Let's go AHEAD and tackle medical deserts

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ACTION FOR HEALTH AND EQUITY ADDRESSING MEDICAL DESERTS

27/04/2023

European Parliament

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Health workforce challenges

COVID-19 has highlighted pre-existing HWF weaknesses:

- Shortages
- Maldistribution
- Undervalued work
- Skills mismatches

- Overburdened
- Overwhelmed
- Stressed
- Mental health issues
- High drop-out

Excessive migration and mobility adds to the problems

- National
- Regional
- Global

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Where it all started…

Medical deserts – 3rd EU Health Programme

- 'Isolated or depopulated areas and urban and rural areas with a low concentration of services'
- Characterised by 'falling numbers of medical practitioners; inadequate composition of healthcare professionals' teams; little or no access to digital technologies'

Our definition

A medical desert is the end point of a complex process called 'medical desertification', that implies continuous and increasing inability of a given population to access health services in a timely and contextually relevant manner.

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Conclusions from research

- Medical deserts are isolated or depopulated areas with significant falling numbers of medical practitioners and overall health workforce shortages.

- They are a complex societal problem that affects diverse groups of people with different interests.

- There are no quick fixes for medical deserts, resulting in complex decision-making processes.

- A single government body cannot solve medical deserts on their own. It requires multistakeholder involvement in decision-making

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AHEAD Project – key features

- Context is everything: quantitative and qualitative data

- Engage those affected: communities, professionals, local policy makers, etc.

- Consensus building: agree on feasible and acceptable policy measures

- Practical tool for policy makers: Interactive map to identify and monitor medical deserts

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Medical Deserts Diagnostic Tool
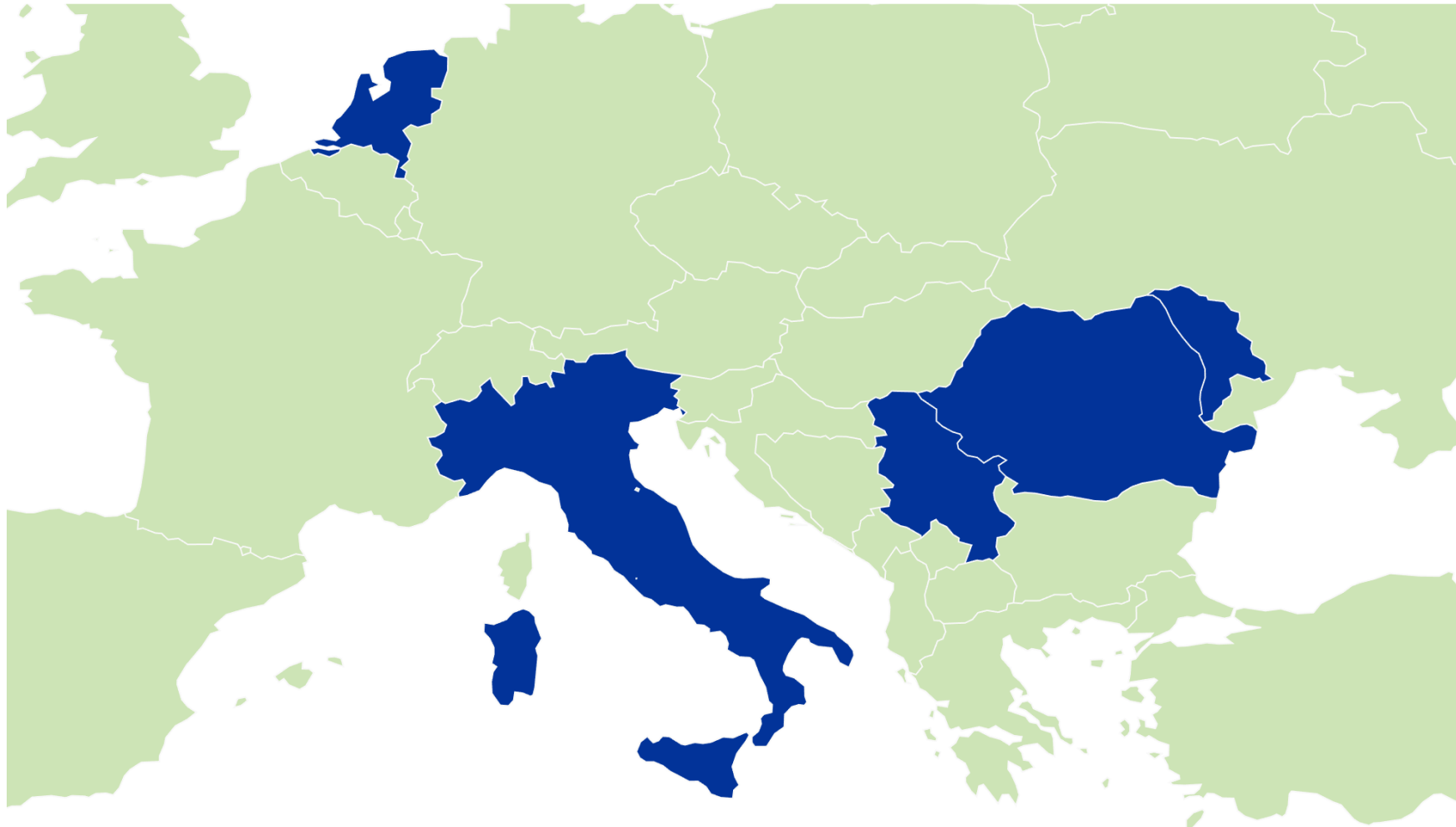
1) An illustrative story about how medical deserts affects access to health for people
2) Report on medical deserts
3) A selection of indicators for background information
4) Maps based on the contextualised set of indicators

Link

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What is consensus building in AHEAD?

1. Consensus building (CB) is the social process of obtaining a general agreement among relevant stakeholders on policy options to counteract and prevent medical deserts.

2. It does not necessarily mean that all stakeholders have to agree with each other in every respect (e.g. being able to live with or support, agree to disagree).

3. As AHEAD consortium, we focus on building consensus on policy options that focus on a wide range of locally developed innovative solutions (e.g. human resources for health, eHealth, infrastructure, etc.).

4. The participatory CB process typically leads to better decision-making by involving different stakeholders in developing better solutions.

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Categories of policy solutions

1. Actions that fall within the MoH directly, and need to be implemented on national level

2. Actions that require close collaboration with diverse actors with different perspectives and mandates

3. Actions that focus on empowering those from local communities, and especially from areas that are or could be considered medical deserts, now or in the future.

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1 cross cutting theme - governance

Ensuring there is **capacity** (technical and physical) to:

1. assess the localities that are or could be identified as medical deserts, and

2. take action to mitigate them and implement local and context specific solutions, or escalate to national level when required.

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The call to action

1. European Institutions

2. Member States Governments

3. National Education Institutions

4. Health Professional Associations

5. Citizens

European Institutions

1. To elevate - on the political agenda and make top priority throughout the next Commission's mandate – and beyond

2. To use and apply available data and tools

3. To improve data availability

4. To improve information about and access to the funding instruments

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Member States' governments and education institutions

1. To improve the quality, systematic collection and analysis of data and use it

2. To create a dedicated taskforce

3. To create a sustainable national strategy

4. To increase the context-sensitivity, applicability, acceptability and feasibility of policy solutions

5. To increase investments in health, education, economy, and connectivity

6. To adapt the education needs to the population needs, including digital health

7. To implement or improve task shifting practices

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Health Professional associations and citizens

1. To participate in the co-creation of policy solutions

2. To advocate the right to health for all

3. To create further awareness on the needs of most vulnerable, including populations in medical deserts

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