



Co-funded by the  
Health Programme of  
the European Union

# AHEAD



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

End of Project Booklet

July 2023

## D2.6 End of Project Booklet

*Grant Agreement Number*

*101018371*

**AHEAD**

***Action for Health and Equity - Addressing Medical Deserts***

<b>Call identifier</b>	HP-PJ-2020-2		
<b>Topic</b>	PJ-01-2020-2 Support to reforms in health workforce field - Initiatives on medical deserts (Heading 1.2.1.1 of the AWP 2020)		
<b>Starting date</b>	01/04/2021	<b>Duration in months</b>	26

*Date:*

*07/07/2023*



Co-funded by the  
Health Programme of  
the European Union

The content of this document represents the views of the authors only and is their 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.

# AHEAD



ACTION FOR HEALTH AND EQUITY  
ADDRESSING MEDICAL DESERTS



## END OF PROJECT BOOKLET

An overview of the results and achievements of the  
**Action for Health and Equity: Addressing medical Deserts  
(AHEAD) partnership**

April 2021 – May 2023

## Table of Contents

<b>Introduction</b> .....	1
Background.....	1
About the team .....	1
Our activities .....	3
<b>Call to action</b> .....	4
<b>Our results and tools</b> .....	5
Medical Deserts Diagnostic Tool .....	5
Country research reports .....	6
European research brief.....	6
Definition: what are medical deserts? .....	7
Participatory consensus building methodology .....	7
Policy solutions.....	8
Newsletters and the Medical Deserts Network .....	8
Online platforms.....	8
<b>European level events: building political momentum</b> .....	9
Policy dialogue with Members of European Parliament in the European Parliament: our call to action for urgency on addressing medical deserts.....	9
Co-signing the Bucharest Declaration on the health and care workforce at WHO-Euro.....	11
Panel discussion of the European Institute of Health and Sustainable Development (EIHSD) in the European Parliament.....	13
Exchanging ideas and finding allies with the South-eastern Europe Health Network (SEEHN).....	14
<b>Sharing knowledge</b> .....	14
AHEAD Webinars .....	14
Discussing medical deserts identification at the OASES conference .....	17
Presenting our research at the 15 <sup>th</sup> European Public Health Conference .....	17
Presenting our project at the COPASAH-Europe meeting in Belgrade .....	18
Sharing our findings on identifying medical deserts at the European Health Management Association (EHMA) Conference .....	19
Exchanging knowledge with the European Health Workforce Projects Cluster .....	19
<b>Media presence</b> .....	20
Italian media.....	21
Serbian media.....	21



Romanian media.....	21
Moldovan media .....	21
Dutch media .....	21
<b>Thank you to our allies and supporters .....</b>	<b>21</b>

## Introduction

The project Action for Health and Equity: Addressing medical Deserts (AHEAD) (April 2021 – May 2023) aims to reduce health inequalities by addressing the challenge of medical deserts and medical desertification in Europe. Our goal is to achieve better access to health services, especially in underserved areas, and more equitable access to sufficient, skilled and motivated health workers, starting with the countries involved in the project: Italy, Moldova, the Netherlands, Romania and Serbia. We aim to do this by building knowledge, encouraging (digital) innovation in health service delivery and applying a participatory approach to public health policymaking.

## Background

European regional disparities in healthcare are increasingly calling for the attention of the European Union and World Health Organization's European Regional Office. Various European countries' health care systems are becoming overburdened, due to the demographic and epidemiological transition: an ageing population in combination with an increase in chronic diseases and multi-morbidities that require long term care. Furthermore, the health workforce itself is ageing, resulting in waves of retirement of health personnel, adding to the strain on the health workforce. These challenges occur within the context of persistent budgetary constraints and financial cutbacks that compound broader migration patterns and are causing severe health workforce shortages.

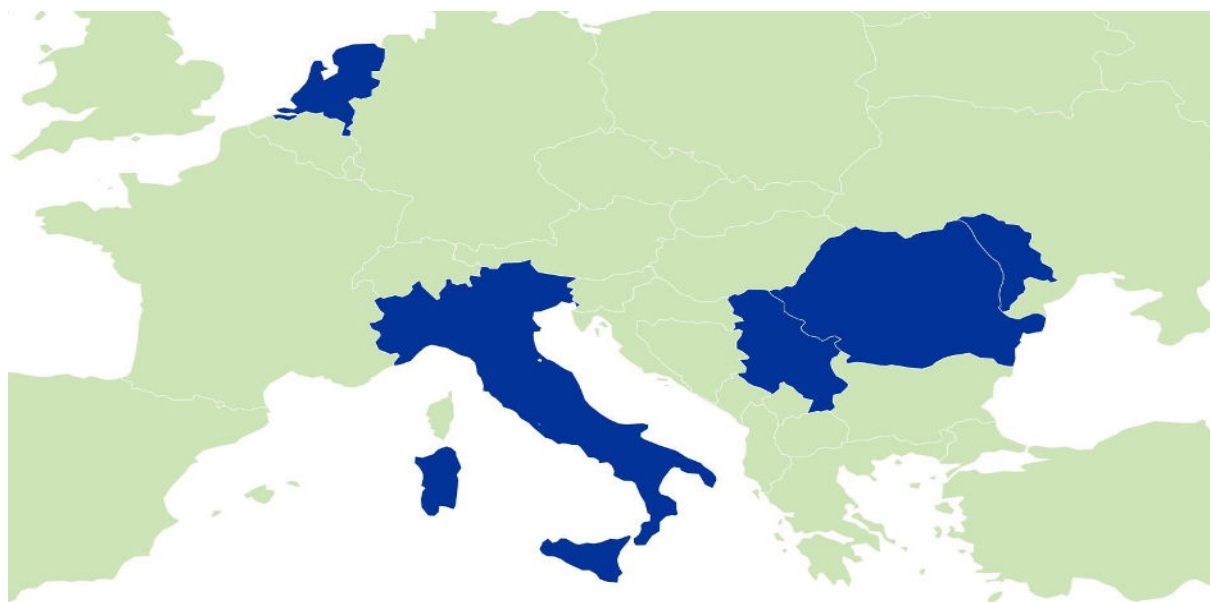
## About the team

The AHEAD team consists of six organisations based in Italy, Moldova, the Netherlands, Romania and Serbia:

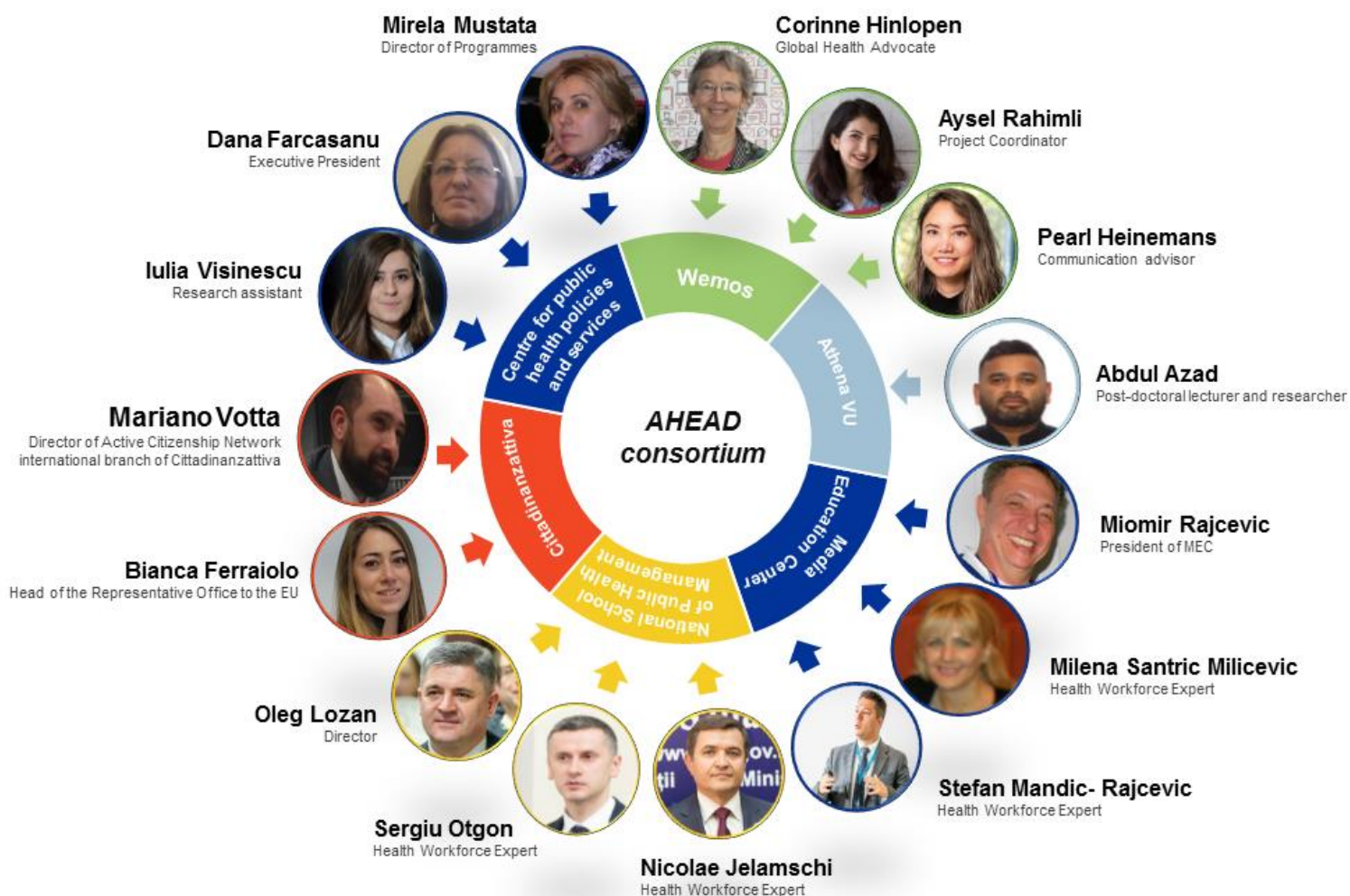
- [Cittadinanzattiva](#) (Italy)
- [National School of Public Health Management](#) (Republic of Moldova)
- [VU Athena Institute](#) (The Netherlands)
- [Wemos](#) (The Netherlands) - lead organisation
- [Center for Health Policies and Services](#) (Romania)
- [Media Education Centre](#) (Serbia)



Our organisations bring together decades of 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 AHEAD project countries where the AHEAD partners are based and where we implemented our activities.*



Visit [this page](#) for more information about the AHEAD team.

## Our activities

Over the course of the AHEAD project, we have [shared knowledge and evidence around medical deserts](#), possible policy solutions per context, and practical tools for policy makers and researchers. We believe that policy makers will be inspired to take action when they are not only **aware** of the need to address medical deserts to ensure equitable access to health services, but also when they have **knowledge** about viable, largely accepted policy solutions to tackle medical desertification. Our activities were aimed at three specific objectives:

- **Generating evidence**, through e.g. literature review, case studies, and key informant interviews and focus group discussions.
- **Building consensus**, through participatory consensus building workshops with relevant stakeholders in the AHEAD project countries



- **Discussing policy options**, through e.g. policy dialogues, roundtable discussions and a policy dialogues, including an event with Members of European Parliament in the European Parliament in Brussels.

## Call to action

After two years, our work and activities – i.e. our research, participatory consensus building workshops and roundtable discussions – have culminated in a [call to action](#) to all actors involved. Addressing medical deserts and the health workforce crisis in Europe is a **joint concern and a joint responsibility**. Many different actors are required to work closely together and **act now** to tackle medical desertification. This call to action was open for finetuning and endorsements until the project's end (May 31, 2023), after which it was finalised and re-shared with the public as a final version.



*At our policy dialogue event '[Addressing medical deserts in Europe: a call to action](#)' with Members of the European Parliament at the European Parliament in Brussels, on April 27<sup>th</sup> 2023. See further in this document for more information about the event.*

## Our results and tools

### Medical Deserts Diagnostic Tool

One of the unique selling points of our project is an interactive mapping tool that visualises, per country, indicators related to different aspects of medical desertification: our Medical Deserts Diagnostic Tool (MDDT). You can find out more by viewing our [video slides about the tool](#).

We developed the tool on the basis of our research findings. We conducted this research in the project countries following our contextualised [research methodology](#).

Our research findings led to the development of the following:

1. Medical desertification [definition](#).
2. Medical desertification [index calculation methodology](#).
3. Interactive maps for case study identification and observation of the process of medical desertification in [Italy](#), [Moldova](#), [the Netherlands](#), [Romania](#) and [Serbia](#). These webpages also include a story of someone affected by medical deserts (you can find them by clicking on the links).

In addition, you can also find the below research results:

### General country indicators, to set the wider context

1. [Italy](#)
2. [Moldova](#)
3. [The Netherlands](#)
4. [Romania](#)
5. [Serbia](#)



*Discussing our progress so far during our first in-person meeting as consortium at the Wemos office in Amsterdam in September, 2022.*

## Country research reports

An important aim of our project was to understand the different manifestations of medical deserts in the different project country contexts. While the AHEAD countries (Italy, Moldova, the Netherlands, Romania and Serbia) share a common challenge of medical deserts, their magnitude, nature and impact differ vastly. Moreover, the underlying root causes of these medical deserts are different and have to be addressed at the appropriate (policy) levels. It is important to understand common elements as well as differences; without that understanding, it is not possible to develop effective policy solutions.

The methodology for our country research work included the following elements:

- Literature review on medical deserts and similar terms (overall and country-specific)
- Collection and analysis of quantitative indicators in relation to medical deserts (visualized per country in the Medical Deserts Diagnostics Tool (MDDT) maps)
- Key informant interviews in the countries
- Survey
- Media analysis

In the course of the research process, country teams identified 1 to 3 medical desert case study areas, where more in-depth research has been carried out, as well as focus groups discussions. The results of the case study area research are also reflected in the [country reports](#).

## European research brief

We also produced a [EU level research report](#). Our aim was to:

1. Understand manifestations of medical deserts in the European Union as a whole (and neighbouring countries), as described and/or defined in (academic and grey) literature.
2. Have an overview of current remedial action by the European Union and/or EU-funded programmes and/or European instruments:
  - a. What are the policies/programmes/instruments in place right now (rationale, actors involved, funding sources, aims, outcomes/results)?
  - b. What other (existing) policies can be implemented to address this better?

The findings were:

1. Overall, our research showed that the term ‘medical desert’, or the phenomenon of medical desertification, has so far received limited attention across the European continent (although this attention seems to be increasing, recently). Since no concrete definition is available/has been operationalised, policy development for mitigation is even more challenging. The study indicated that the working definition of AHEAD was a good starting point in operationalising this concept, but further improvements could be implemented. We have therefore also derived a new definition of medical deserts (see next section).
2. DG Sante has initiated, funded and stimulated a long chain of projects dealing with the manifold health workforce challenges (see chapter 3.2.1 of the report) throughout the different EU Health Programmes. However, even though the ‘technical’ know-how is there,

the implementation of recommendations, the sustainability of policies or ensuring adequate funding for these reforms, is often (still) a challenge in the policy arena.

### Definition: what are medical deserts?

In the initial stages of the project, we carried out a literature review to better define the concept of ‘medical desertification’. Based on a thorough review of scientific studies, we have concluded that the complex concept requires a set of definitions to understand its multidimensional perspective. From the literature review, we derived a working definition to inform the development of research tools and validated this definition through the results of research tools. This is our final working definition of medical desertification:

*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.*

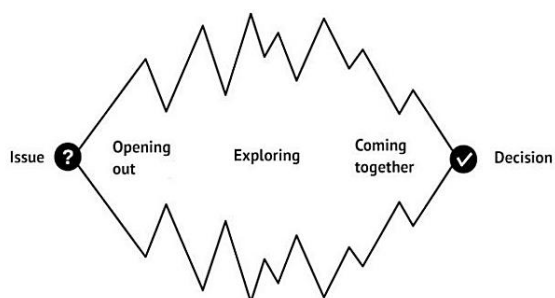
The regions likely at risk of becoming a medical desert can be identified and based on the factors commonly used for describing the three dimensions of access to health care, and could be categorized as barriers (i.e. physical access, social and policy barriers). You can read more about the definition and concomitant factors [here](#), and how researchers working on medical deserts can apply our [index calculation methodology](#) to their own research (objectives) and context.

### Participatory consensus building methodology

Another unique selling point of AHEAD is our [participatory consensus building methodology](#). It is known from literature that successful implementation of health workforce policies requires strong inter-sectoral governance and consensus building among the different stakeholders involved. We therefore drafted a consensus building methodology, which we tested and validated during participatory consensus building sessions in the project countries, to increase the chances of successfully addressing medical deserts. The aim of this methodology was twofold:

- Implemented in the project countries, it contributed to the identification and development of practical, feasible and context-specific [policy options](#), that will support policy makers in their decisions on health workforce issues.
- Implemented, contextualised and evaluated across the project countries, it resulted in a validated methodology, that we have incorporated in a [practical guidance document](#), so other organisations and researchers can apply the same methodology in their own context.

## The consensus building structure (1)



1. **Introduce and clarify the issue:** introducing participants, explaining session agenda, outlining why we are looking at medical deserts, explaining why this locality has been identified as a medical desert, etc.
2. **Open out discussion:** exploring the local stakeholders' experiences of living in a medical desert. Here they can share experiences, needs and opinions without rushing into decision making.

*The consensus building structure as included in our participatory consensus building methodology.*

### Policy solutions

Based on the participatory consensus building sessions that we held with relevant stakeholders in the AHEAD project countries, we came up with policy solutions to address medical deserts in the project countries. We included these in [national policy briefs](#) (in Dutch, English, Italian, Romanian and Serbian).

### Newsletters and the Medical Deserts Network

Another important dissemination channel for AHEAD are our regular newsletters, through which subscribers could become part of the [Medical Deserts Network](#). By subscribing, interested people could stay up-to-date about our project activities and progress, research findings, tips on medical deserts literature and articles, webinar invitations, and events, as well as on best practices for addressing and/or preventing medical deserts, with a particular focus on Europe.

### Online platforms

Other important dissemination channels for AHEAD are our main project [website](#) and social media channels. Through social media, and [Twitter](#) (with over 100 followers) in particular, we could reach our followers quickly and disseminate our messages, webinar invitations, post-webinar recordings, publications, all the while also forging interaction and receiving feedback from our followers. And acknowledging the importance of distinguishing between different target groups, we are also present on [LinkedIn](#), [Facebook](#) and the [EU Health Policy Platform](#).

## European level events: building political momentum

Over the course of the project, the AHEAD partners have been active in creating a momentum and political movement to:

1. Increase awareness and knowledge on medical deserts.
2. Make use of the available tools to identify and address medical deserts and build consensus on the policies.
3. Contribute towards development of a longer-term strategy to address medical deserts, in project countries as well as in the EU.

To do so, we have been continuously engaging and participating in activities to increase our outreach, engaging policy makers and elevating this topic on the political agenda, creating a momentum for action.

### Policy dialogue with Members of European Parliament in the European Parliament: our call to action for urgency on addressing medical deserts

A key example of elevating the topic of medical deserts on the political agenda is our policy dialogue event in the European Parliament on April 27, 2023. To put our call for multi-stakeholder involvement in addressing medical deserts into action, we organized this event, inviting Members of European Parliament in the European Parliament. We were delighted that we were hosted by Member of European Parliament Beatrice Covassi (Group of the Progressive Alliance of Socialists and Democrats (S&D), Italy). Our moderator, journalist Mariam Zaidi, excellently facilitated the dynamic discussions. Our diverse expert panel reflected on the problem of medical deserts in Europe and explored concrete policy solutions to address them:

- Katarzyna Ptak-Bufkens, DG Sante
- Paolo Michelutti, Coordinator of the new Joint Action on Health workforce planning and forecasting
- Dr John Wynn-Jones, EURIPA, the European Rural and Isolated Practitioners Association
- Tomas Zapata, WHO European Regional office (pre-recorded intervention)
- Dorota Tomalak, Committee of the Regions
- Marina Royo de Blas, DG AGRI



*The expert panel at our policy dialogue event in the European Parliament on April 27, 2023.*

AHEAD project coordinator Aysel Rahimli (Wemos – lead organisation of AHEAD) set the scene by highlighting the main findings and innovative deliverables of our project, such as the Medical Deserts Diagnostic Tool and participatory consensus building methodology.



*Aysel Rahimli, AHEAD project coordinator at Wemos (lead organisation of AHEAD), setting the scene and presenting our call to action to the panel in the European Parliament on April 27, 2023.*

The discussions were dynamic, with the panel agreeing that the time is certainly now to address medical deserts. Solutions would therefore be multi-faceted. For example, Dr John Wynn-Jones (EURIPA, the European Rural and Isolated Practitioners Association) stated that so-called ‘urban

narcissism’ should be addressed and that it is important for policies to also contribute to making rural medicine attractive. AHEAD project lead, Corinne Hinlopen (global health advocate at Wemos), closed the event with inspirational closing remarks, emphasizing that the momentum for concrete action is definitely here. The end of the AHEAD project therefore does not mean that this topic is closed, it is a start (or as she called, ‘a comma, not a full stop’).



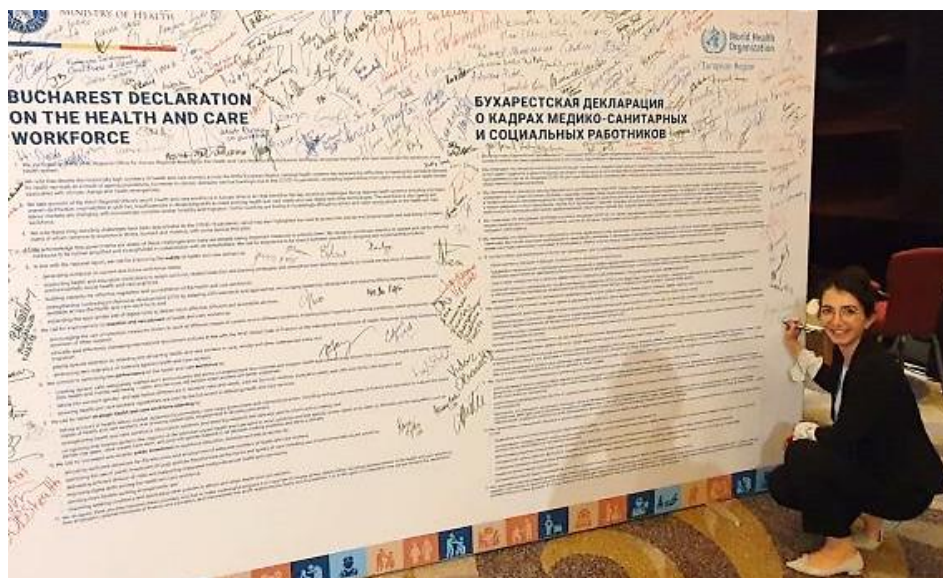
*Corinne Hinlopen, global health advocate at Wemos and project lead of AHEAD, presenting our closing remarks to the panel in the European Parliament in April 2023.*

Before and after the event, we produced several communication materials: the already mentioned [call to action](#), a [press invite](#), and an [introductory article about the event](#) and medical deserts on Health Europa. Moreover, the event was livestreamed, and Health Europa produced a short compilation video of the event, which includes a snippet of Aysel Rahimli (AHEAD project coordinator at Wemos) presenting our call to action. The livestream recording and the compilation video can both be viewed on [Wemos’ YouTube Channel](#).

### Co-signing the Bucharest Declaration on the health and care workforce at WHO-Euro

On March 22 2022, Member States of the World Health Organization and other health actors adopted and signed the Bucharest Declaration on the Health and Care Workforce in Bucharest, Romania. It marked the commitment of governments, professional associations, research institutions, trade unions, civil society organisations and many others to work together to improve the supply of health and care workers, improve their retention and recruitment, and optimise their performance. As non-state actor in official relations with the WHO European Regional Committee, [Wemos \(lead organisation of AHEAD\)](#) – represented by AHEAD project coordinator Aysel Rahimli and project lead Corinne Hinlopen - had the opportunity [to help shape and co-sign the declaration](#). The ambitions and aspirations in Bucharest Declaration will be integrated into a Framework for Action to be adopted during the 73rd European Regional Committee meeting in October 2023, which will be held in Astana, Kazakhstan.





*AHEAD project coordinator Aysel Rahimli signing the Bucharest Declaration on the Health and Care Workforce at the WHO-Euro meeting in March 2022 in Bucharest, Romania.*

Additionally, AHEAD was specifically mentioned during one of the panel sessions about medical desertification in the region, whereby one of the panelists - Katarzyna Ptak-Bufkens of DG Sante of the European Commission - shared our policy options per country, and highlighted our activities' success.



*AHEAD project lead Corinne Hinlopen signing the Bucharest Declaration on the Health and Care Workforce at the WHO-Euro meeting in March 2022 in Bucharest, Romania.*

## Panel discussion of the European Institute of Health and Sustainable Development (EIHSD) in the European Parliament

Our European Parliament event in April was not the first time that AHEAD was being represented at the European Parliament. On November 30, 2022, we were invited to the hybrid panel discussion ‘[Challenges that the ageing and tired European workforce is facing could be addressed](#)’, hosted by Member of European Parliament Juozas Olekas, and organised by the European Institute of Health and Sustainable Development (EIHSD) and the Foundation for European Progressive Studies (FEPS).

Corinne highlighted the ‘cost of inaction’. “Health experts and health professionals have been forecasting the health workforce shortages for decades already. Health economists have pointed out often enough that the health sector and the health labour market are not markets in the traditional sense of the word. And now we see the cost of inaction. In the past decade, Romania, Estonia, Slovakia, and Hungary have seen so many doctors leave that they would make up to 20-25% of their current health workforces<sup>1</sup>. We are leaving so many people behind. We are failing to deliver on the promise we made, to Member States and to the people in the Member States, that in the European Union we will prosper together, in solidarity. And the risk is that the people who are left behind, will turn their backs on Europe and European institutions,” she said during her presentation at the conference. She emphasized the need to [change the narrative](#): the health workforce crisis is not an exclusive national issue, but a joint, European issue and concern. Inspirational closing remarks were given by Dr. Vytenis Andriukaitis, former European Commissioner for Health.



*Corinne Hinlopen making her statement that The European Union should support its Member States with addressing their national health workforce shortage.*

<sup>1</sup> These numbers can be derived from [OECD data](#).

## Exchanging ideas and finding allies with the South-eastern Europe Health Network (SEEHN)

The [South-eastern Europe Health Network \(SEEHN\)](#) is a key stakeholder in our project, as 3 out of 5 project countries belong to this region: the Republic of Moldova, the Republic of Serbia and Romania. Sharing knowledge gained in the project is important to ensure we contribute to solutions to address medical deserts in the South-eastern European region.

Our first engagement with SEEHN was in December 2021, during the 44th Plenary meeting, with several policy makers and stakeholders from the region. It was our first opportunity to showcase the research findings to specific stakeholders and allies on the topic.

On March 16-17th 2023, AHEAD and SEEHN gathered for a [two-day roundtable discussion in Tirana \(Albania\)](#). Attending in-person, AHEAD representative Sergiu Otgon (human resources for health expert, National Public Health Agency, Republic of Moldova) presented our project findings, Medical Deserts Diagnostics Tool and consensus building methodology to representatives of SEEHN.

The roundtable was a great opportunity to share AHEAD's added value and the results we gained during the last two years, and to foster future collaborations.



*AHEAD representative Sergiu Otgon (human resources for health expert, National Public Health Agency, Republic of Moldova) and SEEHN at the roundtable discussion in Tirana, Albania in March 2023.*

## Sharing knowledge

### AHEAD Webinars

Connecting with our target groups (e.g. policy makers, health experts and academics), sharing our knowledge and disseminating the results of our work form an important part of our project and

communication activities. Over the course of the project, we organised five webinars to do exactly this. Per webinar we had on average 30 external attendees. By using online tools (e.g. Mentimeter or Slido) during the webinars we also got to interact with and entice the audience's interest in the topic of the webinar. We publish our webinars on the [YouTube channel](#) of AHEAD lead partner organisation Wemos.

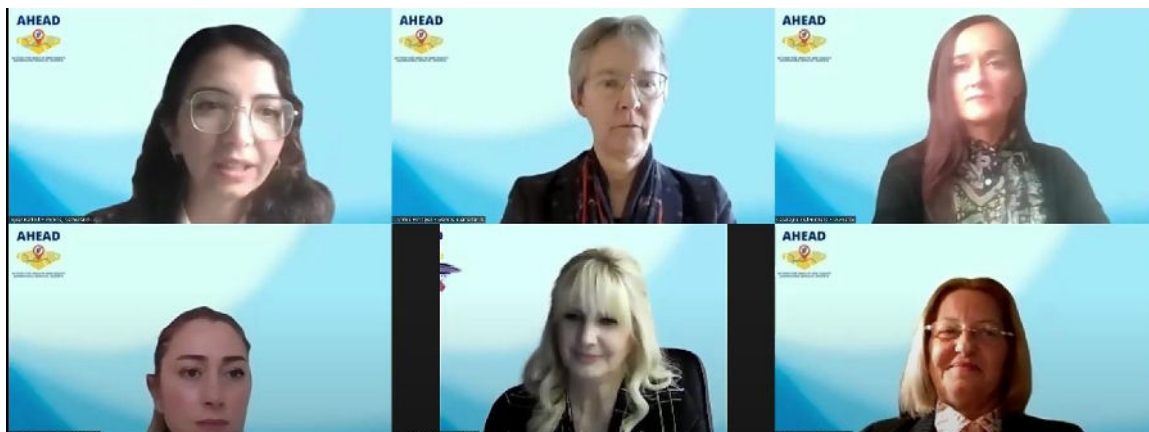
We kicked off our webinar series with the first webinar '[What are medical deserts and how do we find them?](#)' (September 16, 2022), during which we showed the different manifestations ('faces') of medical deserts in Italy, Moldova, the Netherlands, Romania and Serbia, and shared the key findings of our country reports on medical deserts in these countries. Our keynote speaker Katarzyna Ptak-Bufkens of the Directorate-General for Health and Food Safety (European Commission) delivered a compelling introduction speech about the need to tackle medical deserts with coordinated response and collaboration between actors from various sectors. In addition, financial incentives alone may not be a decisive factor for physicians or nurses to work and live in a specific location. Other factors may be even more important, e.g. living conditions, proximity to family members, and employment and education opportunities for these family members. This is why more critical evaluation of EU policies is essential, and why the AHEAD project is important, she said.

During our second webinar '[Tackling & preventing medical deserts with the Medical Deserts Diagnostic Tool](#)' (November 21, 2022) we dived into our Medical Deserts Diagnostic Tool, explaining how policymakers, researchers and other interested parties can use to identify, tackle and prevent medical deserts.



*Screenshot of our webinar on 'Participatory consensus building for collaboration on tackling medical deserts' (January 27, 2023) with AHEAD partners and guest speaker Jessica Coetzer (VU Athena Institute).*

Our third webinar '[Participatory consensus building for collaboration on tackling medical deserts](#)' (January 27, 2023) focused on how our participatory consensus building methodology can contribute to successful collaboration on developing policy options to tackle medical deserts, explained by guest speaker Jessica Coetzer, PhD candidate in Inclusive Healthcare (VU Athena Institute, Netherlands). She stressed that there are no 'quick fixes' for medical deserts and that no single government body can solve medical deserts on its own; multi-stakeholder involvement in decision-making is crucial.



*Screenshot of our webinar on ‘What are policy options for effectively tackling medical deserts?’ (March 16, 2023), with our AHEAD partners and key note speaker Katarzyna Ptak-Bufkens (Directorate-General for Health and Food Safety, European Commission).*

During our fourth webinar [‘What are policy options for effectively tackling medical deserts?’](#) (March 16, 2023) we discussed the policy options that our country teams gathered during participatory consensus-building workshops with stakeholders in Italy, Moldova, the Netherlands, Romania and Serbia. We were happy to have keynote speaker Katarzyna Ptak-Bufkens (Directorate-General for Health and Food Safety, European Commission) join us again. She emphasized the importance of contextualization of country-specific policy solutions, as there is no ‘one-size-fits-all’ solution, given the differences between the countries. “We should measure better and get a better understanding of medical deserts, involve the right stakeholders in the policy solutions, shape and support our health workforce, and evaluate the policy solutions,” she said.



*Screenshot of our webinar on ‘Addressing medical deserts in Europe: a call to action’ (May 24, 2023) with panelists Dr Branko M. Vujkovic, MSc. (CEO of the Institute of Public Health Sabac, Serbia) and Dr Mira Jovanovski Dašić (Director of the South-eastern Europe Health Network (SEEHN) Secretariat).*

At our fifth and final webinar '[Addressing medical deserts in Europe: a call to action](#)' (May 25, 2023), we discussed concrete ways forward – based on the discussions at our policy dialogue event in the European Parliament in April – with our panelists Dr Branko M. Vujkovic, MSc. (CEO of the Institute of Public Health Sabac, Serbia) and Dr Mira Jovanovski Dašić (Director of the South-eastern Europe Health Network ([SEEHN](#)) Secretariat). It was an engaging webinar with many questions and comments from the audience. Dr Branko M. Vujkovic emphasized that addressing medical deserts in countries in the European region is a matter of context: he called on stakeholders to act together and analyze the different countries' contexts to make key policy changes. Dr Mira Jovanovski Dašić stressed that in the upcoming time, before there is political will and budgets for the recommendations as proposed in our call to action – there need to be investments in increasing health literacy and in health promotion and disease prevention in the population. She also applauded that the AHEAD tools were co-developed with organizations in three SEEHN countries (i.e. Republic of Moldova, Romania and Serbia), and stated that it would be beneficial to expand the project and the implementation of the AHEAD tools to the other SEEHN Members as well.

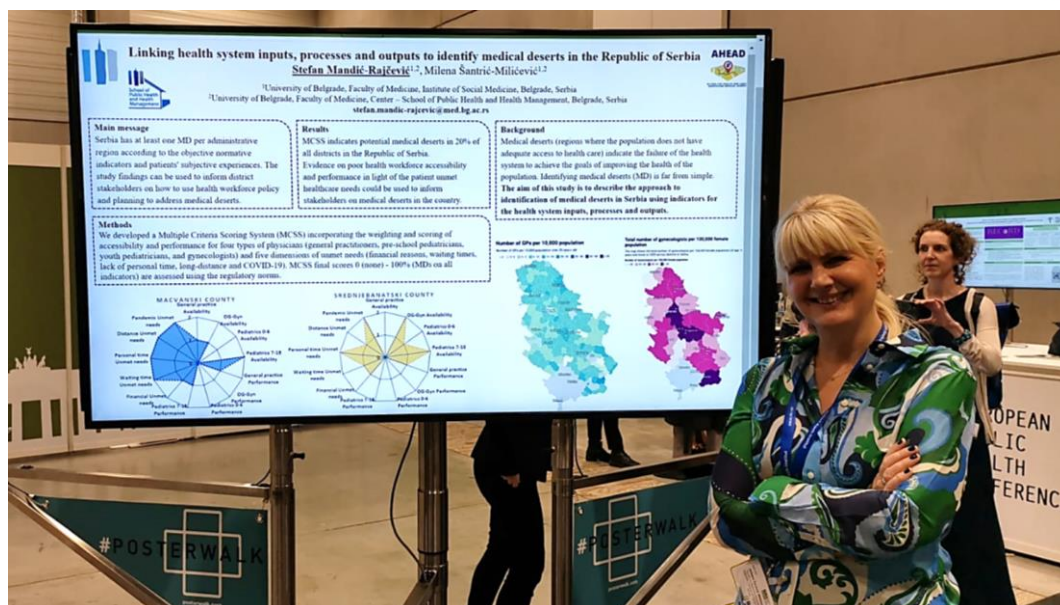
Additionally, AHEAD has been engaged with sharing knowledge on medical deserts, and the findings from the projects. Besides the regular webinars, newsletter and items, there have been several events that were attended both online and in person.

### [Discussing medical deserts identification at the OASES conference](#)

The [OASES conference](#) on December 10, 2021 was kicked-off with speeches from James Buchan (WHO), Katarzyna Ptak-Bufkens (European Commission), Marius Ionut Ungureanu (Bolyai University, Romania), and Sergio Otgon (National Public Health Agency, Moldova). During several co-creation sessions, Corinne Hinlopen (project lead of the AHEAD project), Véronique Lucas-Gabrielli (Institute for Research and Information in Health Economics, France) and Ronald Batenburg (ROUTE-HWF project) dived into indicators used to identify and measure medical deserts. The event had over 60 attendees, including researchers, health professionals and policy makers.

### [Presenting our research at the 15<sup>th</sup> European Public Health Conference in Berlin](#)

On November 9-12 2022, Milena Santric Milicevic and Stefan Mandic-Rajcevic (affiliated with our AHEAD partner organisation Media Education Centre in Serbia) presented our research and Medical Deserts Diagnostic Tool at the [15<sup>th</sup> European Public Health Conference 2022](#) 'Strengthening health systems: Improving population health and being prepared for the unexpected' in Berlin, Germany, which was co-organised by the European Public Health Association (EUPHA). Milena Santric Milicevic and Stefan Mandic-Rajcevic also wrote two articles for the European Journal of Public Health: '[Health workers labour market before and during the Covid-19 pandemic: Health sector capacity of Serbia](#)' and '[Linking health system inputs, processes and outputs to identify medical deserts in Serbia.](#)'



*AHEAD representative Milena Santric Milicevic (Health workforce expert at the University of Belgrade and affiliated with our Serbian AHEAD partner organisation Media Education Centre) presenting her abstract about AHEAD at the 15<sup>th</sup> European Public Health Conference 2022 that took place on November 9-12 2022 in Berlin, Germany.*

**Presenting our project at the COPASAH-Europe meeting in Belgrade**

On December 15 2022, AHEAD representatives Milena Santric Milicevic and Miomir Rajcevic (President of Media Education Centre) were invited to present our project at the [Community of Practitioners on Accountability and Social Action in Health](#) (COPASAH-Europe) meeting in Belgrade, Serbia. The aim of the meeting was to finalize the draft reports from the conducted desk research on the available indicators and data regarding access to primary health care services for vulnerable/marginalized groups in North Macedonia and Serbia.



*AHEAD representatives Milena Santric Milicevic and Miomir Rajcevic (President of Media Education Centre) at the COPASAH-Europe meeting in December 2022 in Belgrade, Serbia.*

## Sharing our findings on identifying medical deserts at the European Health Management Association (EHMA) Conference

On June 15-17<sup>th</sup> 2022, AHEAD attended the European Health Management Association's (EHMA) annual conference in Brussels. Titled 'From people to systems: leadership for a sustainable future', the conference focused on exploring challenges and solutions for creating sustainable health systems and ways health managers can lead towards them. On June 17<sup>th</sup>, [Mirela Mustata](#) (from our AHEAD partner organisation CHPS) presented our literature findings on identifying medical deserts in Europe during an engaging abstract session. We also were happy to have finally met several colleagues with whom we had only had online interactions during previous months. Returning to some in-person normality is a positive step towards successful collaborations and planning sustainability of our projects.



*AHEAD representative Mirela Mustata (from our partner organisation CHPS) presenting our literature findings on identifying medical deserts at the EHMA Conference 2022.*

## Exchanging knowledge with the European Health Workforce Projects Cluster

AHEAD, being one of the 5 projects that were co-funded by the European Commission's grant under the Third Health Programme, was actively involved in the established European Health Workforce Projects Cluster to synergise, collaborate and share findings together. Online events were therefore organised to achieve this goal. Firstly, the [launch webinar of the Cluster](#) was organised on 20<sup>th</sup> September 2021, where AHEAD, METEOR, OASES, TaSHI and ROUTE-HWF introduced their projects on health worker retention policies, mitigating medical deserts and task shifting. This included speakers Dr Andrzej Rys (Director of Health systems, medical products and innovation, DG SANTE at the European Commission) and Miklós Szócska (Director of Health Services Management Training Centre at Semmelweis University). They highlighted the importance of investing in the health workforce and health systems, particularly in light of the Covid-19 pandemic. On March 29<sup>th</sup> 2022, the webinar called



'Fighting access to health inequalities by improving health worker retention and task shifting policies' was organised to showcase the first results of the projects.



*The first in-person meeting of the projects of the European Health Workforce Projects Cluster in January 2023 at the Nivel office in Utrecht, the Netherlands. Including representatives from AHEAD, METEOR, OASES, TaSHI, ROUTE-HWF and the European Commission.*

## Media presence

Besides events and webinars, AHEAD has been actively represented on media well.

# Cittadinanza attiva in campo per la sanità in aree interne

## L'ASSISTENZA

**Vincenzo Corniello**

Cittadinanzattiva-Matiese, unica in Campania, e Cittadinanzattiva Avola/Noto, sole in Italia, sono state scelte da Cittadinanzattiva nazionale, per partecipare al Progetto Europeo «Action for



Health and Equity: Addressing Medical Deserts» (Ahead), che mira a ridurre le disuguaglianze di salute affrontando la sfida dei cosiddetti «deserti medici» in Europa. Assieme a Moldavia, Paesi Bassi, Romania e Serbia.

L'obiettivo è quello di ottenere un migliore accesso ai servizi sanitari, soprattutto nelle aree più carenti, e un approccio più

*A snippet from the [Italian newspaper Il Mattino](#), which published an item about AHEAD.*

## Italian media

For example, the AHEAD project has extensively appeared in Italian articles and media – over 50 publications - as showcased on [this page](#) on our Italian partner organisation's Cittadinanzattiva's website. In addition, the vice-president of the professional association of Surgeons and Dentists of the Province of Rome (the largest in Italy) – OMCEO – also mentioned AHEAD in [this article](#) on the Italian website Studio93.

## Serbian media

In addition, we were also mentioned in this article about medical deserts in the [Serbian version of the BBC](#). Moreover, AHEAD representative Milena Santric Milicevic from the University of Belgrade and affiliated with AHEAD partner organisation MEC was extensively quoted in Serbian newspaper [Danas in an article](#) from March 2023 about inequalities in access to health care, as a consequence of medical desertification. Together with her colleague and AHEAD representative Stefan Mandic-Rajcevic, they also were quoted in [this article](#) about medical deserts from the same newspaper.

## Romanian media

In Romania, the AHEAD project was widely present in the media through its activities. The policy dialogues and the topic of access to medical services and medical desertification have been the subject of 8 media reports, such as in [this article](#) on the local online media website Buna Ziua Brasov. In addition, Romanian Member of Parliament Cristina Vecerdi mentioned on her public [Facebook page](#) the term 'medical desertification' and shared the policy options discussed upon participating in our meetings.

## Moldovan media

The medical deserts phenomenon was very much unknown in the Republic of Moldova before the [launch of the project activities](#) back in 2021. Using the local level consensus building and national level policy dialogues as a platform, the medical desertification problem was put on the table and pretty much recognized by [central authorities](#) and [political actors](#).

## Dutch media

While the problem of medical deserts and access to health-related issues are gaining attention in the Dutch media as well as on a societal level, AHEAD was not reported in any Dutch media.

## Thank you to our allies and supporters

As partners of the AHEAD project, we extensively collaborated with like-minded allies and experts over the two years during which the project took place. We are extremely grateful for the expertise, dedication, support and advice they provided to us. The AHEAD project could not have become what it eventually became without your guidance.

- Health Workforce Projects Cluster.
- Our Advisory Board:



Diederik Aarendonk ([EFPC](#)), Matthias Wismar ([European Observatory](#) for Health Systems and Policy), Caroline Costongs ([EuroHealthNet](#)), Anett Ruszanov and George Valiotis ([EHMA](#)), Mira Dasic ([SEEHN](#)), and Jim Buchan (Independent expert, UK).

- World Health Organization – Regional office for Europe.
- The numerous participants of the project, the informants, health workers, patients, researchers, local policy makers, health facility managers, and many more who have given us their time and knowledge for this project.



**Co-funded by the Health  
Programme of the  
European Union**

**The content of this deliverable 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.**