialized expertise over wisdom, urban disconnection from weather and distance, urban colonizing behaviour, the dumping of incompetent professionals into rural areas, and the urban sense of entitlement to anonymity.

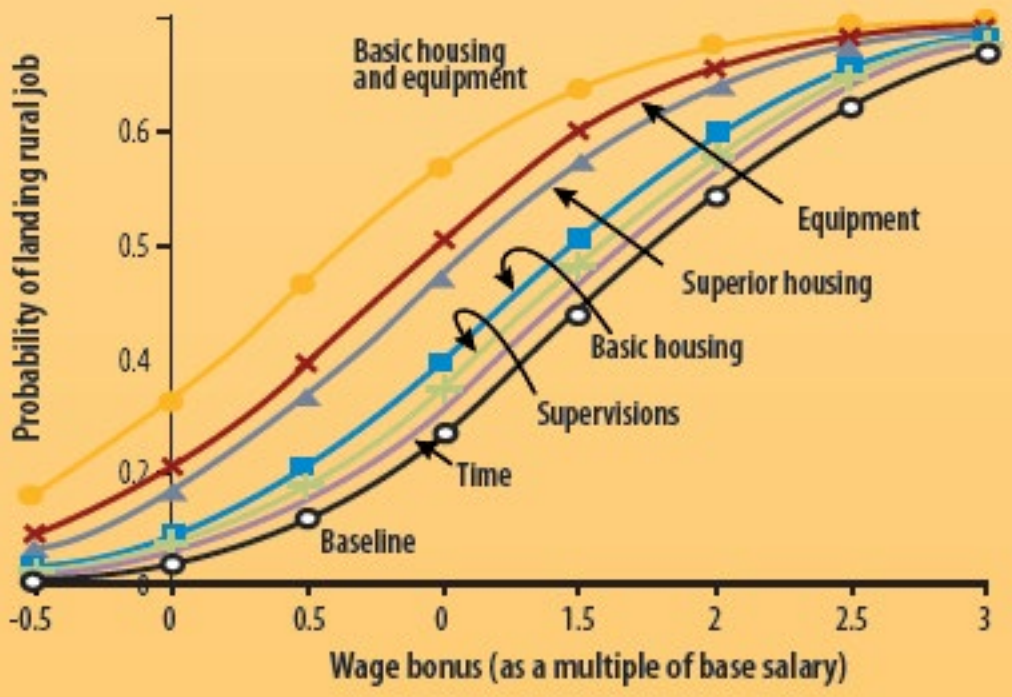
Geographical Narcissism in Psychotherapy:
Countermapping Urban Assumptions About Power, Space, and Time
Malin Fors, MSc
Finnmark Hospital Trust, Finnmark, Norway

This journal has taken the decision that, as far as it can be determined, an article about people in any country or region without authors from that country or region will not be published.

"Nothing about us without us"

The effect of *local* on the Policy Dose - Response curve

Figure 3: Findings from a Discrete Choice Experiment: Share of nurses in Ethiopia willing to accept a rural job, as a function of the rural wage bonus (horizontal axis), with alternative in-kind attribute incentives



Source: Jack and others in Berhanu Feysia and others, 2012

While not a solution in themselves, payment incentives do make a difference to recruitment. (11-13). Good management which understands and supports the health needs and services at a local level are vitally important. Working conditions, lifestyle and other non-monetary factors can have a multiplier effect, good or bad, on existing monetary incentives(14).

Joined up

Actually connected
and
No Leaks

World Health Organization

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Webinar Series on Rural Health Equity

- Social participation and community engagement approaches for the health of the **Indigenous populations** in rural and remote areas
- Policies to **develop, attract, recruit and retain health workers** in rural and remote areas, and promote **gender equality for rural women** through health workforce policies
- **Innovations** in equity-oriented health service delivery in rural and remote areas **in LMIC**
- Intersectoral **action with the agricultural sector** for strengthening primary health care
- Improving rural **health information systems** for health equity
- **Rural women** and addressing inequities in health service coverage

Webinar announcement:

Social participation, inclusion and community engagement approaches for the health of the indigenous populations in rural and remote areas

14h00-15h30 CET, Monday, 9 August 2021

Greeting by the Chairs:
Theadora Swift Koller, Senior Technical Advisor, Health Equity, World Health Organization/HQ
Mirian Masaquiza, Social Affairs Officer, United Nations Department of Economic and Social Affairs/NY

Panel with country experiences:
- **India**: Pavitra Mohan, Secretary of the Basic Health Services (BHS)
- **Brazil:** Fernando Jose de Moura Neto, President of CONDISI of Ceara (Northeast), vice-coordinator of the National CONDISI Presidential Forum
- **United States of America:** Novalene Alsenay Goklish and Francene Larzelere Sinquah, members of White Mountain Apache Tribe, Center for American Indian Health, John Hopkins University
- **Canada:** Joseph Le Blanc, Associate Dean, Equity and Inclusion, Northern Ontario School of Medicine
- **Mali:** Mariam Wallet Mohamed Aboubakrine, co-founder of Association Tin Hinane
- **Chile:** Ariana Valenzuela Quipallan, representative of Mapuche People
- **Australia**: Louis Peachey – Rural GP/ Senior Medical Officer at the Atherton District Hospital

Closing words: Mirian Masaquiza, Social Affairs Officer, United Nations Department of Economic and Social Affairs/NY

JOIN NOW

https://who.zoom.us/s/94597411309
Meeting ID: 945 9741 1309
Password: SPI@ug821

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 poverty. The series will run from July 2021 to March 2022.

Interpretation to Spanish, Portuguese and French available