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POSTER ABSTRACT

Consensus Building Method as a participatory tool of health decision making to counteract medical desertification in Europe.

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Medical deserts can be described as isolated or depopulated areas with significant falling numbers of medical practitioners and overall health workforce shortages. The project 'Action for Health and Equity: Addressing medical Deserts' (AHEAD) aims to reduce health inequalities by addressing the phenomenon of medical desertification in European context. AHEAD is a consortium of partners from civil society organizations and academic institutions from five countries: Italy, Moldova, the Netherlands, Romania and Serbia. A single stakeholder cannot solve the problem of medical desertification and thus it requires a complex participatory decision making process involving a wide range of stakeholders. AHEAD developed and applied a participatory decision making methodology called consensus building, to address this challenge.

We deployed the methodology with the aim of obtaining a general agreement among stakeholders on policy options to counteract and prevent medical deserts in local communities. Our definition of consensus does not necessarily mean that all stakeholders have to agree with each other in every aspect. We created a democratic space where stakeholders could agree to disagree and focus on coming to a consensus on policy options that are contextually relevant and feasible to implement. This methodology is rooted in the idea of equality, quality, legitimacy and acceptability where the policy options are co-created, locally relevant, have increased trust, confidence and are thus more likely to be accepted and implemented.

Our consensus building methodology is deployed in three phases in all countries. First, we undertook the activities with homogenous stakeholders from three groups: community members, patient organizations, health providers, health worker organizations, health insurers and local decision makers. The homogenous sessions identify policy options and select representatives for multi-stakeholder sessions to come to consensus on most pressing and feasible policy options, in the second phase. Finally, the representatives of the multistakeholder session meet national level policy makers and experts to come to consensus on most important or appropriate policy options. These sessions are structured in a way to clarify issues, opening out the discussion by exploring stakeholders' lived experiences, exploring ideas to counteract medical desertification and coming together to find common ground.

The deployment of this methodology as a participatory decision making process helped us democratise and make the process more effective for policy making, by the involvement of a wide range of stakeholders. This methodology acted as an intervention in empowering the vulnerable groups who otherwise do not have a voice in the process. It also proved to be a win-win process

for both the affected community and the policy makers. The community members get an opportunity to share their concerns and suggest the most feasible and effective policy options to counteract medical desert in their locality. Consequentially, the policy makers get valuable inputs from a wide range of stakeholders including people with lived experiences. The policy options generated through our consensus building methodology will be used to initiate a national policy dialogue in all five countries to bring policy change to counteract medical desert.