Call to Action:

Let's go AHEAD and tackle medical deserts!

"Medical desertification and health inequalities
vs.
the right to health for all EU citizens and EU cohesion"

Context

In the Spring of 2020, the European Commission launched a call for proposal under the third EU Health Programme[1], with the aim to support reforms in the health workforce field. The call stressed that the European health workforce is facing major challenges due to an ageing population, a higher demand of new primary care models and better-integrated and more patient-centred care, and a rise of chronic diseases, in a broader context of persistent budgetary constraints.

Moreover, the health workforce itself is ageing rapidly while financial cutbacks compound broader migration patterns and are causing severe health workforce shortages in various Member States. Finally, several EU regions are facing the problem of so-called "medical deserts" with falling number of medical practitioners. The call intended to promote evidence-based reforms to address the challenges that the European health workforce is facing, through actions focusing on retention policies, medical deserts and task shifting.

The background to the call lies in the persistent health inequalities in the European Union. The COVID-19 pandemic highlighted and exacerbated the inequalities and differences among the EU Member States' health systems even further. The 2021 EU State of Health Companion report[2] brought attention to the need to rethink health workforce strategies across the Union. Starting with the basic indicator of health worker density in various Member States, the available data indicates a 5.6-fold difference between the regions highest and lowest density of physicians. This highlights the diversity of physician availability, not just among the countries, but also within the different regions in countries, from rural to urban settings. The lower the density of health workers in a region, the most likely it is to be considered a medical desert, and thus be an area with potentially limited access to medical services.

Moreover, the State of Health in EU Companion report has shown that almost all European Member states face a challenge in recruitment of health personnel, particularly physicians to rural areas. Country specific strategies and policies have been implemented to various degrees, and with varying success.

[1] See: Call for Proposals for Project Grants under the Annual Work Programme 2020 of the 3rd EU Health Programme.
[2] See: State of Health in the EU - Companion Report 2021.

The AHEAD project

The project AHEAD is one of the five projects resulting from the Call for Proposals. The AHEAD project is carried out in Italy, Moldova, the Netherlands, Romania and Serbia - countries carefully selected to highlight different manifestations of medical deserts[3]. AHEAD features two unique selling points: a medical deserts diagnostic tool (MDDT) and a consensus building methodology.

1) The MDDT intends to support policy makers in identifying and monitoring medical deserts and areas at risk of medical desertification, by visualising health worker and health services densities on interactive maps. For more information, see: webpage, webinar, explainer slide show.
2) The consensus building methodology aims to bring together a broad and relevant group of stakeholders playing a role in, or affected by, medical desertification. During a series of interactive workshops, they explore causes and effects of medical desertification, exchange experiences, and jointly develop feasible and context-specific policy solutions. For more information, see: webpage, webinar, explainer slide show.

Following the consensus building methodology further, these policy solutions are discussed in further detail during national policy dialogues, and commitments are made by the various actors and duty bearers to implement them. Because the policy options developed are so context-specific, the policy dialogues yielded a wide variety of policy solutions. For more information, see: webpage, webinar.

From these activities, several common themes emerged in the policy solutions. These themes can be categorised as:

- Policy actions required by Ministries of Health, and to be implemented on a national level
- Other actions to establish close collaboration with diverse actors with different perspectives and mandates:
    - From other sectors (e.g. education, infrastructure, digital solutions, finance ministries and/or
    - international entities including other Member States or EU level (e.g. DGs)
    - or with different scopes of actions (such as health professional associations, trade unions)
- Additional actions that focus on empowering local communities, especially from areas that are or could be considered medical deserts (or are at risk of medical desertification). This includes citizens, healthcare providers (e.g. general practitioners in rural areas), or other local actors, including mayors or those in some power position.

Moreover, one cross-cutting theme has also been identified: governance capacity – which can be interpreted as the availability of technical and physical capacity to:

1. First and foremost, assess the localities that are or could be identified as medical deserts
2. Take action to mitigate them, in a contextually relevant manner, and escalate when needed to national stakeholders

To create such capacity, Member States, i.e. the national governing bodies, have the responsibility to allocate appropriate funding via e.g. national domestic funding streams, and/or use the EU level funding mechanisms that are available. This can only be done if there is sustained political will, beyond

[3] For further information, please visit our website: www.ahead.health.

the political cycle of the politicians. This funding should be made available, also in light of the ongoing regional developments.

An important advantage of using EU funding to implement the solutions is that it creates a stronger incentive to ensure **accountability** and **sustainability** of the solutions.

In short: many **different actors** are required to **work closely together** and **act now** to tackle medical desertification.

Call to Action

We call on **European institutions** to:

- Elevate the problem of medical deserts on the political agenda and make medical desertification a top priority throughout the next Commission's mandate – and beyond.
- Encourage Member States in the use and application of available data and tools to identify medical deserts and areas at risk of medical desertification.
- Improve data availability, preferably through Eurostat, by requesting countries to report on health workers and health services densities at local (municipal / district) level, for key categories of health and care workers and services.
- Further improve information and dissemination about, and access to the different funding instruments (e.g. Recovery and Resilience Funds, Cohesion Funds, etc.) that can be used for investments in health, education, economy and connectivity in areas with vulnerable populations and remote/rural communities.
- Map and report how many of the NextGenerationEU resources allocated to Member States in National Recovery and Resilience Plans have been dedicated to directly tackling medical desertification.
- Support Member States in digital health innovation in support of (not instead of) innovations in health and care service delivery.

We call on **Member States** to:

- Improve the quality, systematic collection and analysis of data related to health workforce, health services, and related indicators to medical desertification.
- Create a dedicated taskforce that focuses on the identification, mitigation and prevention of medical deserts.
- Use and apply available data and tools to identify and monitor medical deserts and areas at risk of medical desertification.
- Create a sustainable national strategy that addresses medical deserts and desertification, as a long-term plan.
- Recognise citizen participation as a founding principle of the national health system and apply a multi-stakeholder dialogue model/methodology – such as AHEAD's consensus building methodology – to increase the context-sensitivity, applicability, acceptability and feasibility of policy solutions to medical deserts and medical desertification.
- Increase investments in health, education, economy, and digital infrastructure in areas with vulnerable populations and those in rural, remote and underserved communities, particularly targeting medical desert areas, and making use of EU Cohesion Policy Funds.

We call on **education institutes** to:

- Continuously adapt the education of health and care professionals to population needs and health service requirements, especially for the most vulnerable, and with specific attention to people in rural and remote areas.

- Implement or improve task shifting into the curriculums across the cadres.
- Update the digital skills of healthcare personnel.
- Ensure continuous education and professional development, with particular attention to those practising in rural and remote areas.
- Reconsider policies that impact the admission to training institutions for all types of health professionals, including those that limit the number of students per year.

We call on **health professionals and their associations** to:

- Participate in the co-creation of policy solutions to ensure that they are created as contextually relevant and include effective incentives to work in areas that could be deemed as medical deserts.
- Fight for the right to health for all, especially people in areas with limited or difficult access to health services, both in rural and remote areas, as in urban areas.
- Create further awareness on the needs of the most vulnerable, including populations in medical deserts.
- Include, in professional standards and values, the moral duty to cater for the needs of the most vulnerable.

We call on **citizens and their associations, including Patients' Advocacy Groups (PAGs)** to:

- Advocate their right to health.
- Call for multi-dimensional actions by duty bearers to improve their health and well-being, especially for the most vulnerable.
- Initiate and/or participate in multi-stakeholder, co-creation processes for the development of context-sensitive, applicable, acceptable and feasible policy solutions to health and care access challenges.

Endorsers:

Cittadinanzattiva (Italy)

VU Athena Institute (The Netherlands)

Athena Institute
Connecting science and society for a better tomorrow

National School of Public Health Management – NSPHM (Moldova)

Media Education Center – MEC (Serbia)

Center for Health Policies and Services – CHPS (Romania)

CENTER FOR HEALTH POLICIES AND SERVICES

Wemos (The Netherlands)

Make health justice happen