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AHEAD



**ACTION FOR HEALTH AND EQUITY
ADDRESSING MEDICAL DESERTS**

Guidance document/Methodology for
Participatory Consensus Building

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Introduction

Medical deserts are isolated or depopulated areas with significantly falling numbers of medical facilities, practitioners and overall health workforce shortages. Medical deserts pose a complex societal problem that affects the health and care of diverse groups of people, and as such it requires solutions consisting of a wide range of activities from various community interest groups and individuals. The project “Action for Health and Equity: Addressing medical Deserts” (AHEAD) aims to reduce health inequalities by addressing the challenge of medical deserts and medical desertification in Europe. The AHEAD team consists of six organisations based in Italy, Moldova, the Netherlands, Romania and Serbia, with expertise in the field of health and health workforce policy, and experience in research, including participatory methodologies, communication and media, social accountability, civic participation and policy advice. The project strives to achieve better access to health services, especially in underserved areas, and equitable access to sufficient, skilled and motivated health workers, starting with the five project countries mentioned above.

AHEAD attempts to build knowledge and encourage innovation in health service delivery by applying a participatory decision-making process involving a wide range of stakeholders, called consensus building methodology, to develop contextually appropriate solutions for medical deserts.

AHEAD deployed consensus building methods as a social process of obtaining a general agreement among relevant stakeholders on policy options to counteract and prevent medical deserts. Through consensus building methods, the project endeavoured to create a democratic space where stakeholders focus on reaching a consensus on policy options that are contextually relevant and feasible to implement, while being allowed to ‘agree to disagree’. The consensus building method is rooted in the idea of equality, quality, legitimacy and acceptability, where the policy options are co-created, locally relevant, built on increased trust and confidence, and thus more likely to be accepted and implemented. It promotes deliberation and inclusion of multiple perspectives in order to make decisions by general agreement. The purpose of deploying this methodology was to achieve consensus on policy options that encompass a broad spectrum of locally developed solutions to address the challenges of medical desertification, including dimensions such as isolation, depopulation, shortage of human resources for health services, eHealth, infrastructure, and so on.

It is anticipated that the consensus building methodology, as a participatory process, will facilitate improved decision-making by engaging diverse stakeholders in the development of contextually appropriate solutions for enduring societal challenges such as medical deserts. The policy outcomes generated through the consensus building methodology are expected to possess greater credibility and legitimacy, and garner increased support for implementation. This can be attributed to the inclusive nature of the consensus building process, which brings together stakeholders with varying power dynamics and pertinent contextual knowledge and expertise.

The purpose of this document is to delineate the methodology for replication in different contexts, with the aim of addressing complex societal problems, such as medical deserts. The document will therefore provide a ready-to-go guideline on how to achieve a multistakeholder involvement resulting in contextually relevant solutions to the medical deserts phenomenon in different contexts and countries.

Objectives of Consensus Building Methodology

The consensus building methodology aims to bring together important stakeholders to address complex problems such as medical deserts. In the context of AHEAD project, the methodology had three main objectives:

1. **Joint Problem Solving:** The first objective of AHEAD's consensus building method is to provide a space to discuss and find solutions to the complex problem of medication deserts. At different stages of the consensus building methodology, it brings together important stakeholders and engages them in a joint problem solving expedition, by discussing the problem of medical deserts, soliciting inputs and jointly endeavouring to find the most feasible policy option to counteract the problem of medical desertification.
2. **Addressing Power Dynamics and Empowering Citizens:** The second objective of consensus building methodology is to address the challenges of power dynamics which often pose as a threat to the successful implementation of any participatory decision making process, particularly when the decision making involves a wide range of stakeholders drawn from skewed positions of power. AHEAD's consensus building methodology not only works as a method to democratise the participatory decision making process but also acts as an intervention to empower citizens to voice their thoughts, solutions and concerns regarding health access in the presence of experts such as health care professionals and/or policy makers. This results in a win-win situation for both the health policy maker and health service recipient.
3. **Developing Policy Options of Counteract Medical Desert:** Lastly, but most importantly, the deployment of the consensus building methodology aims to develop policy options that are feasible and contextually relevant, and have an increased likelihood of being seriously considered in the development of policies to address the challenge of medical desertification in the specific context/country.

Conceptual Background and Operationalisation

Conceptual and philosophical understanding of consensus building method is rooted in the idea of equality, quality, legitimacy and acceptability. The consensus building creates a safe, welcoming and democratic space where every participant feels a sense of equality. The participants suspend their judgement when sitting together and endeavouring to co-create policy options which are most likely to address complex problems like health inequality and medical desertification. Similarly, the stakeholders come from different background, with rich expertise and lived experience. They are better equipped to co-create policy options which are likely to be more locally relevant. Since the consensus building as a method involves a wide range of stakeholders, it increases the legitimacy of the policy options. There is an increased possibility of obtaining political trust and confidence in the policy options generated through consensus building method. Because of their participation and ownership over the policy decision, policy makers are more likely to accept and implement the suggestion policy options.

The AHEAD project draws the conceptual framework of consensus building methods from Regeer and Bunders (2003)¹. Their framework consists of both structure (please see Figure 1) and process (please see Figure 2) of consensus building methodology. Their framework was adapted to be deployed as a participatory decision-making process to specifically counteract medical deserts in the AHEAD project countries.

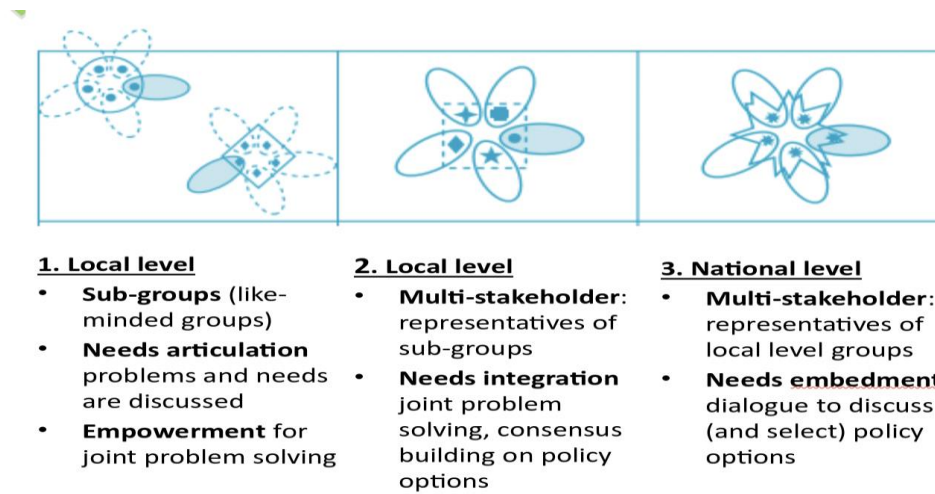
The consensus building methodology outline involves a phased approach that progresses from single stakeholder sessions to multi-stakeholder sessions and national consensus building sessions. Each phase has a specific objective and output, and careful consideration of logistics; also, equitable representation and feasibility are critical to success. The methodology begins with single stakeholder consensus building sessions to minimize power imbalances and allow participants to develop and prioritize policy options that are relevant and feasible. Three homogeneous groups are formed for each designated medical desert, representing health service recipients, health service providers, and health decision-makers, respectively, and they first meet separately to generate policy options.

The second layer of the structure involves a multi-stakeholder consensus building session, which integrates the perspectives of various stakeholders to select a final menu of feasible, contextually relevant, and ready-to-present policy options. This session includes equitable representation of the three stakeholder groups, and the output should not exceed ten policy options. Feasibility is considered by assessing political, social, technical, administrative, and economic factors.

Finally, a national consensus building session is convened to select the most appropriate and feasible policy option/s to address medical deserts. This session includes representatives from the multi-stakeholder session, and in addition, experts, and policy makers, active at national level organisations and institutions. The session results in the development of a policy brief, which serves as a handout for a national policy dialogue. The objective of the national consensus building session is to ensure that the policy options selected in the multi-stakeholder consensus building sessions are rigorously discussed, debated, and accepted by a wider group of stakeholders, including policy makers and politicians. It serves as a vital interface between the policy selection process and policy implementation process. The policy options selected by the national consensus building session are made available for national policy dialogue, another AHEAD project activity to work with stakeholders who have the capacity to implement the generated policy options.

¹ Regeer, B. J., and J. F. G. Bunders. 2003. "The Epistemology of Transdisciplinary Research: From Knowledge Integration to Communities of Practice." *Interdisciplinary Environmental Review* 5 (2): 98–118.

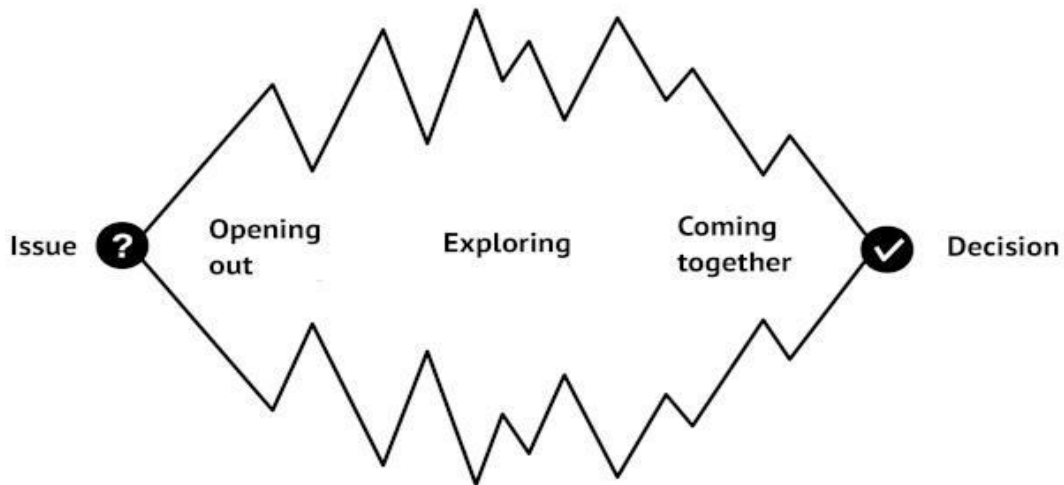
Figure 1 – Structure of Consensus Building Methodology



(Source: Regeer and Bunders, 2003)

The framework also suggests a five-step process in each of the consensus building sessions (i.e. homogeneous, multi-stakeholder and national consensus building sessions). These steps are sequentially organised as follows: (1) introducing the issue, (2) opening up the discussion, (3) exploring ideas, (4) bringing everyone together, and (5) reaching a consensus. For a visual representation, please refer to figure 2.

Figure 2 – Five Step Process of Consensus Building Methodology



In the consensus building session, the facilitator welcomes the participants to the consensus building session, explains the working definition of consensus adopted by the project, introduces the *issue* and attempts to address and contextualise it to the local realities. In the context of AHEAD, the *issue* was medical deserts, however, it can be any other persistent societal challenge. Then the facilitator invites the participants to share their concerns, lived experience, and expertise in the context of the issue (*opening*

out). This helps highlight the seriousness of the issue, its different dimensions and the need to address it. Once the participants vent their experience and thoughts on the problem, they **explore** the possible solutions to the identified problems as well as look at the pros and cons of ideas on how to move forward. The facilitator and notetaker proactively note down the suggestions and ideas and carry them forward to the '**coming together**' round. At this stage, participants try to find common ground and try to establish which options are most appealing, pressing and feasible and then come to **consensus** and decide the most important and executable policy options.

Implementation and Adaptation of Consensus Building Methodology for AHEAD Project

Preparation for Consensus Building Sessions

The preparation phase of the consensus building methodology involved several key steps that were necessary to ensure a successful session. Objectives of each consensus building session were determined and outlined, and shared with the participants along with the invitation. For each consensus building session, date and agenda was finalized by the consortium partners across five European countries. The agenda was based on the sample agenda suggested as part of the methodology (see annex 1), but the actual plan for each consensus building session was tailored to suit the contextual and practical needs of the specific location. The country teams tried to align their sessions with potential windows of opportunity, such as moments of political transition or at the start of relevant health reforms or campaigns, and also took into consideration important events that might hamper participation, such as elections.

Another important step was to identify key stakeholders. Each consensus building session should ideally have approximately 8-15 participants, where feasible. However, in certain cases, considering the local context, the sessions were conducted with smaller groups. In order to ensure correct and fair representation, a stakeholder analysis was conducted by the respective consortium partner that provided further insight into country-specific stakeholder dynamics. The country teams pre-empted how various stakeholders' positions and power, or even the location of the consensus building sessions, might influence how certain participants may be excluded from contributing, and prepared the facilitators to deal with potential behaviours that could lead to exclusion (see table 1 for the measures taken to minimise exclusion).

Table 1 Potential actions to prevent exclusion of participants

Category	Possible exclusion mechanism	Possible inclusion strategies
Circumstances	Uncomfortable location	Non-governmental/medical location
	Experts outnumber citizens	Equitable inclusion based on stakeholder analysis
	Unfamiliar working methods	Clear explanation and instruction were given to participants on what to expect
	Choice of focus and scope	Ensure sufficient activities are included that allow for perspectives of stakeholders with less “power”. Helps to also split groups into homogenous groups.
	Uncomfortable setting	In mixed groups, be conscious about which individuals (let alone stakeholders) you are grouping together
	Experts don’t see benefit in involving non-expert perspectives	Make benefits of citizen participation clear before the session to all stakeholders
Behaviour	No opportunities to speak	Activities should provide equal opportunity to participate. Facilitators need to be made aware prior of whose input to stimulate
	Forming of coalitions	Separate experts in working groups. Facilitator to also prevent domination of discourses and suggestions. Use of anonymised voting can help
	Highlighting position experts	Titles and professions are not indicated
	Uncomfortable behaviour	Invite the non-expert participants to start when it comes to feedback
	Non-experts not empowered	Within homogenous groups there may be power imbalances (e.g. those with more or less experiences/a higher position) thus be aware in the selection of participants and acknowledge this through balanced group composition.
	Facilitator not equipped/comfortable to manage responsibilities	Correct facilitator selection and sufficient pre-session training should be prioritized to ensure strong participation
Verbal	Ridicule of input	Facilitators should be instructed to correct this
	Use of jargon	Request for use of plain language, facilitators to remind or ask clarifying questions if experts forget
	Side-lining issues as irrelevant, unfeasible etc.	Facilitators to guard input of non-expert participants
	Verbal coalitions	Encourage “I” statements as opposed to “we” statements

To ensure that the consensus building sessions focused on creating solutions, a common understanding of what the problems and challenges were had been conducted in advance. In the AHEAD project, this was derived from answers received during in-depth interviews and surveys, and from the contextual and health systems analysis.

Consortium partners made practical arrangements, such as selecting and involving a local contact person who could assist in preparing and supporting the organization of the session, as well as selecting and inviting participants. Participants were invited 4-6 weeks prior to the session and followed up 2 weeks before, to confirm attendance. A venue was chosen and booked, and other tools were set up. It was important to manage expectations by making clear the structure and content of the sessions and how the outcomes of the session would be used. This was also done in the invitations or as part of confirmation of

attendance. Any prereading or important documents, such as the agenda of the session, were sent to participants so that they were prepared for the aims, activities, and time constraints of the upcoming sessions. Since it was unlikely that all participants would read the provided documents beforehand, time was dedicated to highlighting the most important information at the beginning of the sessions. Participants were made aware that they were expected to stay for the full duration of the session, which was approximately 2 – 2.5 hours. To ensure a good unfolding of the sessions, each country team was responsible for choosing their facilitators accordingly. It was ensured that the facilitator had relevant knowledge, skills, and preparation to conduct the consensus building sessions. VU Athena team provided training and prepared a guide (see annex 3) including a script (see annex 5) for the facilitators, to equip them for facilitating the consensus building sessions. These trainings were either conducted online or face-to-face. It was also important to ensure that facilitators got familiar with the necessary tools, equipment, and materials suggested for the consensus building sessions outlined in the facilitator guide. Finally, a note-taker was selected and prepared to record and document any important contextual information that emerged from the consensus building session and that would not be captured by the tools and activities used in the session. For example, when a participant provided a reason as to why they made a certain suggestion or revealed the underlying reasoning behind a solution they developed.

Implementation

On the day of the consensus building session, the facilitator and note-taker arrived early to set up the space. The venue was arranged primarily in a circular layout, with enough chairs for the participants, facilitator, and note-taker. However, in certain cases, considering the facilities at the venue seating, alternative seating arrangements were made. Visualisation tools such as flip charts, post-it notes, and pens were easily accessible to the facilitator and placed where all participants could see them. In some consensus building sessions refreshments were provided to ensure everyone was comfortable during the session. If the session was taking place online, the collaboration tools were created beforehand, and a link was sent to the participants for easy access.

The consensus building sessions followed a specific structure that provided checkpoints for the country teams to work towards. From introducing and clarifying the issue to making a decision, the structure allowed for flexibility in terms of what activities or questions should be included for each session based on contextual requirements and specific sessions. The consensus building sessions began with a welcome, introduction, and agenda-setting. The facilitator welcomed the participants and set the agenda for the consensus building session, clarifying and reiterating the issue at hand, such as why medical deserts were being looked at and why the specific locality had been identified. The facilitator also set housekeeping rules such as time management, language use, tone and tenor, and briefly explained what consensus meant for the project. The discussion then opened up, allowing the local stakeholders to explore their experiences of living in an area with a lack of access to medical services. Here, they could share their experiences, needs, and opinions without rushing into proposal making or validating findings from previous consensus building sessions. This helped highlight the severity of the problem and identify specific issues that needed addressing.

As the session kicked off, the participants were invited to explore ideas and propose solutions to the identified problems. The facilitator encouraged everyone to voice their opinions and to evaluate the advantages and disadvantages of each idea. Some participants suggested ideas that had already been shared in the opening phase, which served as inspiration for new ideas or validation for existing ones. Throughout this phase, the facilitator and notetaker were proactive in recording all the suggestions and ideas to carry them forward to the next phase. Once everyone had a chance to share their thoughts, the group moved on to the next phase of 'coming together'. The goal was to find common ground and establish which options were most appealing and feasible. As the discussion continued, some participants expressed their preference for specific solutions while others raised concerns about their feasibility. However, after careful consideration and open-minded discussion, the group was able to arrive at a consensus on the best course of action. Finally, the facilitator made sure to check that the proposals reflected the thoughts of all participants before the meeting came to a close.

The policy options generated through the initial phase were advanced to the subsequent level, which entailed a multi-stakeholder consensus building session. Within this session, a similar process was employed to attain a consensus on a limited set of optimal policy options. The stakeholders deliberated on the various policy options and ultimately identified the most feasible policy options. In some countries a voting process was used to obtain consensus on the best policy options. These were subsequently referred to the next level in the process, i.e. the national-level consensus building session, where consensus was achieved regarding the most feasible policy option/s, and a summary was produced to encapsulate the outcome.

In selecting the policy options, several factors were taken into consideration, with feasibility being the primary concern. The options were evaluated based on their political, social, technical, administrative, and economic aspects. The political feasibility of each policy option was assessed by checking whether it is consistent with the current constitutional and legal framework, as well as its acceptability to the various relevant stakeholders that hold political power. These stakeholders include voters, legislators, and cabinet, among others. The social aspect was also considered in evaluating the policy options. The policies needed to be consistent with national and local traditions, policies, and institutions, while also being acceptable by the local population. The technical feasibility of each option was evaluated based on the availability of necessary resources and technological competencies. The administrative aspect of implementation was also taken into consideration, with emphasis on the degree of ease of implementation based on the capabilities and resources of the relevant departments. Finally, the economic feasibility was assessed by evaluating the policy goals and whether they can be achieved at the least cost with the maximization of satisfaction by society.

Notwithstanding that the primary objective of the consensus building methodology was to select the best policy options to enhance access to medical services and counteract medical deserts, the AHEAD project endeavoured to advance this process and trigger policy transformation. To that end, a policy national dialogue session was convened with policymakers, including politicians, to deliberate on the policy options selected through the consensus-building sessions. Ultimately, it was envisioned that this procedure would yield meaningful policy change, aimed at mitigating the prevalence of medical deserts.

Adjustment and Adaptation

As outlined in the theoretical framework and operationalization of the consensus-building methodology, it becomes evident that the crux of the methodology lies in the principles of equality, quality, legitimacy, and acceptability. These principles are operationalized through a well-established structure, namely the multi-layered approach (including single stakeholder, multi-stakeholder, and national level consensus-building sessions, as depicted in figure 1), and a five-step process, namely (1) issue introduction, (2) opening up, (3) idea exploration, (4) convergence, and (5) consensus formation (as illustrated in figure 2). The notion, structure, and process constitute the core of the methodology, which remained unchanged throughout its implementation.

However, to enhance the robustness of the methodology, a formative evaluation was conducted during its implementation, leading to adjustments and adaptations. Over the course of the project, the consensus building methodology underwent several modifications, primarily in peripheral aspects. The following changes were implemented:

- One significant change made to the participant recruitment process was the adaptation of the number and category of stakeholders to align with the contextual circumstances. For example, in some instances, fewer participants were involved, whereas in others, more participants were recruited. Additionally, new categories of stakeholders were added, who were not included in single stakeholder sessions.
- Another change involved the modification of the working definition of community empowerment, which was dependent on the context. In one country, health recipients were excluded from the single stakeholder session, and health practitioners were given greater opportunities to voice their concerns and aspirations for addressing medical deserts.
- Some activities were dropped based on the evaluation, such as the ‘thinking hat’ game, which was deemed ineffective after implementation in one country. As a result, it was recommended by one of the consortium partners to drop the activity, and it was subsequently removed from the methodology.
- The facilitation guide was also adapted based on feedback from the consortium partners, and a script was created for the facilitator based on evaluation activities. Furthermore, one of the consortium partners developed an information sheet for participants as an innovative approach to mitigate knowledge-based power dynamics. This was not part of the initial methodology, but it was added to address the potential power imbalances arising from differences in knowledge among participants.

These changes facilitated the refinement of the consensus building methodology and ensured its effectiveness in each unique context.

Recommendations

Based on our experience with the implementation of the consensus building methodology, the AHEAD project believes that the methodology can be used in other similar context as participatory decision-making process to find solution to persistent societal problem. The AHEAD project offers the following recommendations for its effective implementation of consensus building methodology in other contexts.

Stakeholder identification and recruitment: Efforts should be made to identify and engage relevant stakeholders who can contribute meaningfully to the consensus building sessions. This can vary based on the problem and the context. Recruitment and identification of relevant stakeholders require substantial effort and resources, and from our experience, we strongly recommend it as one of the essentials for the success of the consensus building methodology.

Inclusivity and diversity: One of the objectives of deploying consensus building methodology as a participatory decision-making tool is not only to address the power dynamics but also to empower the citizens. In the context of the AHEAD project, it was found that the methodology itself works as an intervention and gives voice to the marginalized section of the stakeholders. Based on our experience, we recommend that to foster a comprehensive and equitable decision-making process, special attention should be given to encouraging participation from stakeholders with marginalized backgrounds, such as those related to gender, disability, ethnicity, and migration. This will ensure a more inclusive representation of perspectives, experiences and help gather most important and feasible policy options to address persistent problems like medical desertification.

Facilitator selection: The role of the facilitator is crucial in guiding the consensus building sessions and creating an environment conducive to constructive dialogue. When selecting facilitators, organisers of consensus building sessions should consider their skills, experience, and ability to manage diverse stakeholder dynamics. The facilitator's guide provided in the annex can serve as a valuable resource in this process.

Logistical support: Successful implementation of the consensus building methodology requires careful planning and execution of logistical arrangements. Adequate resources should be allocated to ensure the smooth conduct of the sessions, including venue arrangements, materials, and support staff.

Formative evaluation: While implementing the methodology and undertaking the formative evaluation, we realized that it is important to continually assess the effectiveness of the consensus building methodology and make necessary adjustments based on feedback and lessons learned. This may involve refining the methodology itself, modifying facilitation techniques, or incorporating innovative approaches to address emerging challenges and make room for contextual adjustment.

In conclusion, based on the successful implementation of the consensus building methodology, the AHEAD project strongly believes in its potential for use in similar contexts as a participatory decision-making process to address persistent societal problems. These recommendations aim to enhance the methodology's success in fostering comprehensive and equitable decision-making and finding feasible policy options to tackle complex issues like medical desertification.

Annexes

Annex 1. Session Outline for Consensus Building Session (Single Stakeholder)

Session outline for single stakeholder session					
	Objective	Activities	Materials	Time	Potential Questions
Introduction	Welcome, setting the objectives and expectations for the session. (30 sec per participant to introduce participants each other)	Plenary exchange where facilitator explains the purpose of the session as well as the structure of the session, working definition of consensus for the project etc. Time should be taken to discuss group conduct (time management, language/tone/tenor etc - see facilitators guide for suggestions)	N/A	5-10 min	Introductory sessions/ice breaking question
Agenda Setting (Provide agenda to participants)	Introduce AHEAD Project objective Introduce the problem of medical desert Structure of the session	Plenary session, facilitator speaks	Flip chart for facilitator to write down examples	5-10 min	
Opening Out	Introducing and summarising already defined challenges OR Understanding the underlying reasons for why there is limited health access	Present and ask for reactions to challenges identified for the medical desert. Part of this can be validation of the findings in the WP4 country reports. Open discussion for participants to give reasons. Participants list/validate issues that they experience regarding health access	Post it notes - facilitator to write down underlying issues and stick them next to the identified problem	25 min	-Who is struggling to access health services? -Why this group in particular? -Who in your area should be involved in solving this problem
Break	(Reiterate - paraphrase to bring back discussion)				
Exploring potential policy options	Explore options on how to contribute to addressing health	Appreciative inquiry (see proposed activities for consensus building sessions)	Flipcharts with post its and	45 min	-Do you think this is acceptable to the community/for the

	care access in our area e.g. what are the pathways	Participants first come up with options on their own come together to establish similarities in ideas and to group ideas based on overlapping themes. This should also include probing questions to determine the underlying reasons behind certain suggestions.	pens for participants		health workers (social) -Why (why not) -Do you think this is acceptable for local decision-makers (determine who they are per country) and for national level and - why (why not) (political)
BREAK				10 min	
Coming together	Of the options created in the pre-break exploring phase, the group needs to identify which ideas they want to present as policy options	Facilitator presents the major ideas (similar ideas clubbed together) and tries to bring the participants into consensus. Restate the main options and check if there is still agreement/if anything has been left out. Discussion and prioritisation of feasibility of options	Discussion, with stickers or similar tools that can be used to indicate interest in presenting an option to the multi stakeholder group.	25 min	
Decision	Confirm the preferred choices (max 5) to bring forward to multi stakeholder session and explain next steps (i.e. planning of the next months)	Discussion	Voting	10 min	
Wrap up	Summarise main points and select representatives for multistakeholder session. Evaluation	Poll (either in electronic or paper form to be filled out in session)		10 min	

*Please note that where necessary, the facilitators can be provided with examples of questions they can use to help guide the discussion

Annex 2. Outline for Multi-stakeholder Session

Session Outline for Multi-stakeholder Session				
	Objective	Activities	Materials	Time
Introduction	Welcome and introduce participants among them. Rapport building for participants to make them comfortable in the session	Plenary exchange led by facilitator	Introductory sessions/ice breaking question	10 min
Issue	Understanding of policy cycle, as well as what policy options are to manage expectations	Plenary exchange		10 min for introduction
Opening Out	Present policy options from single stakeholder meetings	Stakeholders to each write down one thing they liked about the option, and one question they had Each participant shares the idea/suggestion/policy option for addressing medical desert that was established by their homogenous group session in phase 1.	Pre-printed table of policy options and pens	20 min
Exploring	Discuss the options that were presented, bringing up the questions from opening out	The options are to be grouped to determine trends that emerged from Phase 1. After this, the questions that were written down on the different options will be read out by the facilitator for discussion.	Pre-written post it notes with the policy options	40 min
BREAK				15 min
Coming together	Narrowing down the policy options	Policy options are to be narrowed down based on the feasibility i.e. political, social, technical;, administrative and economic feasibility.		40 min
Decisions	Confirmation of final policy options	Stickering or score sheet for priority policy options; determining if participants agree they see their concerns reflected in the selected options		10 min
Wrap Up	Final thanks and evaluation	Poll		5 min

Annex 3. Facilitators' guide for consensus building sessions

The following guide is to assist the facilitator, to navigate the consensus building sessions of the AHEAD project. This guide will explore facilitator's responsibilities, the outline of the session plan, and helpful hints & tips on how to manage participants.

Role of a Facilitator

a. Who is a facilitator and why do we need one?

Facilitation is a technique where an individual makes things easier for others, a facilitator supports individuals in a group to engage them in their best thinking. Possibly, individuals who work in groups may not be able to solve complex problems on their own. They may be either avoiding confrontation and conflict or they may avoid changing their perception and listening, as well as validating others' perceptions. Therefore, a facilitator is needed to help with this process.

b. Responsibilities of a facilitator

- Guide dialogue, debate, discussion, conversation etc. and keeping the participants on track towards finding a consensus
- Be proactive, respectful, and impartial towards all participants
- Encourage everyone to participate in the session
- Keep in mind the objective of the session and remind the participants, if notices any deviation.
- Clarifies and unpacks complex words, phrases, and concepts in a meaningful way so the participants understand and engage.
- Keep participants engaged
- Ensure participants feel safe to share
- Be mindful of the powerful dynamics
- Carefully handle the dominant participants and encourage the shy and timid participants to speak and take equal ownership in the discussion.
- Keep track of the time

As facilitators, there are also some phrases to avoid ensuring participants feel supported and engaged, for example:

Haven't we already covered that point?"
Let's keep it simple, please."
Hurry up – we're running out of time."
What does that have to do with anything?"

Impossible. Won't work. No way."

Remember that:

It is important to keep track of the time available

Every contribution is worthwhile, everyone should get an equal opportunity to speak, share and express

Give the opportunity to everyone to express their ideas before giving feedback and/or judgement (suspended judgement)

We can modify the process before it starts or after it ends but not while it's underway

Facilitating a session with a participatory approach

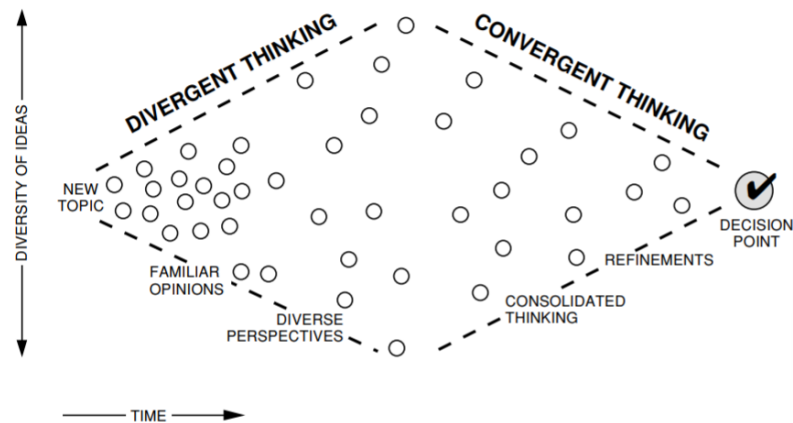
a. Dynamics of group decision-making

At times the individual members of a group need to express their own points of view. At other times, the same people want to narrow their differences and aim the discussion toward closure and consensus. These two sets of processes will be referred to as "**divergent thinking**" and "**convergent thinking.**"

DIVERGENT THINKING		CONVERGENT THINKING
Generating a list of ideas	vs.	Sorting ideas into categories
Free-flowing open discussion	vs.	Summarizing key points
Seeking diverse points of view	vs.	Coming to agreement
Suspending judgment	vs.	Exercising judgment

- In the early stages of our consensus building sessions, participants will cover safe and familiar territory, taking positions that reflect what they already know and expressing ideas they have already thought about.
- Opinions start to get different as the discussion continues, and unpopular opinions are expressed → there is a consideration of new perspectives.
- Solutions are explored, after which they will choose the best ones and refine them.

It is important to remember that in our consensus building sessions, **not everyone needs to agree.** However, it is important that most (if not all) participants feel like their feelings are somewhat represented by the choices made.



Diamond of participatory decision-making

b. Participatory values to consider when facilitating participatory processes:

- **Full participation** → share opinions and discover the diversity of opinions in the group, as well as backgrounds
- **Mutual understanding** → to reach a sustainable agreement, members need to understand and accept the legitimacy of one another's needs and goals.
- **Inclusive solutions** → integration of perspectives. Inclusive solutions are not compromises; they work for everyone who holds a stake in the outcome. an inclusive solution involves the discovery of a new option.
- **Shared responsibility** → members recognize that they must be willing and able to implement the proposal they endorse. Members assume responsibility for designing and managing the thinking process, going against the conventional assumption that everyone will be held accountable for the consequences made by a few key people.

Running the session:

Managing expectations

Set expectations for the session and be clear about the objectives to be achieved. Some questions that may help in setting expectations for the session are:

- What do you aim to achieve today?
- What do you expect and need from other participants?
- What do you expect from yourself, as a facilitator?

Considerably, when starting the session, you may reiterate the objectives of the [AHEAD] project, the structure of the session and the expectations from each session. We suggest the inclusion of a group

conduct. The group should agree on a set of rules or manners that will ease interaction among each other. An example of a group conduct can be found in Annex 1. These suggestions should be in place in order to keep the discussion civil, productive and inclusive.

Overcoming challenges that may arise:

Time management

- Attention should be given to time management when conducting the session, especially when merging the methodology and objective of focus groups (needs exploration & assessment), with the ones of a consensus building session.
- Facilitators may need to *cut people off* to ensure that there is enough time for every phase of the session.
- Be mindful of the available time you have for each phase of the session, to ensure that participants do have time to discuss options and find consensus. This extends to how much time do participants take to talk but to also how much time do facilitators take to talk.

A facilitator can exhort participants to **conciseness** in their explanations and reiterate the time available for achieving the expectations previously set, keeping in mind that **consensus is of most importance**.

Please note that this may be the first experience in a participatory session, for some people. Thus, they could take more time to talk about their challenges and solutions in relation to the medical desert they experience.

People management

- Disagreement may arise in the session and have a direct influence on stakeholders finding consensus by the end of the session.
- Be mindful of potential conflict among participants, preventing strong emotions and stress to get the morale of the session. A code of conduct can help in those cases.

A facilitator should be attentive in providing **equal opportunities of participation**. Consider setting up **contingency plans** if consensus is not reached.

Location and seating positions

- The type of location and seating positions of participants during the session can influence communication patterns.
- It is important that participants have the possibility to **dialogue and ask critical questions** among them.

Please ensure to provide a space, i.e. in a circular formation, that can give people the freedom to ask each other questions and dialogue among them.

Contingency plans

There may be instances where participants are unable to reach consensus by the end of the session, due to time or other constraints. In these cases, the following mitigation strategies could be suggested:

- Voting session
 - Create an open space dialogue where participants can vote for solutions. Potentially using materials such as coloured stickers to vote the solution most feasible for them.
- Sending a follow up email or poll to each participant outlining the solutions that were mentioned and asking participants to vote on their priorities electronically.
- Giving priority on feasibility and on which feasibility factor is of most importance
- The session organisers could use the recordings and data captured to make educated choices on which options seemed the most supported. These can then be subsequently validated with the participants.
- The findings from the pool can then be used together with a recording of the session, to understand which solutions had most consensus

Methodology of multi-stakeholder session:

- a. Objective:
 - To integrate the perspectives of various stakeholders to thoroughly assess and collectively select a final menu of around 10 policy options that are feasible, contextually relevant and ready to present at a national level.
- b. Considerations:
 - **Power positions:** Since power imbalances are more likely to emerge in multistakeholder groups, Care needs to be taken to ensure equitable representation. Thus, stakeholders with the highest social and/or political power should have the least representation
 - As the intended output are policy options, there should around 10 options. Since these options are to be presented at the national stakeholder meetings, feasibility should be considered more intently here. Assessing feasibility can be helped by having diverse stakeholder knowledge included, however care must be taken not to let the citizens feel like their ideas aren't worth merit.
- c. Types of feasibility to consider could be as follows:

Political	Consistency with current constitutional/legal framework and acceptability of the policy option to various relevant stakeholders that hold political power (voters, legislators, president's cabinet, etc.)
Social	Consistency with national/local traditions, policies and institutions; acceptable for the local population.
Technical	Availability of necessary resources and technological competencies.

Administrative	Degree of ease of implementation based on the capabilities/resources of the relevant departments.
Economic	Achieving policy goals at the least cost with the maximization of satisfaction by society.

Materials and activities

	Level of involvement	Brief explanation	Pros	Cons
Pragmatic Appreciative Inquiry	Collaborate	Appreciative Inquiry uses questions to build a vision for the future, focusing on past and potential future successes. The focus is usually on what people enjoy about an area, their hopes for the future, and their feelings about their communities.	<ul style="list-style-type: none"> - focus on experience/ storytelling - fosters community engagement - context based response - encourages collaboration - creates a strong vision 	<ul style="list-style-type: none"> - can be too thought based (not action-oriented enough) - can sometimes not be specific enough - small group can mean some groups get excluded

Techniques to facilitate a session

Technique	How to use it? - examples	When to use it?
Paraphrasing	<p>Summarize statements in your own words and support people to think out loud.</p> <p>“Let me see if I am understanding you...” or “It sounds like you are saying...”</p> <p>or summarize and then say, “Did I get it?”</p>	<p>When a participant is getting repetitive, the facilitator may help by summarizing his or her thinking</p> <p>To validate someone’s statement and enable people to feel their ideas are respected and legitimate.</p> <p>Generally used throughout the whole session</p>

Mirroring	Highly structured formal version of paraphrasing Repeating words - use speakers' words not yours	Some people perceive paraphrasing as veiled criticism, mirroring reflects more facilitators' neutrality. The more a facilitator feels the need to establish neutrality, the more frequently mirroring should be used.
Drawing people out	Paraphrase first the statement and then ask open-ended non-directive questions. "Can you say more about that?" or "What does this bring up for you?" or "How so?" or "Can you give me an example?"	When a participant is speaking haltingly (or with broken words) a facilitator can help the speaker relax by drawing him/her with open-ended question To clarify, develop and refine ideas.
Validating	Validating legitimizes and accepts a speaker's opinion or feelings. It means recognizing a group's divergent opinions, not taking side with them. "I see what you are saying" or "I get why this matters to you" or "I can see how you got there"	When a participant is exaggerating or distorting, a facilitator can validate the central point without going over the accuracy
Broader context	n/a	When a participant goes off topic, the facilitator can treat the speak with respect and ask to explain how that point connects with the broader context

<p>Acknowledging emotions</p>	<p>Acknowledging feelings is a 3-step process:</p> <ol style="list-style-type: none"> 1. Pay attention to emotional tone - look for cues 2. Pose a question that names the feelings you perceive 3. Use facilitative listening to support people to respond the feelings you named <p>“From the tone of your voice, I wonder if you are feeling...?” or “Sounds as though you might be feeling worried. Am I right?” or “Are you feeling disappointed?”</p>	<p>When feelings are involved, the facilitator can acknowledge the emotions, and then paraphrase the content of the speech to keep the discussion on track. Moreover, the facilitator can validate the feelings of the participant.</p> <p>The impact is easier to manage when feelings are communicated directly rather than indirectly.</p>
<p>Gathering Ideas</p>	<p>Starts with a description of the task “For the next 10 minutes please unpack this issue by calling out areas that may need further discussion”</p> <p>Suspended judgment: “Feel free to express ideas, let this be a time for generating ideas, not judging them”</p> <p>...as the group lists ideas, use mirroring or paraphrasing.</p>	<p>Listening skill to help participants build a list of ideas at a fast-moving pace</p> <p>Gathering = paraphrasing + mirroring</p> <p>Useful to record ideas</p>
<p>Stacking</p>	<p>4 step procedure:</p> <ol style="list-style-type: none"> 1. ask to raise hands to speak 2. create speaking order 3. call on people when their times arrives 4. after final speaker, ask if anyone else wants to speak <p>if so...start from step 1</p>	<p>Useful to help participants take turns when many people speak at once.</p> <p>Let everyone know that they have their turn to speak.</p> <p>People can feel impatient, disrespected and interrupted.</p> <p>Pay attention to physical language, raising hands, non-verbal messages of “I’d like to speak”.</p>

Balancing	<p>Examples:</p> <p>“Are there other ways of looking at this issue?”</p> <p>“Does everyone else agree with this perspective?”</p> <p>“Does anyone else have a different position?”</p>	<p>When ideas seem to be polarized.</p> <p>Balancing helps the group broaden the discussion to include a variety of perspectives.</p> <p>It supports the free expression of views for people who feel less comfortable.</p>
Linking	<p>4-step process:</p> <ol style="list-style-type: none"> 1. paraphrase the statement 2. ask the speaker to link the idea with the main topic 3. paraphrase and validate the explanation 4. follow with: <ol style="list-style-type: none"> a. drawing out b. balancing c. stacking 	<p>People often raise issues that seem irrelevant to others. However, ideas that seem unrelated to the main topic can actually be connected with it, in unexpected ways.</p> <p>Linking invites the speakers to explain the relevance of a statement they made.</p>
Making space for a quiet person	<p>Keep an eye for quiet members, look out for body language.</p> <p>“Was there a thought you wanted to express?”</p> <p>“Did you want to add anything?”</p> <p>*Consider doing a round to speak, giving each person a chance to speak</p>	<p>People are afraid of being perceived as rude or competitive, people keep their thoughts to themselves.</p> <p>Therefore, people benefit from having a facilitator who makes space for them to participate.</p>
Culture of shared responsibility	<p>People understand that together they share responsibility over the discussion and the choices made in the session.</p> <ul style="list-style-type: none"> • Ensure transparency • Encourage members to focus on the mission and its success • Encourage critical appraisal of the topic by all members 	<p>When there is high reliance on authoritarian figures and members that may have a higher influence.</p> <p>It is important to remember that everyone is free to express their ideas, independently of their position</p>

Assertiveness	<p>Remind participants of the reasons for their attendance and participation. Also, reiterate the importance and relevance of the project.</p> <p>Use the appreciative inquiry method to have a discussion focused on the positive aspects of the issue.</p> <p>Maintain a positive and supportive environment in conducting activities</p>	<p>When participants do not believe in the project, or do not believe in the success of the project for various reasons (which may be fear, neglect, cynicism or negative attitudes).</p> <p>These attitudes affect their participation in the sessions, making it unproductive.</p> <p>The risk is that they may lower the morale of other participants and the session in general.</p>
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Problems that might occur and mitigation actions

	Fixed positions	Win/lose mentality	Resilience on authority	Exaggeration or distortion	Low or no participation	Going off topic	Involving emotions/feelings	Repetition / multiple people speak
Paraphrasing				✓		✓	✓	✓
Mirroring				✓		✓		✓
Drawing people out			✓				✓	
Validating				✓				
Broader context						✓		
Acknowledging emotions							✓	
Gathering ideas			✓					✓

Stacking						✓	✓	✓
Balancing	✓	✓	✓					
Linking				✓		✓	✓	
Making space for a quiet person			✓		✓			
Culture of shared responsibility	✓	✓	✓		✓			
Assertiveness	✓			✓	✓		✓	

Annex 4. Example of how to open the session

Good morning everyone, thank you for being here. Your time and effort are very much appreciated. As you know, we are here to discuss together the problem of health access in your area, as well as come up with suggestions on how to improve this. This session is going to be conducted with an approach that relies on collaborative, cooperative and fruitful conversations. Therefore, everyone is free to express their ideas and opinions. We urge you to consider, however, important behaviour and tips for engaging in conversation with other members. We hope that everyone agrees with these suggestions, in order to keep the discussion civil, productive and inclusive.

- Keep the conversation to quiet tones – limit interruptions
- Remember that a productive consensus building discussion can be achieved only if every member participates and is comfortable in expressing their ideas, so please respect each other's opinions and differences.
- Understand that not everyone can agree with you or something you said, and that is ok
- When disagreeing, try to include an explanation of why and provide alternative suggestions
 - let's prevent disagreeing for the sake of disagreeing, but instead let's create a collaborative environment, as we all share the responsibility of session's success
- Keep your phones off during the conversations to ensure focus and attention to the topic
- In case of sensitive information, such as personal examples, do not discuss it with external parties. Confidential information should be kept confidential to ensure that everyone feels safe to express their experiences, ideas and opinions
- Finally, as our session has a time limit, let's try to keep the conversation concise and to the point. In case of disagreement in time-limiting issue we propose the use of post-its to keep your concerns written down and come back to them after

Annex 5 Suggested script for Single stakeholder session

(multi-stakeholder session would follow in a similar fashion)

Good morning everyone, welcome and thank you for being here. Your time and effort is very much appreciated. As you know, we are here to discuss together the problem of..... in the area of.... Thus, you have been invited in this session to come up with suggestions/options on how to improve the situation.

My name is ___ and I will be facilitating this session today, together with ___. I am / we are looking forward to a collaborative and fruitful session. So, remember that everyone is free to express their ideas and opinions. We urge you to keep a proactive and inclusive behaviour to create a collaborative session among all invited participants. Moreover, as our session has a time limit, let's try to keep the conversation concise and to the point. Thus, I will pass the word to you (participant 1), please give a short introduction of yourself and pass the word to someone else (or ex: to the person to your right or left).

(After last participant talks)

"Thank you everyone again for being here. Before diving in the discussion, there are some aspects to go over. This session is part of project for, where we in ----- are a partnering organization. With this project we aim at developing policy options that can be implemented to counteract the problem of, To develop these policy options we have called you. We believe that together we can find appropriate and tailored solutions to our ___ in _____.

We have encountered ___ and ___ problems in this areas,.... (Explain the characteristics of medical desert in -----).

Thus, lets engage in dialogue for this session. You will first have a moment to *vent out* your experiences and opinions, to then start exploring potential options and finally come together to a consensus on the preferred policies by you (stakeholders/participants). The decision will consider a maximum of 5 options to bring forward to.. (In this case the next meeting). At the end of the session we exhort you to fill in this survey to self-evaluate your participation in the session.

We will use this flip chart to write down the encountered problems of ___ in ___. Thus, I exhort you *to take the stage* and talk about the problems you have encountered due to this."

- participant dialogue

- facilitator keeps attention for full inclusion and participation of stakeholders & write down problems & post it notes to write down issues and stick them next to flipchart problems.

(After last participant or when time goes over 25/30 min)

"Thank you everyone for your contribution."

- Either take a break and announce the break
- Or follow to next phase

“We now come to a moment where together we will explore potential options and solutions. The solutions that came out in the interviews and questionnaire we sent you are here (pre-written flipchart) reported. So, let’s start by providing feedback on these options, and let’s focus on the potential success that we can achieve. You have in front of you pens and post-its, please make use of this to write down keywords or key aspects to consider, for the solutions on the flipchart.”

- participants write down, stick post-its, discuss of options
- facilitators ensures dialogue has equal participation & that participants actively give new solutions

Example: Are there any other solutions to this aspect? What do we think of this?

(Coming to 45 min)

- Either take a break and announce the break
- Or follow to next phase

“Thank you everyone. Now, to summarize what was said, solutions are ____, ____ and ____. Among these ones a maximum of 5 will be brought forward. Thus, I now kindly ask you to give your preferred five choices to bring forward. (I exhort you to use these coloured stickers to identify the most preferred choices). Among these proposals which one will you prefer for the problem of...”

- participants talk

(Coming to 25 min)

“Now I understand that these five options of _____ are the preferred ones. Does everyone recognise their decisions in these five options?” (Potentially, consider using voting methods: “Here (provided material) you can vote for your three preferred choices”).

- participants talk and give consensus
- consider using voting methods

(After 10 min)

“Thank you for your participation. I remind you to fill in this very quick survey, the page is front and back. This survey will ask your opinion on the session. We will join later again for the last session. As of now, lunch is provided and etc. Thank you again.”



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