Photo credit: Margo Tolner

Improving Rural Health Information Systems for Health Equity

14h00-15h30 CET, Wednesday, 15 December 2021

Rural health equity webinar series

15 July

Lessons in rural proofing of health policies, strategies, plans and programmes/rural health equity impact assessments

9 Aug.

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

15 Oct.

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

25 Nov.

Intersectoral action with the agricultural sector for strengthening primary health care

15 Dec.

Improving rural health information systems for health equity

19 Jan.

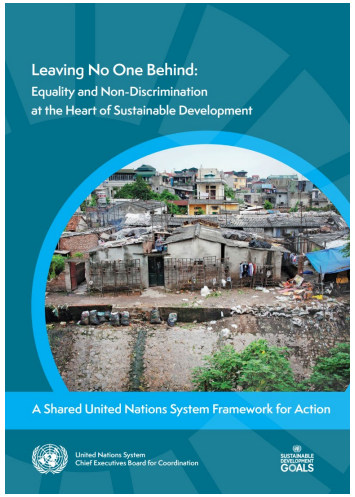
Data sources and approaches for understanding the "whys" behind health inequities in rural areas

17 Feb.

Rural women and addressing inequities in health service coverage

24 Mar.

Innovations in equity-oriented health service delivery in rural and remote areas in LMIC



Greeting by Chair: **Theadora Swift Koller**, Senior Technical Advisor, Health Equity, Director General's Office, WHO/HQ

Welcome by the newly elected President of WONCA (World Organisation of Family Doctors) **Anna Stavdal**

Panel:

Using the Health Equity Assessment Toolkit to understand rural-urban inequalities - **Ahmadreza Hosseinpoor**, Lead, Health Inequality Monitoring, WHO/HQ

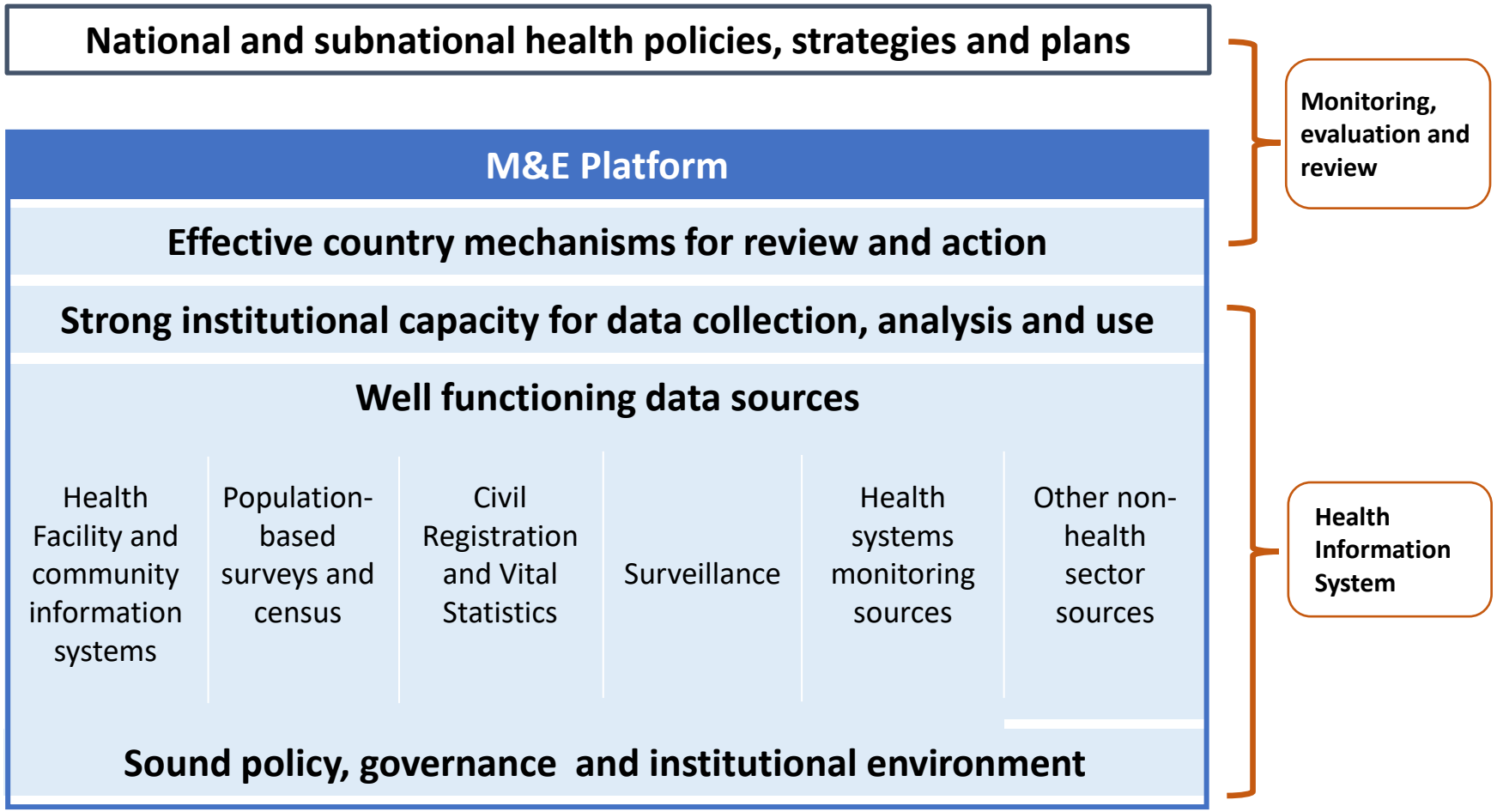
Using ACCESSMOD to evaluate geographic and time barriers to health services, including examples around addressing snakebites - **Karin Stenberg**, Technical Officer, Economic Evaluation and Analysis, WHO/HQ and **Prashant Hedao**, GIS Centre for Health (DDI/DNA), WHO/HQ

Information systems and rural health equity: lessons from OECD countries –**Betty-Ann Bryce**, Senior Policy Analyst, OECD

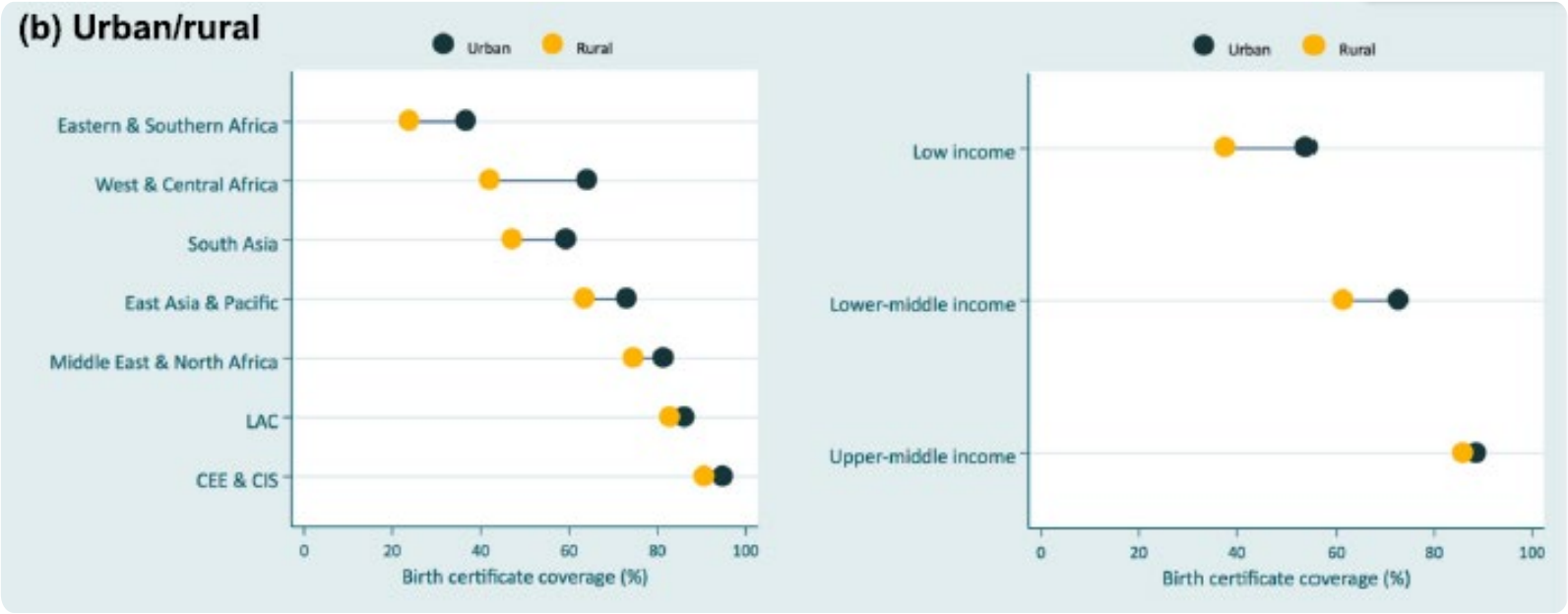
Harnessing health information systems to strengthen health care in rural and remote areas - **Mercy Wanjala Nafula**, WONCA Rural Seeds Ambassador Africa Region

Closing remarks:
Bruce Chater, Chair, WONCA Working Party on Rural Practice

Photo credit: Margo Tolner



Source: Presentation of, Health Information Systems, WHO Headquarters, October 2016.

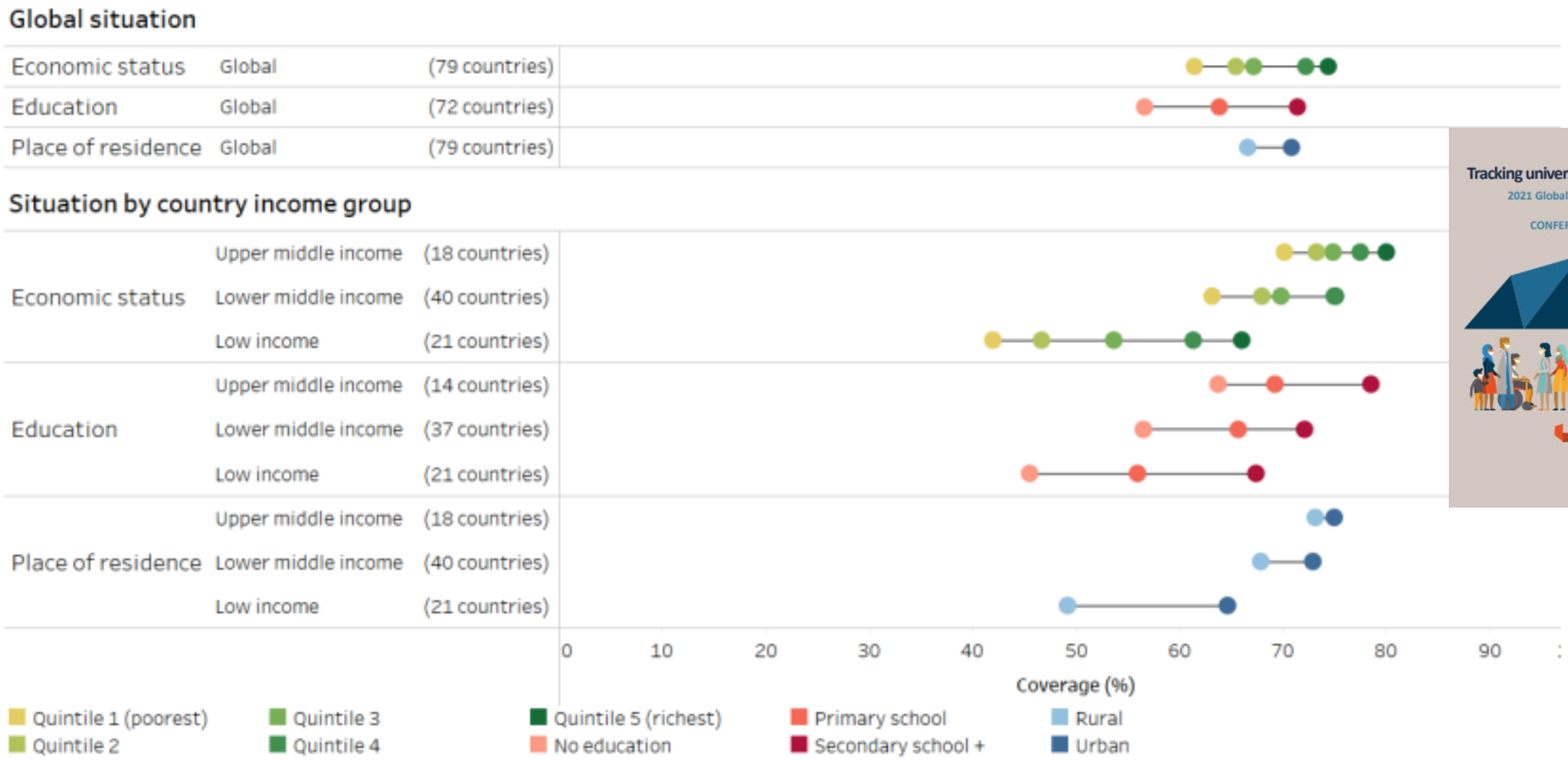


Accounting for the uncounted in rural areas

- Wealth and urban/rural inequalities in birth certificate coverage persist in most low- and middle-income countries.
- Weak CRVS systems lead rural and poor children to be systematically excluded from the benefits tied to a birth certificate and prevent these children from being counted in national health data.

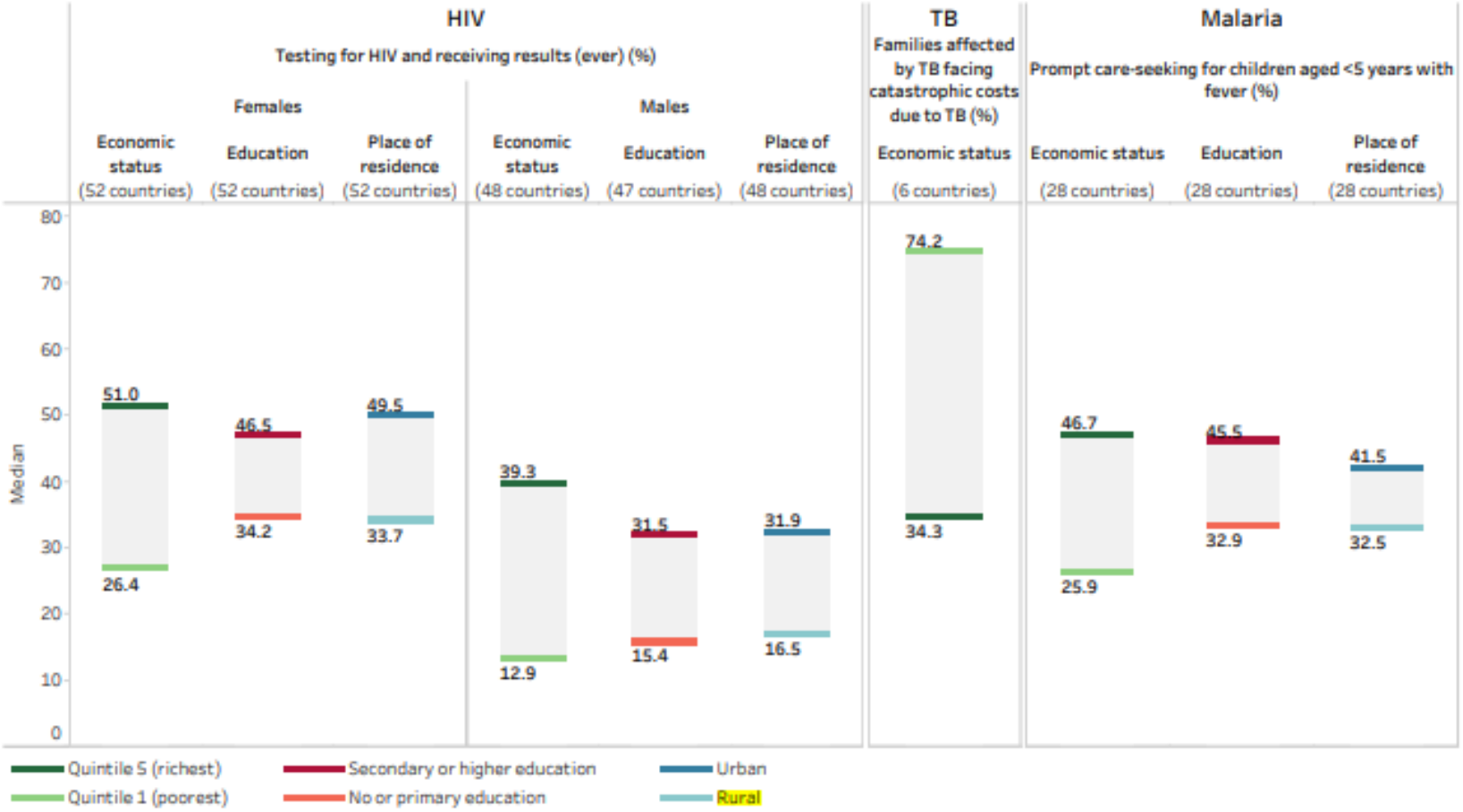
Source:
Bhatia, A., Ferreira, L.Z., Barros, A.J.D. & Victora, C.G. 2017. Who and where are the uncounted children? Inequalities in birth certificate coverage among children under five years in 94 countries using nationally representative household surveys. International Journal for Equity in Health, 16:148 [online]. [Cited 27 April 2020]. https://doi.org/10.1186/s12939-017-0635-6.

Figure 1.15 RMNCH composite coverage index by multiple dimensions of inequality: latest situation (2010–2019) globally and by World Bank country income group



Note: Circles indicate median values across countries – one circle for each subgroup.
Source: WHO Health Equity Monitor database, 2021.
tracking-universal-health-coverage-2021-global-monitoring-report_uhc-day.pdf (who.int)

FIG. E1. Selected HIV, tuberculosis (TB) and malaria indicators with high levels of inequality, disaggregated by economic status, education and place of residence: latest situation (2011–2020)



Horizonal lines represent the median value across countries for each subgroup.
Grey shading represents the difference between the median values.
Note the HIV indicator does not account for HIV incidence, which may vary across population subgroups and is important to contextualize the results.

Source: AIDS Indicator Surveys, Demographic and Health Surveys, Malaria Indicator Surveys and TB patient cost surveys.

Source: WHO (2021). State of inequality: HIV, tuberculosis and malaria. Geneva: World Health Organization
https://www.who.int/publications/i/item/9789240039445

Monitoring the Social Determinants of Health (SDH) in rural areas: the example of education

- 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 (UNESCO, 2020a).
- In at least 20 countries with data for the 2013-2018 period, mostly in sub-Saharan Africa, **less than 1 percent of poor, rural young woman completed upper secondary school** (UNESCO, 2020a).
- According to UN estimates, nearly 500 million students from pre-primary to upper-secondary school did not have any **access to any remote learning** - three quarters of those lived in rural areas. (UNESCO, 2020b).

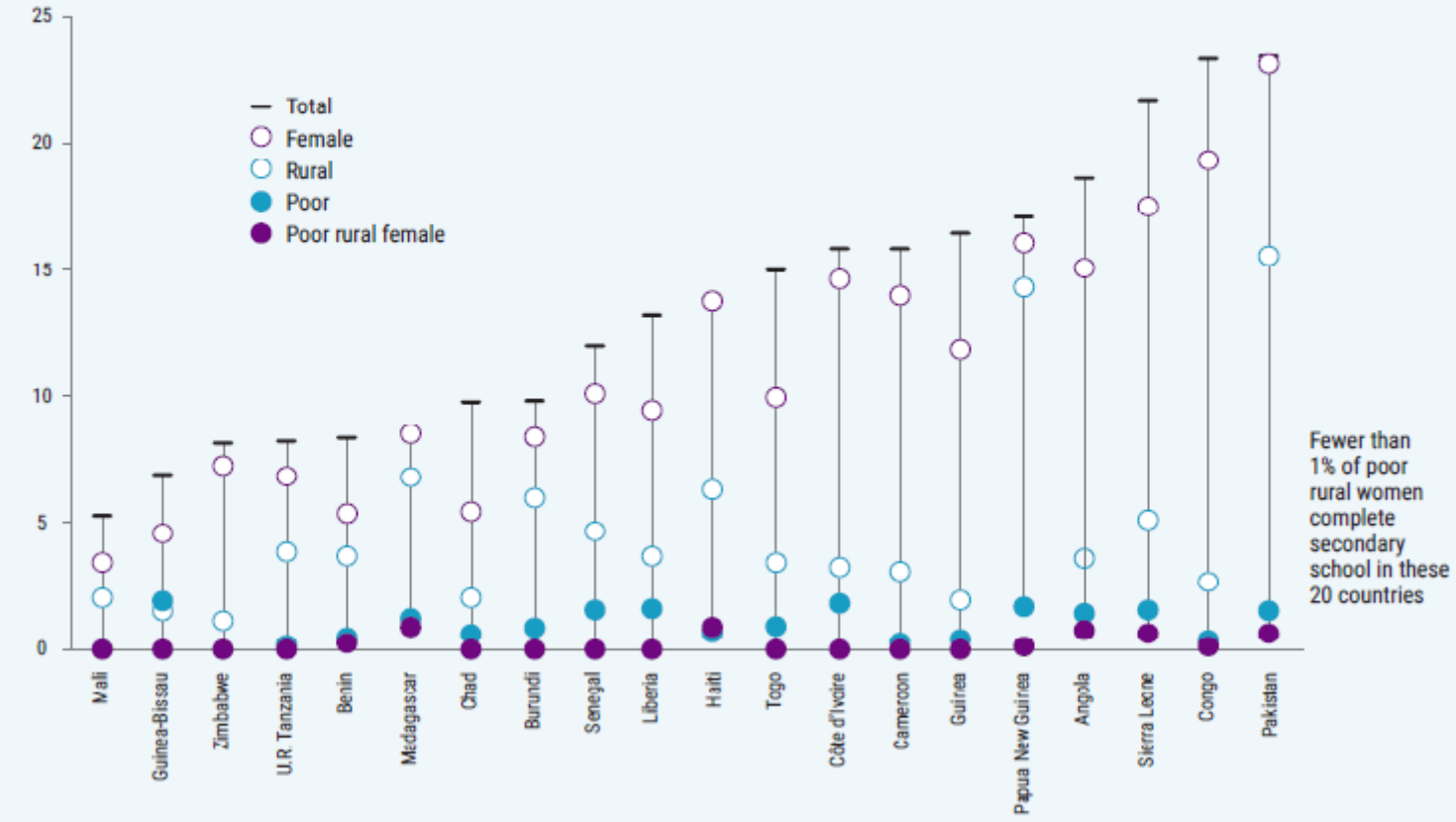
UNESCO (2020a). Global education monitoring report, 2020: inclusion and education: all means all. Paris: United Nations Educational, Scientific and Cultural Organization, https://unesdoc.unesco.org/ark:/48223/pf0000373718

UNESCO (2020b). Why the world must urgently strengthen learning and protect finance for education. Paris: United Nations Educational, Scientific and Cultural Organization (https://en.unesco.org/news/why-world-must-urgentlystrengthen-learning-and-protect-finance-education

Fig. 1. Inequalities in education for poor, rural young women in selected countries, 2013–2018

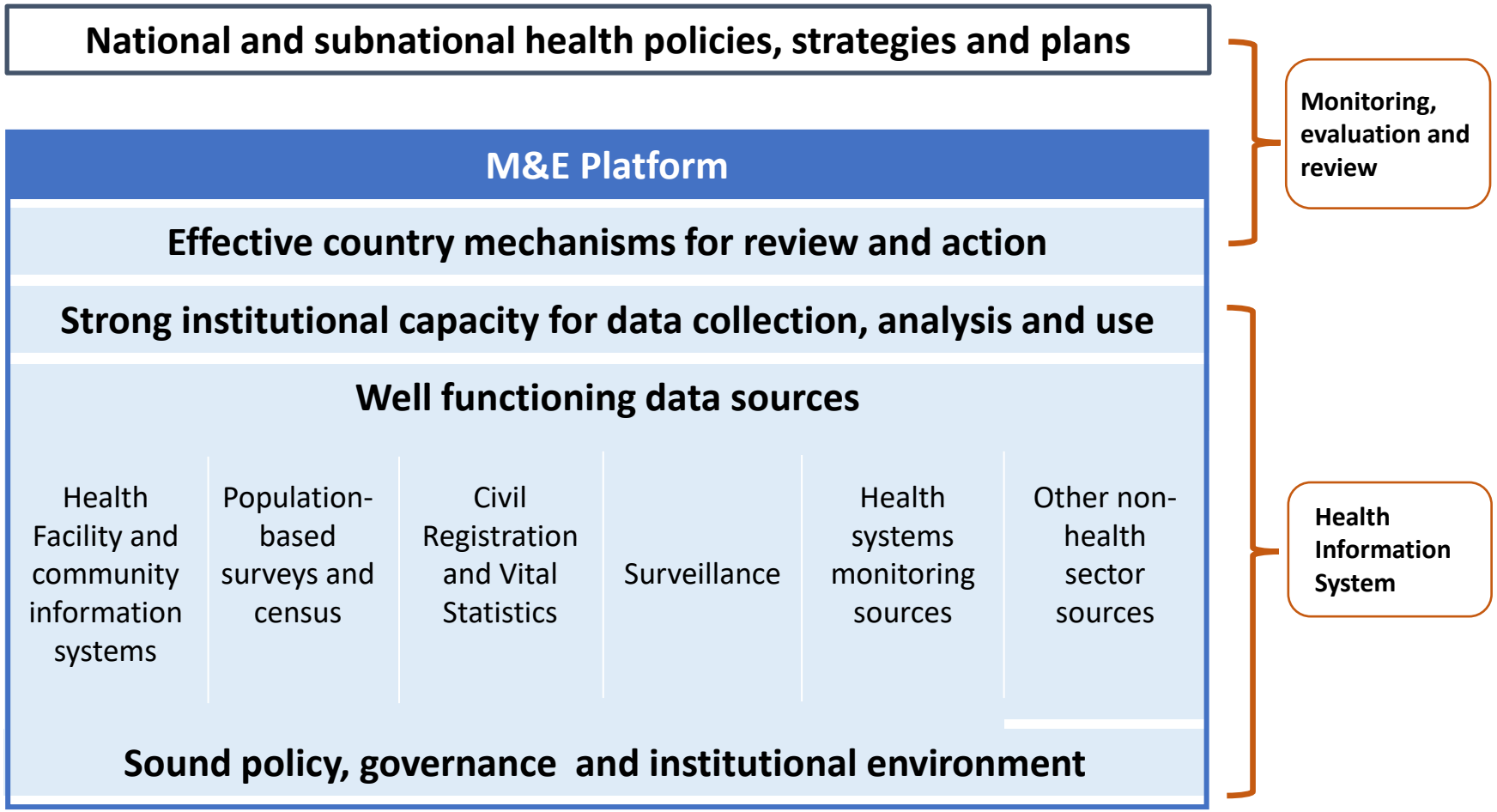
In at least 20 countries, hardly any poor, rural young woman completed upper secondary school

Upper secondary school completion rate, by sex, location and wealth, selected countries, 2013-2018



GEM StatLink: http://bit.ly/GEM2020_fig3_1

Source: World Inequality Database on Education



Source: Presentation of, Health Information Systems, WHO Headquarters, October 2016.

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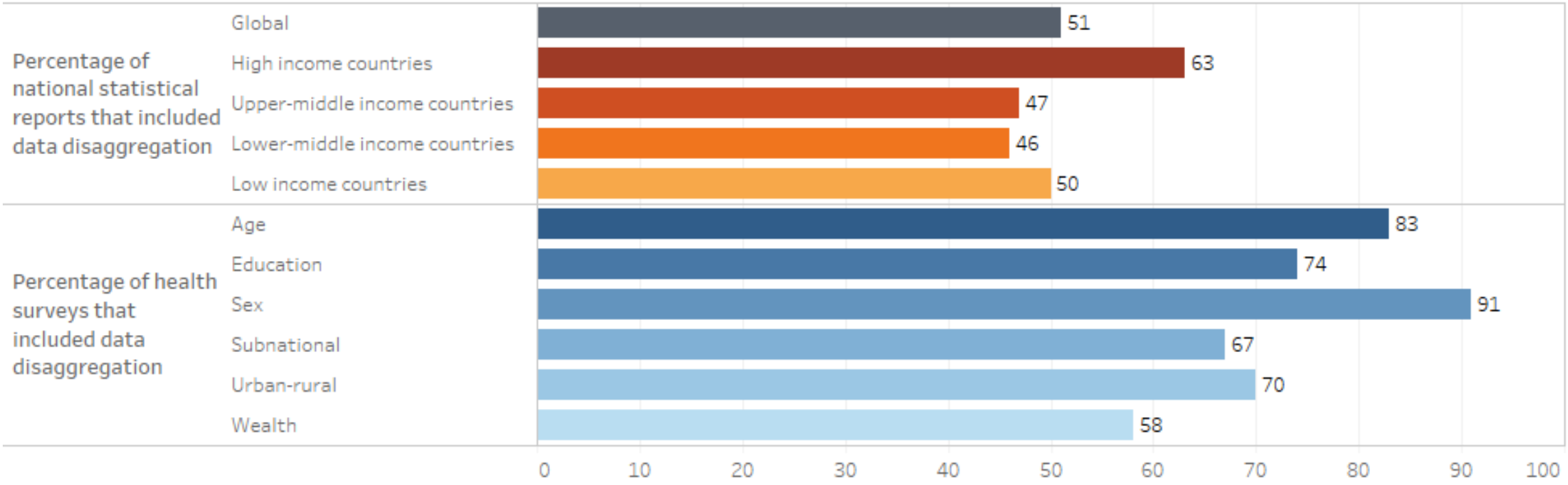
Extra slide

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 and figure: WHO (2021). *World Health Statistics 2021*. Geneva