



Co-funded by  
the Health Programme  
of the European Union

# *Let's go AHEAD and tackle medical deserts*

---

## **AHEAD**



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

**Our tools and  
call to action**

**26/01/2024**

*Corinne Hinlopen, [corinne.hinlopen@wemos.org](mailto:corinne.hinlopen@wemos.org)  
Health Advocate @Wemos (AHEAD Lead Partner), the Netherlands*

# USP 1 - Medical Deserts Diagnostic Tool



Visit the [Medical Deserts Diagnostic Tool | AHEAD](#) webpage, including:

- 1) **Country maps:** visualizations of medical deserts indicators for the 5 project countries
- 2) **Country reports**
- 3) A selection of **indicators**
- 4) An illustrative **story**

Corinne Hinlopen, [corinne.hinlopen@wemos.org](mailto:corinne.hinlopen@wemos.org), Health Advocate @Wemos (AHEAD Lead Partner), the Netherlands

**AHEAD**



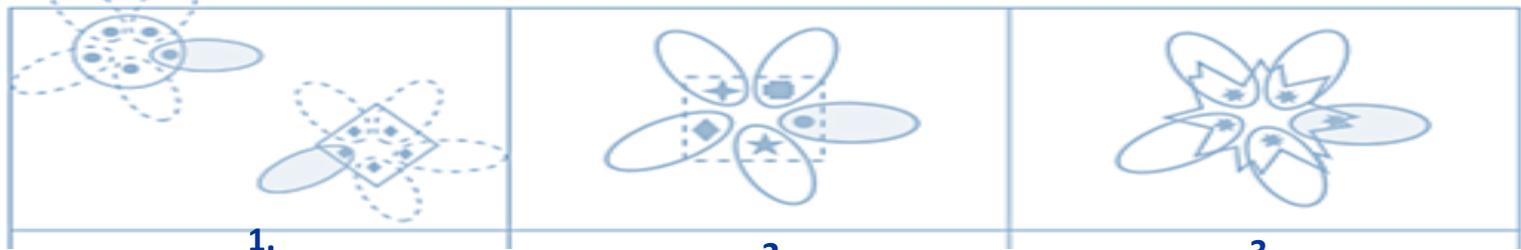
ACTION FOR HEALTH AND EQUITY  
ADDRESSING MEDICAL DESERTS

# USP 2 - Consensus building methodology

## What is it?

1. A social process of obtaining general agreement
2. Does not necessarily mean that all stakeholders need to agree with each other in every respect
3. Focus on a wide range of locally developed innovative solutions
4. Better decision-making by involving different stakeholders

**How to do it? Step by step! See: [PowerPoint Presentation \(ahead.health\)](#)**



1.

2.

3.

Local level homogenous sessions

Local multi-stakeholder session

National level session(s)

Corinne Hinlopen, [corinne.hinlopen@wemos.org](mailto:corinne.hinlopen@wemos.org), Health Advocate @Wemos (AHEAD Lead Partner), the Netherlands

**AHEAD**



ACTION FOR HEALTH AND EQUITY  
ADDRESSING MEDICAL DESERTS

# USP 3 - Our call to action

- summarizes AHEAD's most important policy solutions for medical desertification
- calls on different actors (including at EU level) to (1) implement the policy interventions within their mandate and scope and (2) work together in *synergy* to tackle this challenging societal phenomenon



**European institutions**



**Member States**



**Education institutions**



**Health professionals**



**Citizens**

**AHEAD**



ACTION FOR HEALTH AND EQUITY  
ADDRESSING MEDICAL DESERTS

Corinne Hinlopen, [corinne.hinlopen@wemos.org](mailto:corinne.hinlopen@wemos.org), Health Advocate @Wemos (AHEAD Lead Partner), the Netherlands



# OASES

Promoting evidence-based reforms on medical deserts

Health Workforce Projects Cluster online conference

## Health workforce challenges: ways forward for policy making

January 26, 2024



# About OASES

## **“Promoting evidence-based reforms on medical deserts”**

Strengthening the capacity of public health authorities to reform their health systems and address the key issues to successfully deal with the challenges posed by medical deserts.



# The OASES consortium



➤ 7 partners

➤ 7 countries

EHESP  
IRDES  
*France*

THL  
*Finland*

SU  
*Hungary*

UBB  
*Romania,  
Moldova*

AGENAS  
*Italy*

INHWE  
*Cyprus*

# Achievements

- Knowledge about the state of the art of medical desertification in Europe and ways to mitigate it
- Measurements and maps of medical deserts with the ambition of developing a common language and common policies in Europe
- Country-tailored approaches to mitigate medical deserts at national, regional and local level
- Policy recommendations

# Thank you!

<https://oasesproject.eu>

[oasesproject@agenas.it](mailto:oasesproject@agenas.it)

[https://twitter.com/oases\\_project](https://twitter.com/oases_project)





# ROUTE-HWF

A Roadmap OUT of  
mEdical deserts  
into supportive  
Health WorkForce  
initiatives and  
policies

Presentation for the online HPP cluster  
conference

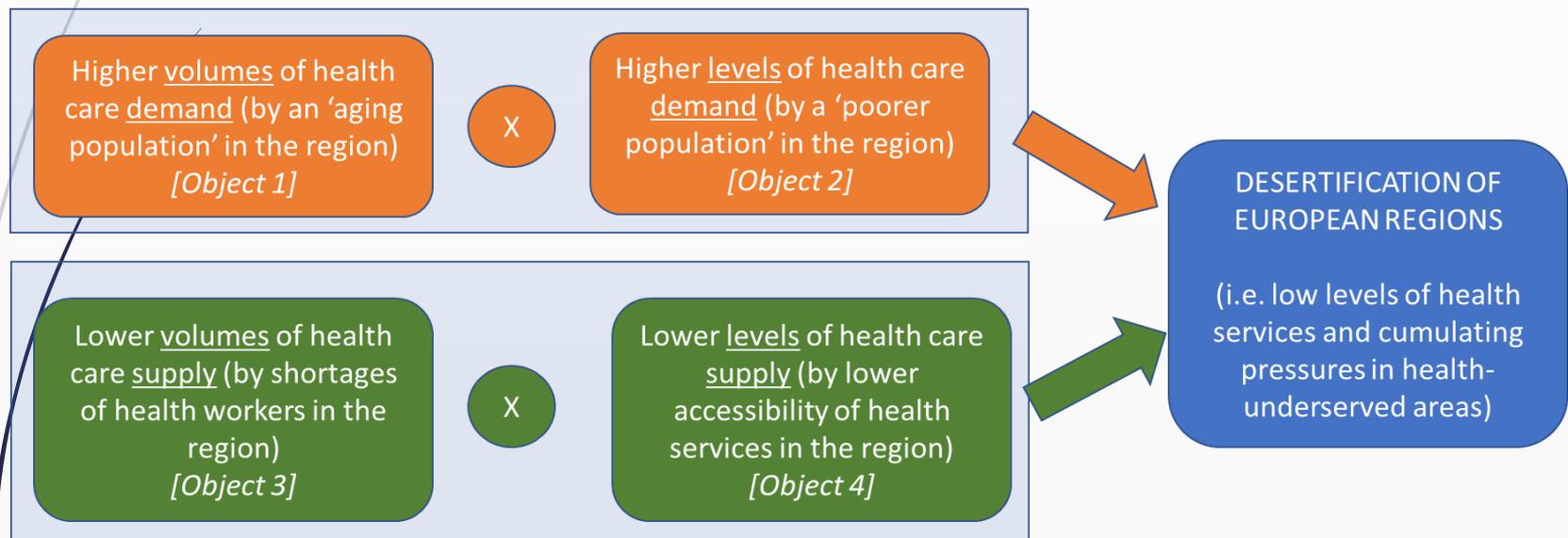
January 26, 2024



Co-funded by  
the Health Programme  
of the European Union



# The theoretical base of the ROUTE-HWF project and roadmap



*Align policy measures for medical deserts with the type and origins/drivers for desertification*

Key message: What is critical to mitigate medical desertification and to support health policies for medical deserts?

2. **Define** potential policy solutions for each medical desert driver, i.e.:

1. **Identify** medical desert areas in the country by monitoring four key elements

Areas where healthcare demands are critically high and complex, due to **aging**

Mitigate desertification by aging through **integrating elderly care, social care and informal care**

Areas where healthcare demands are critically high and complex, due to **poverty**

Mitigate desertification by poverty through providing **low-cost health services, prevention and health literacy**

Areas where healthcare supply is critically low, due to **travel distances** to health care facilities

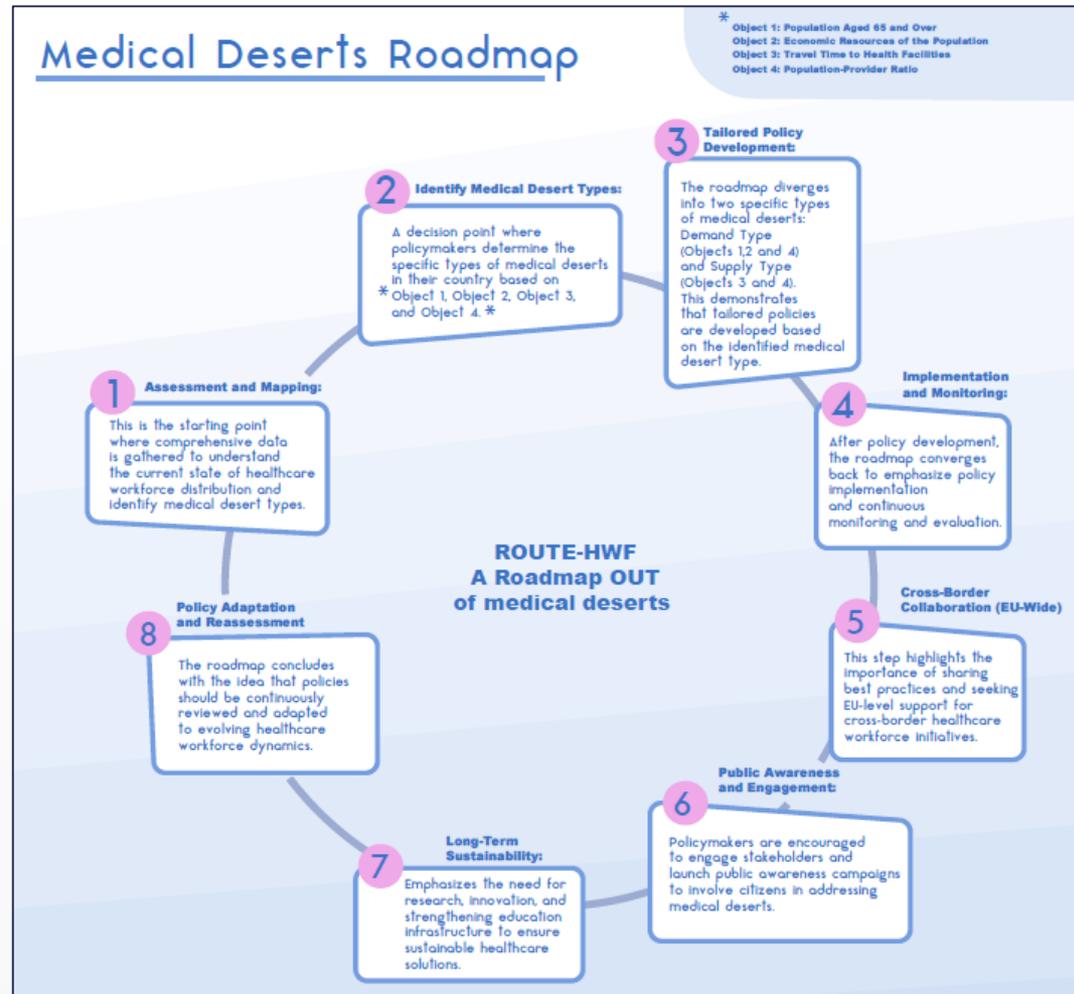
Mitigate desertification by travel distances through **digital health and mobile/travelling health services**

Areas where healthcare supply is critically low, due to poor health **workforce capacity**

Mitigate desertification by poor health workforce capacity through **familiarizing and supporting health workers with the are**

3. **Combine** policy solutions according to the combination of desertification factors

One of our end products:  
a Roadmap 'out of medical deserts'





# ROUTE-HWF

A Roadmap OUT of mEdical deserts into supportive Health WorkForce initiatives and policies

Visit and subscribe for our newsletter on:

<https://route-hwf.eu/>



Co-funded by  
the Health Programme  
of the European Union



Empowering EU health policies  
on Task SHifting

# The role of task shifting in combating health workforce challenges

Eszter Kovacs PhD  
Health Workforce Planning Knowledge Center  
Health Services Management Training Center  
Semmelweis University

## What is our focus?

„Tasks can be shifted from health and care professionals **to patients, machines or to other professional groups.**” (EU 2019)

**Lithuania** - HWF working time allocation pilot

**Estonia** - Reconsidering work routines of different levels of care provision pilot

**Lombardy** - Increasing collaboration of health professions in primary care pilot

**Norway** - Supportive telemedicine pilots

**The Netherlands** - Task shifting in the field of ophthalmology



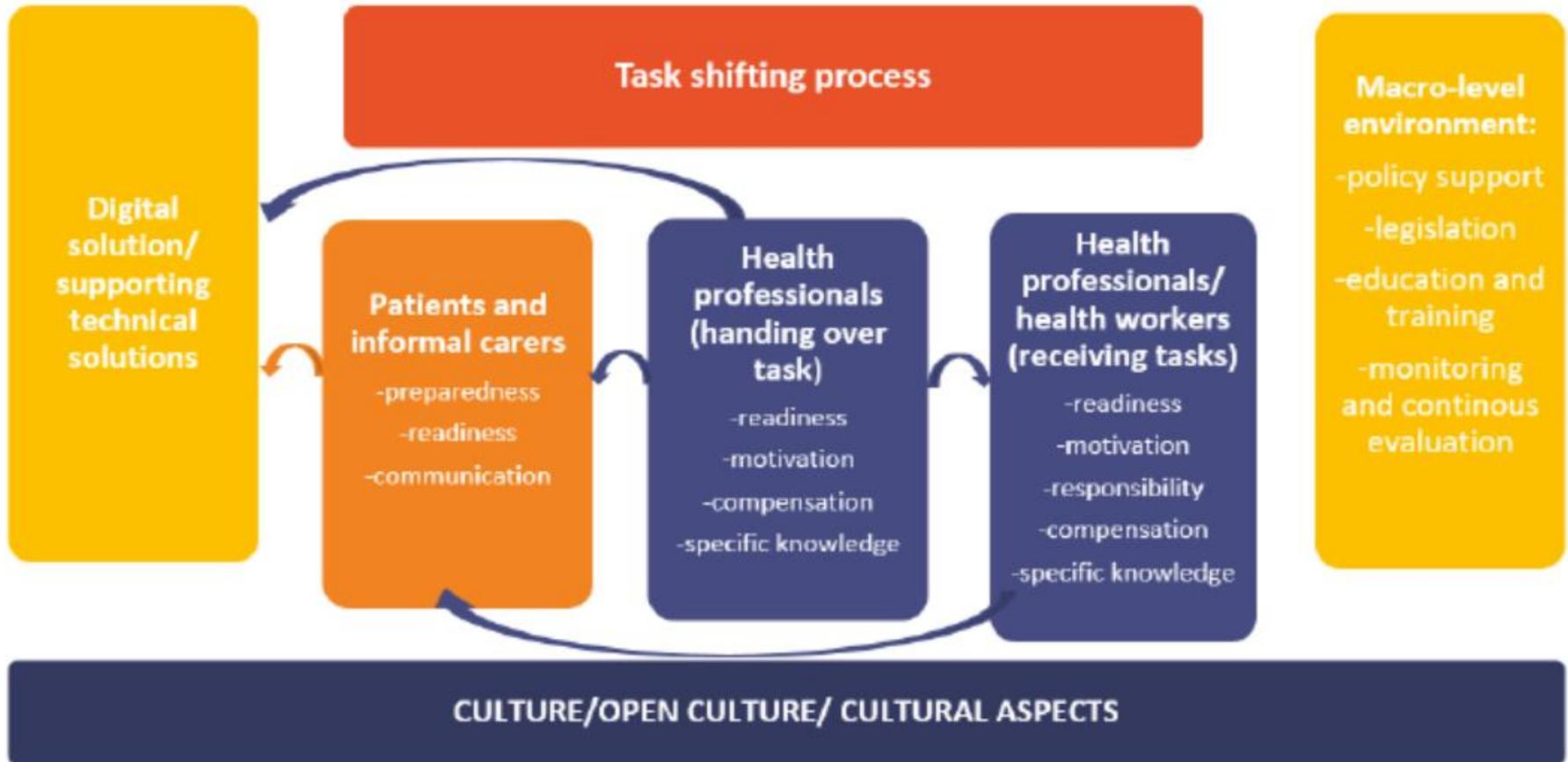


Empowering EU health policies  
on Task SHifting

**D4.3 PRACTICAL TRAINING MATERIALS AND CURRICULUM**

**D5.2 GUIDEBOOK ON TASK SHIFTING**

# Managing task shifting initiatives



# Task shifting implementation phases



# The curriculum for task shifting in healthcare

- 2 modules
- Pre-requisites and transversal elements





Empowering EU health policies  
on Task SHifting

# Thank you!

[tashiproject.eu](http://tashiproject.eu)



Co-funded by  
the Health Programme  
of the European Union

The content of presentation represents the views of the author only and is his/her sole responsibility; it cannot be considered to reflect the views of the European Commission and/or the European Health and Digital Executive Agency (HaDEA) or any other body of the European Union. The European Commission and the Agency do not accept any responsibility for use that may be made of the information it contains.