

# OASES

Promoting evidence-based reforms on medical deserts

Mapping availability, quality, and accessibility of health services for evidence-based solutions

The OASES project

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*Good practice webinar “Enhancing access to health services in rural areas”*

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## About OASES



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of the European Union

### “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*

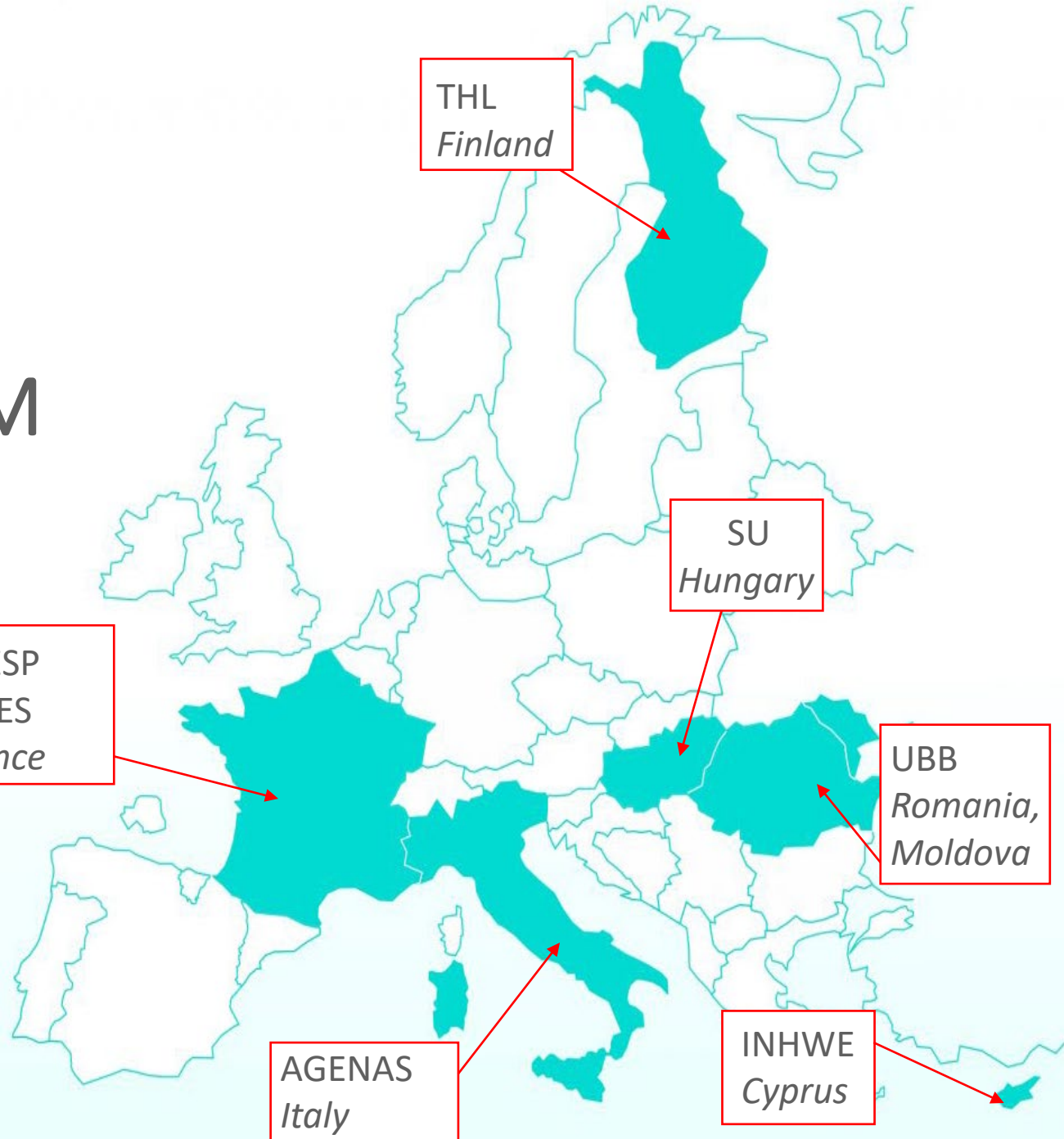
THL  
*Finland*

SU  
*Hungary*

UBB  
*Romania,  
Moldova*

AGENAS  
*Italy*

INHWE  
*Cyprus*



# A broader interpretation of medical deserts: the case of Italy

**BROADER  
DEFINITION OF  
«MEDICAL  
DESERTS»**

**Any situation in  
which criticalities  
arise in the meeting  
of health needs,  
demand and supply  
of health care**

**Not only the simple  
'lack' of health  
workforce in a  
geographical area,  
but also those  
situations where  
services have poor  
quality or specific  
subgroups of the  
population are not  
able to have access to  
health care**

# The three dimensions of “effective coverage”

Starting from the WHO framework, first developed for the concept of “effective coverage”, we summarize the relevant aspects in the form of **three questions** concerning the provision of services in the face of the health needs expressed by a specific population:

**1**

**AVAILABILITY - *Are there services?***

**2**

**QUALITY – *If so, do they work?***

**3**

**ACCESSIBILITY – *If they work... do they work in the same way for everyone ?***

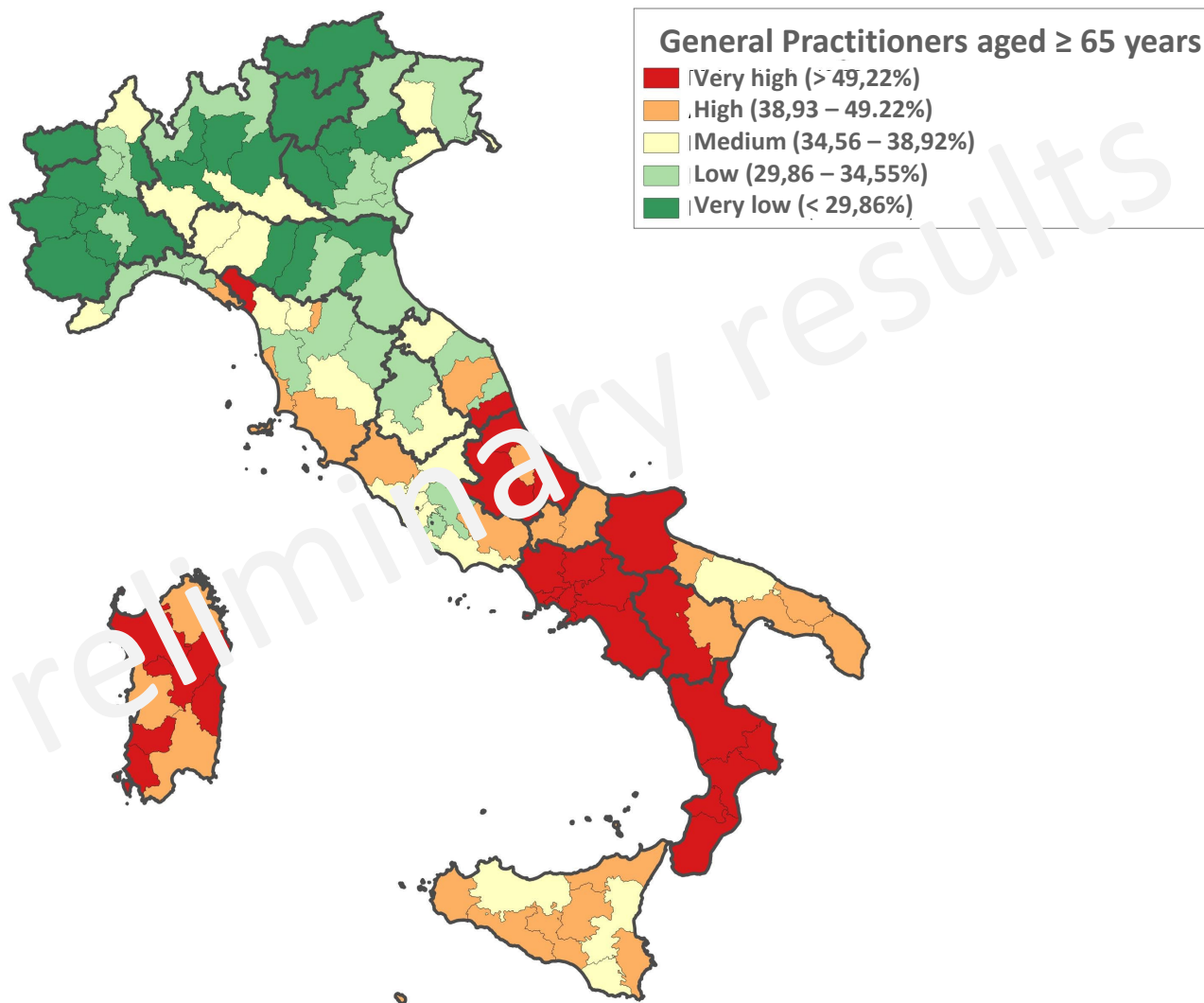
# A conceptual matrix for analysis

	AVAILABILITY	QUALITY	ACCESSIBILITY
TERRITORY (supply in a given area)	<p><b>Presence</b></p> <p><i>Are there health services/professionals? What are their characteristics?</i></p>	<p><b>Performance</b></p> <p><i>Do they achieve adequate levels of quality in the production function?</i></p>	<p><b>Usability</b></p> <p><i>Are they easy to reach/use for a wide range of patients?</i></p>
POPULATION (supply in relation to health demand)	<p><b>Coverage</b></p> <p><i>Are they tailored to what is needed?</i></p>	<p><b>Protection</b></p> <p><i>Do they ensure health protection to the resident population?</i></p>	<p><b>Equity</b></p> <p><i>Do they guarantee equality in access to treatment and outcomes?</i></p>

# Presence – an example

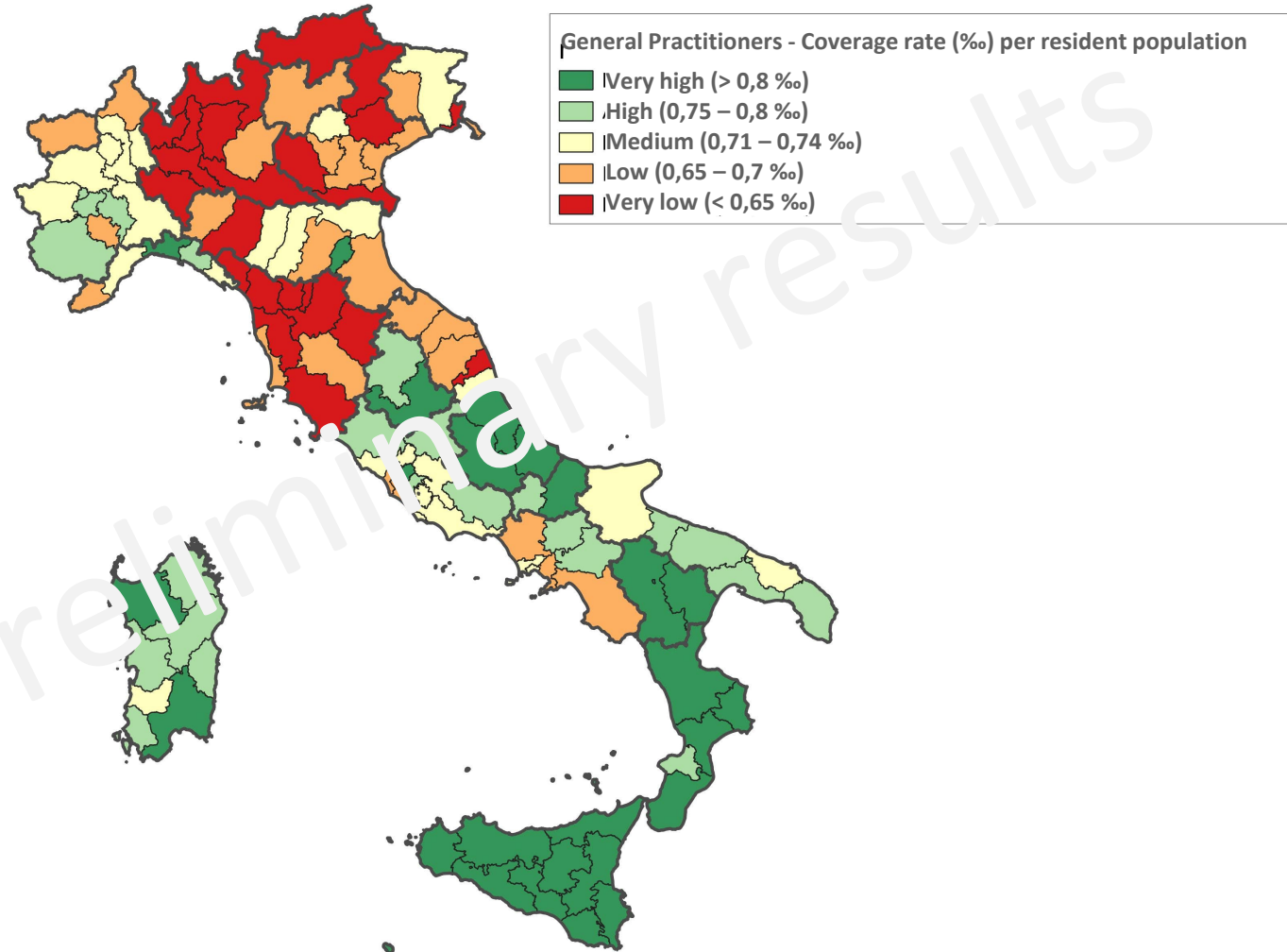
Percentage of  
General  
Practitioners  
aged  $\geq 65$  years

Italy - 2023



# Coverage – an example

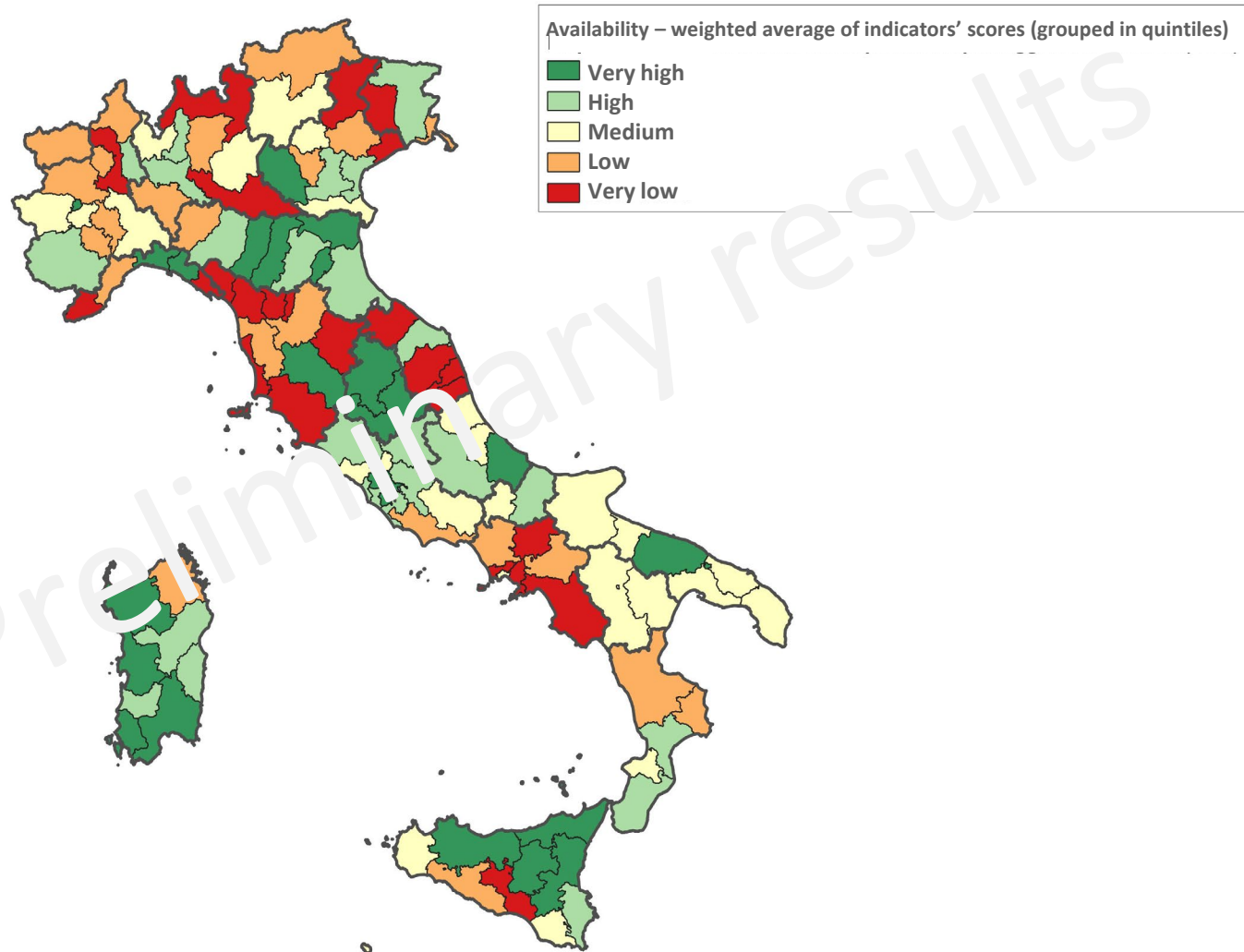
General Practitioners - Coverage rate per 1,000 inhabitants  
Italy - 2023





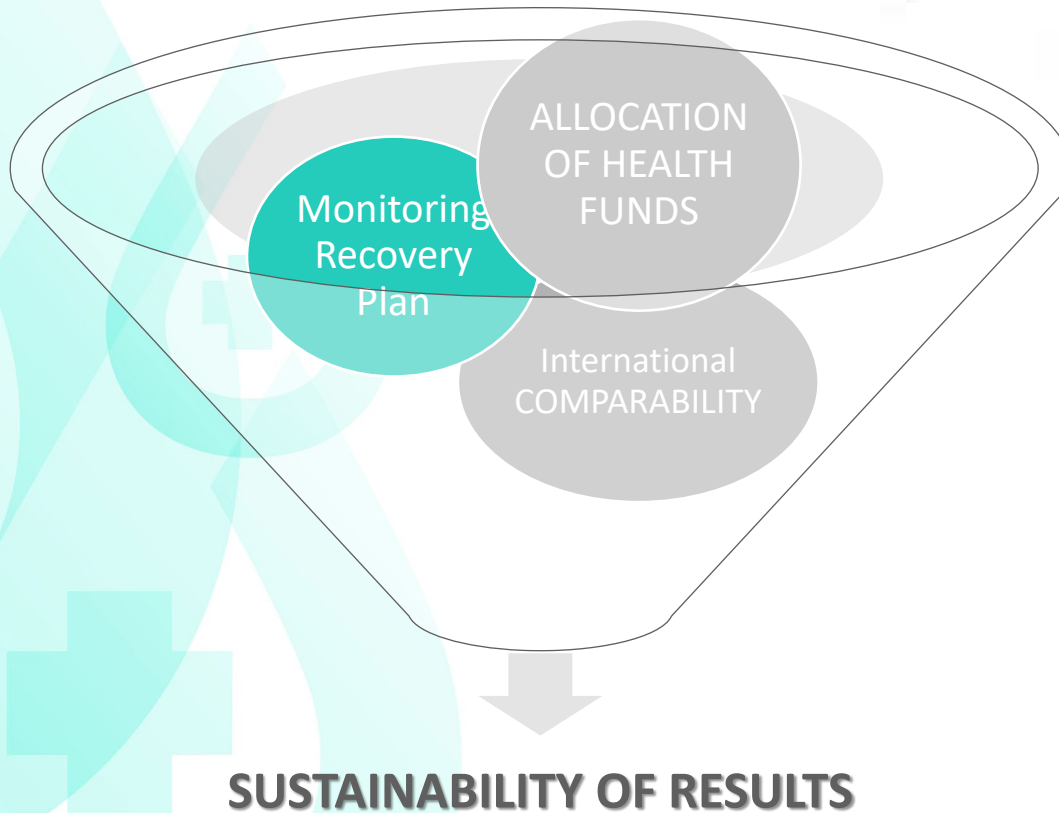
# Availability – an example

Availability –  
composite score  
(grouped in  
quintiles)  
Italy – 2023



Preliminary results

# Perspectives



# Thank you for your attention!

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