1. Significant differences in the access to basic and advanced services, such as transport, water and sanitation, education, health and ICT, still persist across and within regions, affecting the opportunities available to people. A better understanding of drivers and impacts of the territorial disparities in the access to services can thus help designing policies that promote inclusive growth and well-being. The OECD has launched a cross-cutting initiative to improve the measurement of and identify policy options for promoting inclusive growth. The initiative aims at assisting countries in their efforts to create jobs and ensure economic growth that will be sustainable also socially and environmentally, and whose benefits will be available to everyone,

2. The workshop will discuss the key dimensions of spatial inequalities in the access to services and how policies to promote inclusive growth should take into account inequalities within countries. The workshop aims at providing the conceptual framework and discussing the methodological challenges to include the measurement of spatial inequalities in access to services in the WPTI project How’s life in your region? Measuring regional and local well-being for policy making (forthcoming June 2014). During the workshop, participants will discuss the policy relevance of inequalities in the access to services in regions and cities, including the institutional and territorial organization for service delivery. Countries will share experiences on how to measure these inequalities and monitor progress towards fairer provision and better quality services; and they will discuss a set of services for OECD and non-OECD countries for which to provide internationally comparable measures.

Session 1: Framing the issues: Objectives and policies to improve access to services

3. Adequate access to public goods and services can foster economic growth and improve population’s well-being. An adequate provision of transport networks and public transportation modes, for instance, can improve access to jobs, contribute to diversifying economic activities, and reduce transportation costs. In addition, local provision of public goods and services explains a large part of quality of life differentials across and within regions. More importantly, for some regions, not only the supply of certain services does not match their corresponding demands, but the quality of a number of these services tends to differ. For example, even when taking into account the different socio-economic backgrounds, students in city schools outperform those in rural areas in reading ability according to the OECD PISA test by more than 20 score points, or the equivalent of half-a-year of schooling (Figure 1). Under the same national institutional background, such regional disparities may be self-reinforcing, further constraining social mobility and reducing the opportunities of people in certain places.
Figure 1. Difference in reading performance between students in a city and in a rural area, after controlling for socio-economic background, 2009

Score point in the OECD PISA test

Note: The difference should be taken with caution as schools participating in the PISA test identify themselves as being in a city (with more than 100,000 population) or in a rural area (with less than 3,000 population).

4. Despite remarkable achievements at the aggregate level in many developing countries, large segments of the world population still lack access to basic public goods, such as piped water or sewage facilities because they live in places that are historically underserved, too geographically isolated, and economically marginal. The rural to urban divide is often still significant (Figure 2) and poor access to services is also a key dimension of poverty in slums and in the peripheries of large cities.¹

¹ Policy intervention in the recent years has reduced such divide, as the progress towards the achievement to the UN Millennium Development Goals shows
5. An improved access to services changes the way cities and regions grow and become attractive and increase the opportunities of people. Moreover, the satisfaction of users regarding the quality of available services (health, education, etc.) affects the perception citizens have on the capacity and willingness of local and national institutions to respond adequately to their needs and aspirations. Evidence shows that trust in local governments is affected by the availability and quality of public services and whether citizens perceive the access to services be fair.

6. Physical, institutional, and economic constraints for accessing services like education, sanitation, transport, housing and health not only translate into higher user-costs, but in some cases they contribute to lower educational outcomes, higher rates of morbidity, and lower employability. Moreover, these costs are not evenly distributed along the population, as certain demographic groups can be more vulnerable to lower accessibility and consequently face higher costs.

7. The way local services are planned and financed has an impact on their existence, quality and effectiveness. Different approaches have been undertaken in OECD regions and cities to improve the quality of services and limit the cost, by collaborating across sectors and beyond administrative boundaries, to creating new partnerships in service delivery, and using data and technology in innovative ways. Among the criteria to monitor the access to services in regions and cities, thus, it might be considered also the institutional organization together with the allocation of competences and financial means; as well measures of capacity of sub national authorities to deliver services they are responsible for.

8. Different dimensions should be looked at when defining the differentiated access to services in cities and regions: The easiness of access – physical or virtual – the quality of outcomes, the economic affordability for certain groups or the users’ satisfaction. In different countries these dimensions may have different impacts on reducing social inequalities. In addition, the relevance of such dimensions may change whether the objective is to ensure a certain standard in the quality of outcomes or to improve the opportunities people have in the regions where they live and work.
9. The objective of this session is then to discuss the following three questions:

1. What are the implications of spatial disparities in access to services on policies to promote inclusive growth and well-being of countries?

2. What are the key dimensions of accessibility to services? How do the different dimensions, such as physical distance, quality of outcomes or affordability, have an impact on reducing social disparities and improving well-being?

3. How can measures of access to services help formulating and evaluating policies at national and regional levels?

Session 2: Improving measures of accessibility to services in regions and cities

10. The ongoing debate on metrics to measure the well-being and progress of societies has highlighted the need for indicators capturing the effects of access to services on people’s well-being. From a territorial perspective, the first question to address is whether the regional population can easily access a public service provided in a specific location. However, service delivery could be less tied with the physical location of the providers and multiple dimensions, including economic ones, should be considered. In addition, these metrics should also consider ways of capturing the trade-offs and synergies following changes in the way services are provided.

11. Even when considering just the physical distance to services, there are still important constraints in terms of data availability and methodologies. The increasing use of geographic information systems (GIS) for territorial planning allows comparable indicators of access to be computed consistently across countries. However, regarding the basic indicators of physical accessibility to services, some challenges emerge in data availability:

- Geo-coded data on the position of key infrastructure (stations, large firms etc.) and services (hospitals and schools etc.) is scarce or not publicly available.

- There is a lack of exhaustive lists of all services providers (incomplete geographical coverage of service facilities).

- International comparability of data (maps) inputs. For instance, this is the case of using road networks with different levels of detail for computing driving time based indicators.

12. Future developments on the geo-localisation of public services should also take into account the characteristics (quality) of the service provided in order to go beyond the mere assessment of physical access. As far as the example of health service is concerned, some of the additional characteristics that are worth mentioning as useful to compute accessibility indicators are:

- The type of services providers (i.e. public, private or their combination). This difference is of particular relevance in those countries where institutional settings impose important constraints in the access to private services on those individual unable to afford them.

- Some specific characteristics of the service. For instance, in the case of hospital facilities, the type of treatment offered by hospitals (e.g. distinction between emergency and prevention services).
•  Availability of measures of quality of the services, including as perceived by users. This kind of information has been used in different sectors to build gravity-based measures to model the flow of people and goods between localities according to their size and the relative distance among them.

13. Metrics accounting for the capacity to benefit from certain services should not be limited to physical measures of accessibility. Despite physical measures (i.e. time, distance, etc) provide very important insights on the capacity of the population accessing different type of services, effective policy making requires additional informational inputs such as the quality of these services and their access across demographic and social categories of the population. Measures of quality of services should be citizen-focused, as their judgment on the performance and quality of services offered can help improving the matching between the service provided by governments and the actual needs of people. On this respect, subjective variables, that is to say users’ perception on the quality of services, could be included. Subjective measures are often used to complement objective information especially in domains such as health, transport choices, security, and even some governance-related services; however, the availability of comparable measures reflecting subjective opinions is still scarce and the robustness of this information to inform policy still debated.

14. Accessibility metrics should also take into account the characteristics of the territory for which they are built for. For example, while the access to doctors and medical services may be different between rural and urban regions within a country, it does not change significantly within a metropolitan area. Therefore, different typologies of services might be investigated according to different typologies of regions. Metropolitan areas are increasingly addressing the issue of facilitating mobility and organising public transport to improve the economic viability and the environmental quality of the urban areas. Since individual and motorized vehicle use poses major challenges for traffic congestion and air pollution, public means of mobility are the backbone for sustainable urban transport. Yet, measuring and comparing public transport in and across metropolitan regions, particularly from the perspective of land use and public transport integration is a twofold challenge. On the one hand, comparable measurement requires a set of relevant indicators accounting for public transport. As it is crucial to consider how public transport system is linked with land use, tools to monitor such linkage does not seem readily available. On the other hand, the usefulness of such indicators depends on the availability of reliable and standardized data for international comparison. Existing data on public transport poses considerable limitations both at the national and metropolitan level.

15. Summary measures of accessibility commonly refer to average levels and are limited to one specific service (transport, health, education, etc.). Most accessibility indicators are summary measures frequently represented by mean values of the potential access of the population to given services in a region. Complementary measures accounting for disparities in the access to services “within regions” could be then an important additional input for policy decision making. Nevertheless, the availability and use of this type of measures seems to be quite limited. Finally, much recent work suggests that better responses to societal challenges can be gained by building stronger links between different areas of intervention and different actions. Therefore, it would be useful to take into account the impact of the improvement of certain services on other services. For example how policies to improve public transportation change the price of housing, the availability of land for green spaces etc.

16. The objectives of this session are to discuss the following questions:

1. What is the availability of geo-referenced data on the location of service facilities (e.g. hospitals, transport stations, schools, etc.) and of some additional information on the quality of such facilities?
2. How feasible is using subjective measures for assessing the quality of service provision for international comparisons?

3. Which methodologies and for which services internationally comparable measures of accessibility can be developed/compiled in the next 12 months by the WPTI?

1 As such, comparable measures of accessibility to services mirror the current WPTI’s work on improving the identification of different regions beyond the institutional and governance jurisdictions (functional areas).