

AHEAD



ACTION FOR HEALTH AND EQUITY
ADDRESSING MEDICAL DESERTS



Tackling medical deserts by improving attraction and recruitment of health workers in rural areas

Stefan Mandić-Rajčević, M.D., Ph.D.

Institute of Social Medicine, Faculty of Medicine, University of Belgrade

Health Laboratory, Media Education Centre, Belgrade, Serbia

AHEAD – Action for Health and Equity Addressing Medical Deserts

stefan.mandic-rajcevic@med.bg.ac.rs

Outline

- AHEAD project and methods
- Dimensions of medical desertification
- Healthcare needs (in medical deserts)
- Needs of healthcare workers in medical deserts
- Policy options for tackling medical deserts





- 1 Investigate
- 2 Define
- 3 Validate

*Medical deserts imply the inability of a given population (and / or a population group) to access health services, or the state of isolation when it comes to receiving health services, based on three categories of quantitative and qualitative barriers: **physical**, **social** and **policy-related**, interrelated and dependent on each other, in varying degrees and modalities.*

Our definition...

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

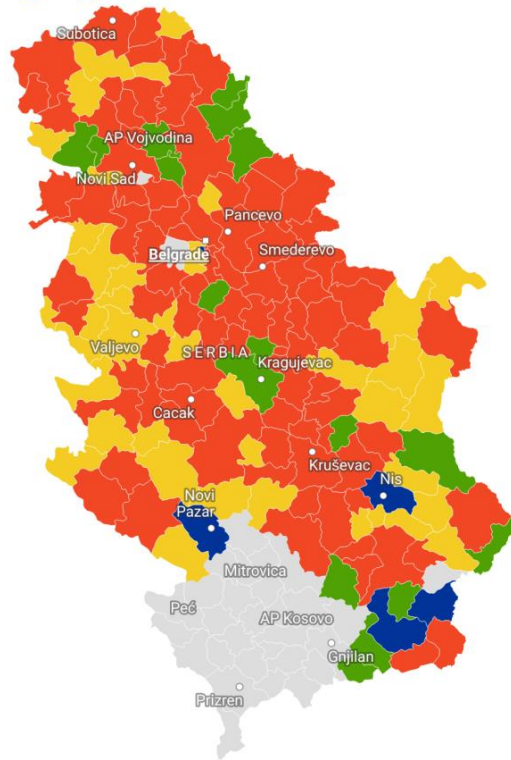


Results (overall image - Serbia)

Number of GPs per 10,000 ADJUSTED population

Number of GPs per 10,000 citizens ADJUSTED population over 20 years old

■ < 2
 ■ 2-4
 ■ 4-6
 ■ ≥ 6



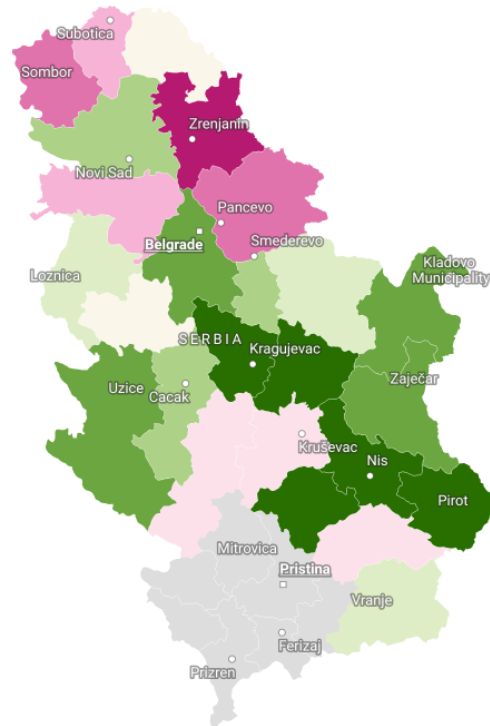
Map: Media Education Centre for AHEAD • Source: Institute of Public Health of Serbia • Created with Datawrapper

Total number of pediatricians per 100,000 population

The map shows the total number of pediatricians, medical doctors specialists per 100,000 population (of age 0-19 years)

Number of pediatricians per 100K population

■ < 70
 ■ 70-80
 ■ 80-90
 ■ 90-100
 ■ 100-110
 ■ 110-120
 ■ 120-130
 ■ 130-150
 ■ ≥ 150



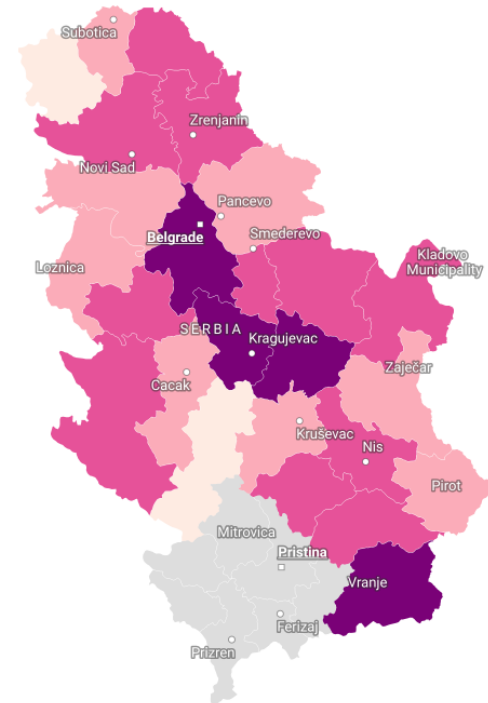
Map: Media Education Centre for AHEAD • Source: Institute of Public Health of Serbia • Created with Datawrapper

Total number of gynecologists per 100,000 female population

The map shows the total number of gynecologists per 100,000 female population (of age 15 years and more) in 2020 across districts in Serbia

Number of Gynecologists per 100,000 female population

■ < 20
 ■ 20-30
 ■ 30-40
 ■ ≥ 40



Map: Media Education Centre for AHEAD • Source: Institute of Public Health of Serbia • Created with Datawrapper

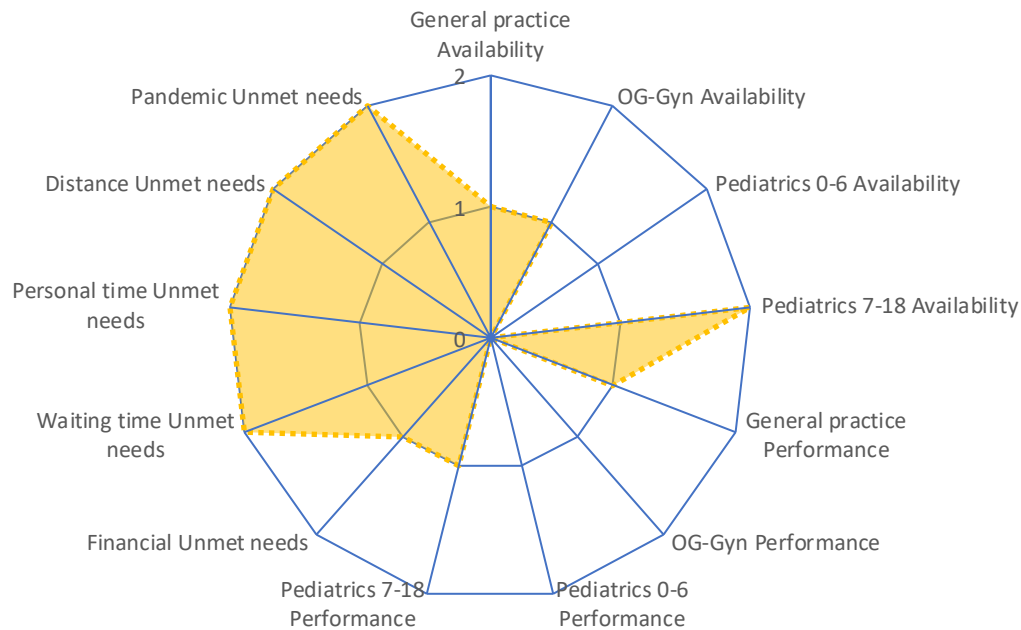
AHEAD



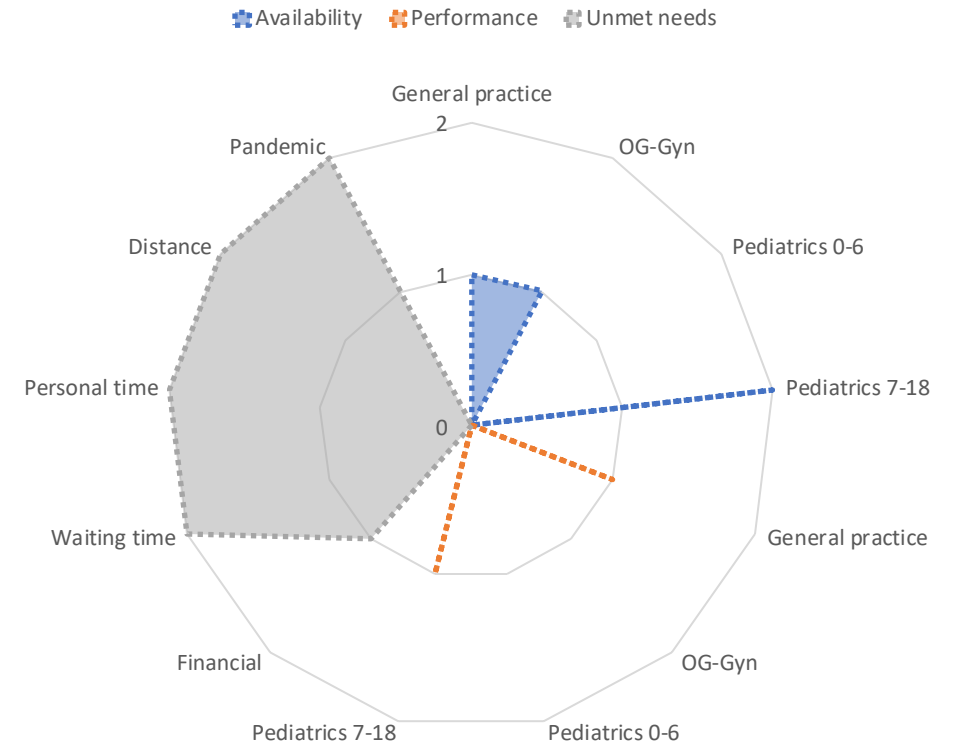
ACTION FOR HEALTH AND EQUITY
ADDRESSING MEDICAL DESERTS

Results (graphical representation - Serbia)

MACVANSKI



MAČVANSKI



AHEAD



ACTION FOR HEALTH AND EQUITY
ADDRESSING MEDICAL DESERTS

Consensus building



1. The social process of obtaining a **general agreement**



2. It does **not** necessarily mean that all stakeholders **have 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**

AHEAD



ACTION FOR HEALTH AND EQUITY
ADDRESSING MEDICAL DESERTS

Policy options for Serbia



Government-level policy options

Implement regulatory acts to combat the development of medical deserts, including:

- **Building supply of competent and motivated health workers in medical deserts – accomplishing social equity in access to healthcare:**
 - ✓ More subsidies and incentives for health workers (benefits and higher salaries) for employment and dual practices in medical deserts.
 - ✓ More jobs for board-certified health workers in medical deserts.
 - ✓ Mandatory health worker practice in medical deserts (e.g. 1-3 months) during fellowship, internship and residency program in medicine.

AHEAD



ACTION FOR HEALTH AND EQUITY
ADDRESSING MEDICAL DESERTS

Policy options for Serbia



Government-level policy options

- Modernization of healthcare delivery in medical deserts – promoting efficiency in healthcare delivery:
 - ✓ Enable contracts for mobile healthcare practices (mobile doctors and diagnostics, mobile nurse and home care, mobile labs, mobile pharmacies, mobile therapy and surgical clinics).

Government- and local-level policy options

- Health worker competency building and assurance - improving healthcare effectiveness:
 - ✓ Assurance that more places for health worker training are closer to the medical deserts.
 - ✓ Developing training curricula for rural health.
 - ✓ Creating health worker professional networks for e-consultation and e-teamwork.
 - ✓ Coaching health worker for telemedicine (e.g. mobile pocket-size ultrasound).

AHEAD



ACTION FOR HEALTH AND EQUITY
ADDRESSING MEDICAL DESERTS

Proposed solutions for medical deserts (*stakeholders at the local level*)

Directed at the stock and skill mix of health workers

- Identify health workforce needs
- Provide up-to-date evidence on health needs of population
- Develop the local information system for monitoring of health workforce flows.
- Participate in health workforce planning and development
- Propose the revised staffing standards for GPs and nurses;
- Recruit more health and care workers;
- Participate in organization of field work of mobile clinics, mobile pharmacies, mobile teams of GPs, and mobile care workers for a few neighborhood settlements ;
- Create various types of incentive packages;

Directed at the supporting working and living environment of health workers

- Invest in digital solutions for professional consultations via video and tablet/mobile phones resources
- Invest in digital solutions for patients consultations via video and tablet/mobile phones resources
- Invest in establishment of more medical training schools closer to the local level for priority services (e.g., health promotion and nursing care);
- Increase the moral and image of local health workers;
- Develop local policies for the migration and mobility of health workforce;

AHEAD



Priorities for Healthcare Workers in Medical Deserts

- 1. Increase earnings and the number of employees in medical deserts**
- 2. Benefits to healthcare professionals for employment in medical deserts**
 - 1. Incentives/support for health and care workers in rural areas regarding their living and working environment**
 - 2. Access to housing, for example, and access to a good, modern, well-equipped (utilities, wifi,...) building for the GP practice (or other care services)**
- 3. Adapt the profile structure to population needs**
- 4. Strengthen home treatment and care services**

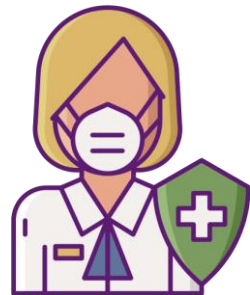
AHEAD



ACTION FOR HEALTH AND EQUITY
ADDRESSING MEDICAL DESERTS

Health professionals, their associations, citizens and their advocacy groups

1. Participate in the **co-creation of policy solutions**
2. **Advocate** the right to health for all
3. Create **further awareness** on the needs of most vulnerable, including populations in medical deserts



AHEAD



ACTION FOR HEALTH AND EQUITY
ADDRESSING MEDICAL DESERTS



Co-funded by
the Health Programme
of the European Union

www.ahead.health

AHEAD



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



@AHEAD_EUProject



<https://www.facebook.com/groups/medicaldeserts/>



<https://www.linkedin.com/groups/12517461/>

Sign up for our **Medical Deserts Network** on our website to
receive updates and learn more about medical deserts

Thank you!

stefan.mandic-rajcevic@med.bg.ac.rs