

Rural/urban access deficits: Evidence for extending coverage to vulnerable populations

International Labour Organization, Geneva, Switzerland

Background/Introduction

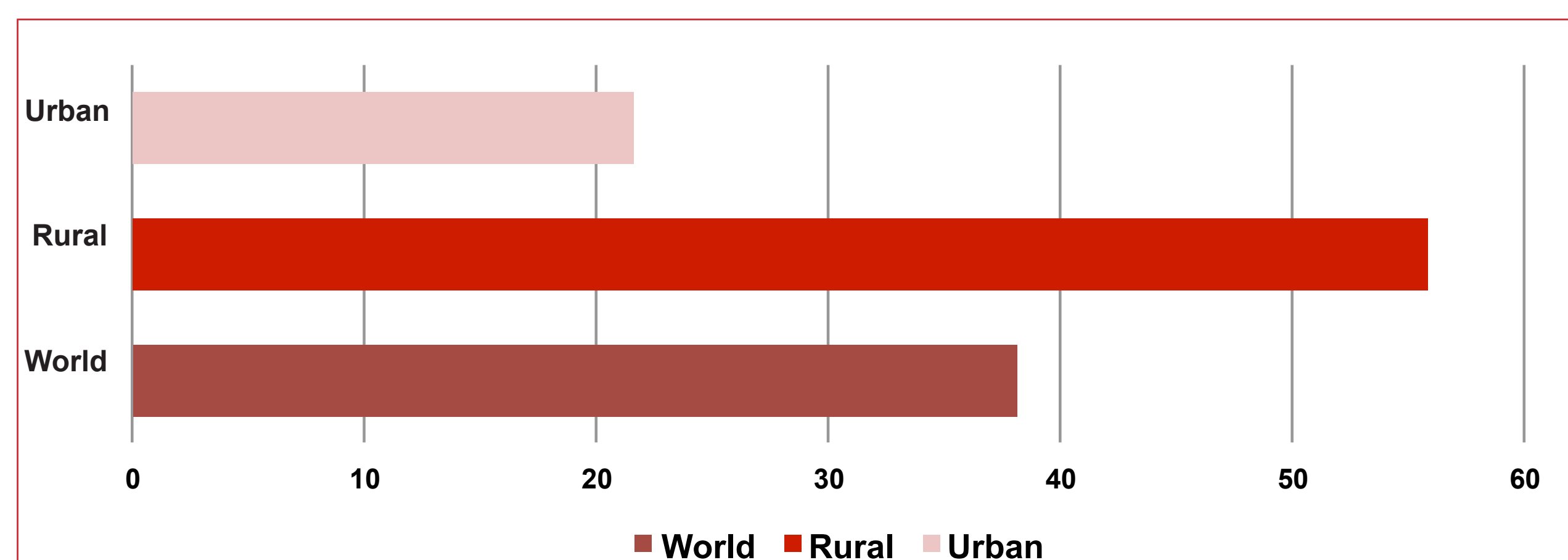
While reducing inequalities in access to health care is widely recognized as an important objective in the context of UHC, no evidence on access barriers for rural as compared to urban populations exist at global, regional and often national level. Only fragmented information, limited to micro data can be found. Given the data gap it is hardly possible to assess the extent of disparities experienced by rural populations as regards key aspects such as rights, affordability, availability and financial protection of needed health services. Thus, policy makers lack evidence to set priorities and address the issues that spread over various policy areas including health, social protection, labour market as well as economic and fiscal policies.

Objectives and Methodology

Based on the ILO data base on Multiple Dimensions of Health Protection (ILO World Social Protection Report 2014/2015, Geneva) disaggregated rural/urban data is developed by using proxies tested and cross-checked for loss of precision against direct estimates and data that were available for selected countries. Core parts of the methodology were developed by Andrea Nove, INTEGRARE, Barcelona, Spain in cooperation with numerous experts throughout the world.

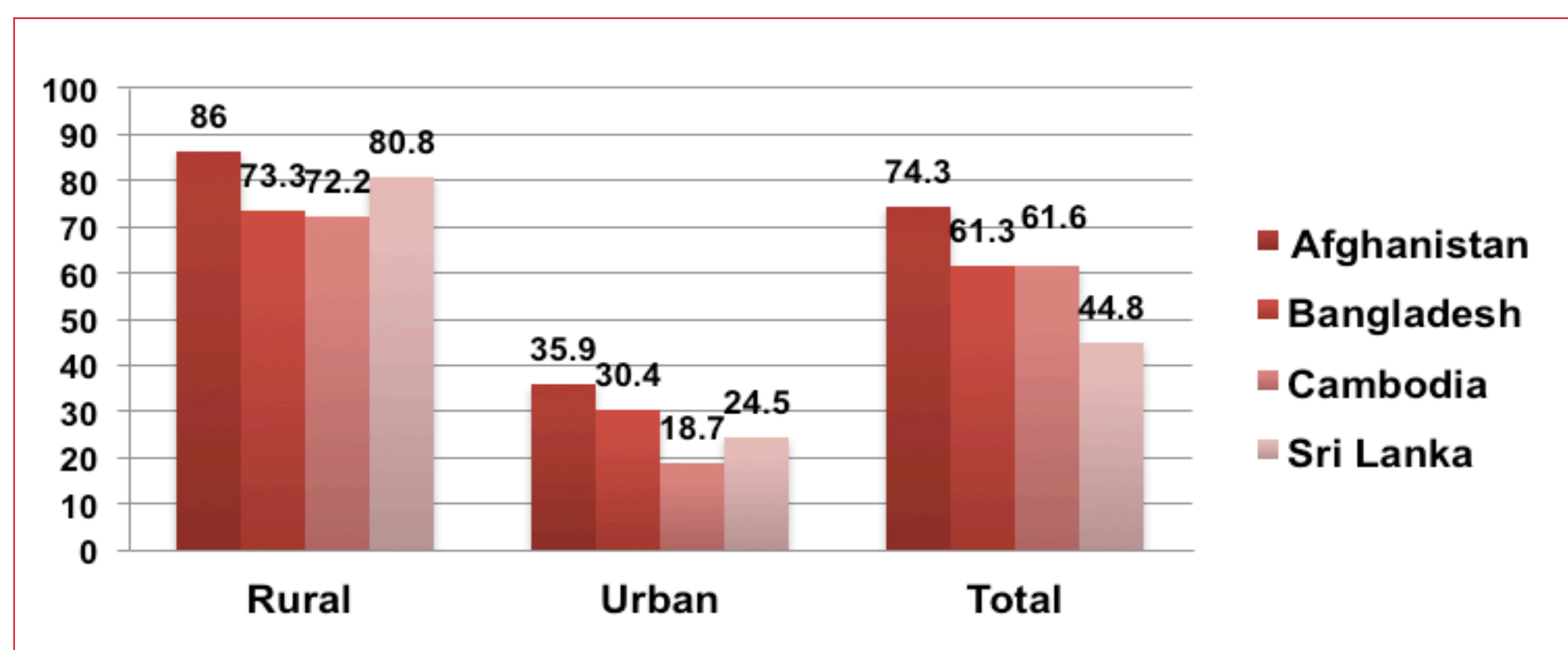
Results and Major Findings

Finding 1: The lack of rights at rural level: 56 % of the global rural population has no health coverage – more than double the figure in urban areas where 22 % remain without coverage
(% of the global rural/urban population not covered by legislation or affiliated to a health scheme or service, 2015)



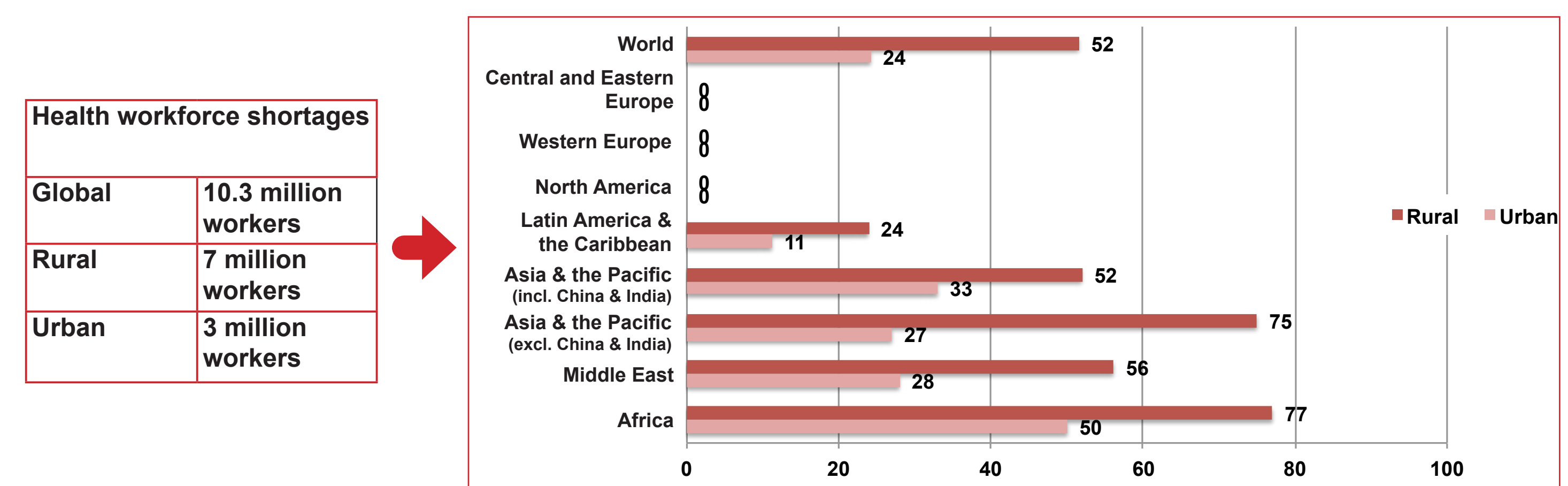
- Highest numbers of rural people without health coverage are living in Africa - 83 % of the regional rural population. The most affected countries also face highest poverty levels.
- Largest differences between rural and urban areas are found in Asia, where in some countries the percentage of people without coverage is twice as high in rural as in urban areas, e.g. in Indonesia.

Finding 3: A significant higher OOP expenditure for rural than for urban populations e.g. in Asian countries (in % of Total Health Expenditure - THE, 2015)



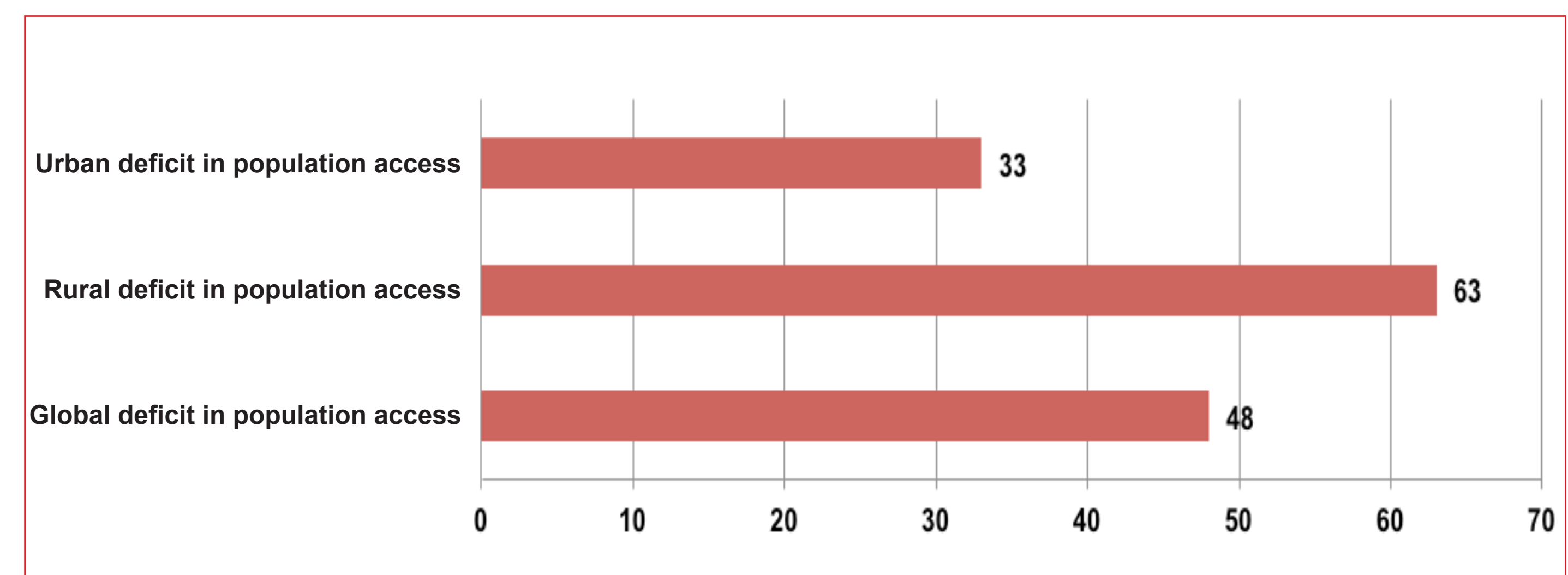
- Rural OOP can reach up to 86 % of the THE as compared to 35.9 in urban areas.

Finding 2: From the 10.3 million health workers lacking globally, 7 million are missing in rural areas compared to 3 million in urban areas
(threshold: 41.1 health workers per 10,000 population, 2015)



- Due to health workforce shortages, more than 75 % of the rural populations in Africa and Asia have no access to health services (% of population without access to health care due to missing health workers, 2015, threshold: 41.1 health workers per 10,000 population).

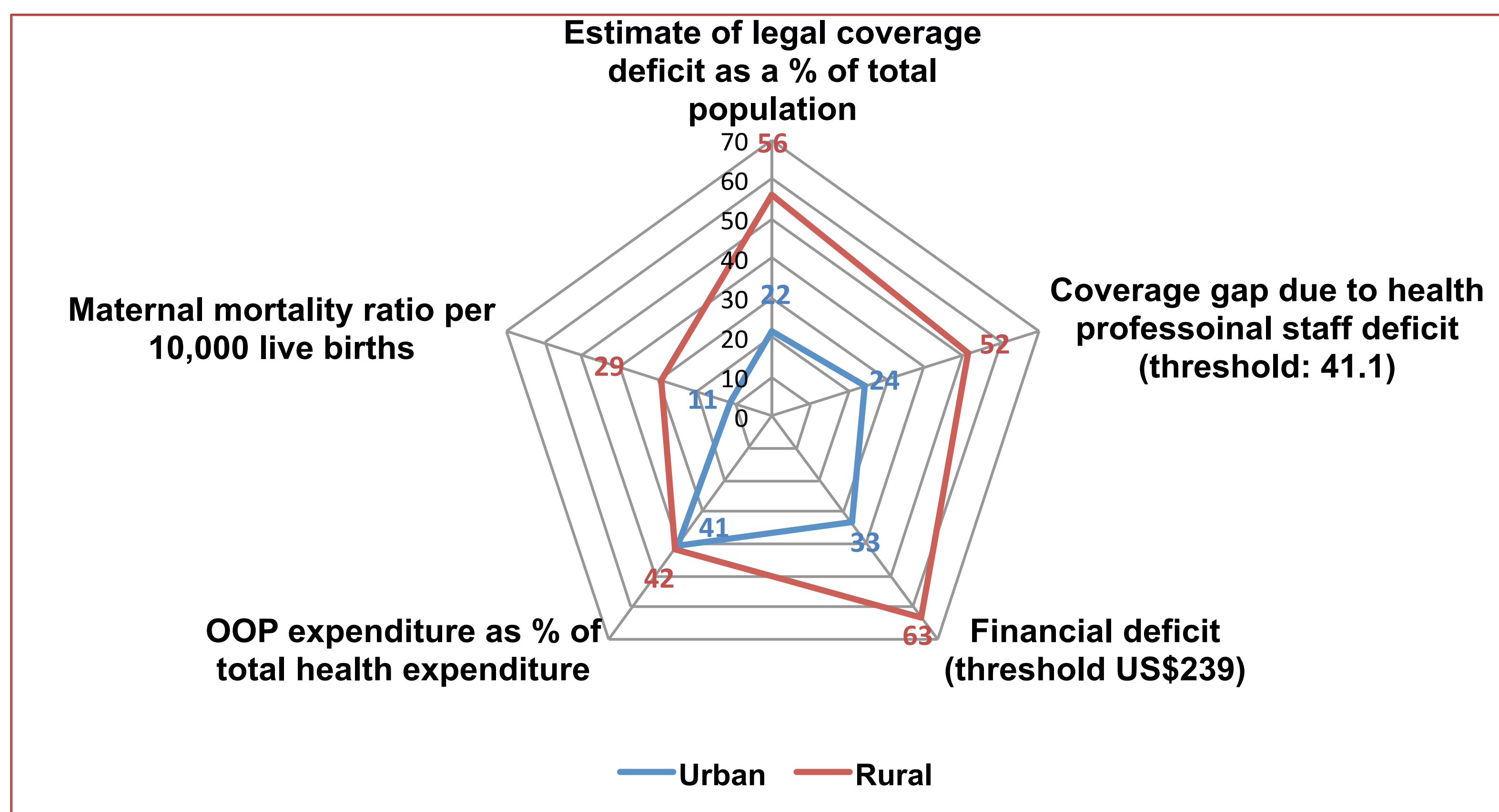
Finding 4: Rural resource gaps result in coverage gaps that are nearly twice as high in rural than in urban areas (percentages)



- Underfunding results in an access gap of 63 % of the rural population compared to 33 % of the urban population.

Conclusions and Policy Recommendations

Global inequities in effective access to health services of rural and urban populations



OOP = out-of-pocket expenditure, MMR = maternal mortality ratio.

Conclusions:

- The place of residence largely determines coverage and access to health care in most countries.
- The fundamental rights to health and social security remain largely unfulfilled for rural populations.



Policy Recommendations:

- **Within health sector:** Prioritize equity-based strategies to extend health protection to rural areas by implementing inclusive legislation, addressing workforce shortages and financial gaps.
- **Beyond health sector:** Coordinate with other policy sectors with a view to improve poverty alleviation, create employment opportunities and decent working condition for rural populations including health workers as outlined in the ILO Recommendation 202.

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Scheil-Adlung, X. (2015). *Global evidence on inequities in rural health protection. New data on rural deficits in health coverage for 174 countries*, ESS Working Paper, No. 47, ILO (Geneva).

