



OASES

Promoting evidence-based reforms on medical deserts

D3.3 Final Evaluation Report

29/02/2024



D3.3
Final Evaluation Report

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1. Executive summary

Supported by the European Health and Digital Executive Agency (HaDEA), OASES project aimed to represent a source of knowledge in European medical deserts, reinforcing the capacity of health authorities of EU Member States to reform their health systems and address all the important aspects to successfully tackle the challenges that the medical desert is posing, with specific regard to actions focusing on skill mix, task shifting, use of e-health and IT systems, recruitment and retention management and policies, in order to guarantee universal coverage also in rural and underserved areas.

In the context of OASES, the WP3 team was responsible for presenting an evaluation strategy defining, pursuing and achieving the objectives of project evaluation of the adopted initial assessment, the identified implementation phases, and the impact that followed. As a result, the D3.1 Evaluation Plan was designed to conduct the evaluation of project inputs, activities, outputs and outcomes as and when they emerge.

In the D3.2 Interim Evaluation report, we acknowledged how the early evaluation activities were successful in fostering collaboration between members of the established consortium of partnering organisations, the project coordinators, and those outside the project team, such as Policy Board members, funding authorities, and colleagues across the Health Workforce Projects Cluster of the EU Health Policy Platform.

With the end of project work approaching, this D3.3 Final Evaluation report is meant to provide a detailed analysis of all project management activities put in place in the M1-M36 period, and to assess whether each of the process indicators and objectives are met. Moreover, and beyond the basic evaluative goal, our action also aimed to identify and circulate good practices underlying effective conduct among the consortium members, ensure that all partners could understand the data and information that are required for internal evaluation, according to a shared timeline, and that they were active in sharing insights into the expected outcomes of the project.

2. Introduction

The term medical desert refers to several situations or areas where people have difficulties to access care, including not only geographical areas in which there is a lack of services or poor quality of assistance, but also those situations in which subgroups of the population struggle to access health programs or services, due to their socio-economic conditions or to any other factor that acts as a systematic barrier to healthcare utilisation.

The OASES (prOmoting evidence-bASed rEformS) project is an EU-funded project under the 3rd Health Programme aiming to represent a source of knowledge in European medical deserts, reinforcing the capacity of health authorities of EU Member States to reform their health systems and address all the important aspects to successfully tackle the challenges that the medical desert is posing, with specific regard to actions focusing on skill mix, task shifting, use of e-health and IT systems, recruitment and retention management and policies, in order to guarantee universal coverage also in rural and underserved areas.

As well as for any EU funded initiative, the evaluation of inputs, activities, outputs, outcomes and expected impact is critical to the success and sustainability of OASES. The objective of this paper (D3.3 Final Evaluation Report) is to assess the efficiency, effectiveness, relevance, and sustainability of the project's implementation in relation to its overall objectives and expected results as defined in the project proposal and, more particularly, to document the actual and expected results as defined in the D3.1 Evaluation Plan.

2.1 Structure of the document

This report is organised as follows:

Section 3 describes the subjects of the evaluation.

Section 4 describes the evaluation tools.

Section 5 presents the project objectives and achievements.

Section 6 describes the evaluation findings.

Section 7 summarises the main conclusions of the writing.

3. Subject of the Evaluation

The D3.1 Evaluation Plan was intended to evaluate the quality of the OASES project and to ensure the outputs are effective, innovative, and fit for purpose. The evaluation process was divided into three key actions areas: initial assessment, implementation analysis and impact evaluation. Five sub-actions were developed accordingly:

- A. Initial assessment: project inputs
- B. Implementation analysis: project activities, outputs
- C. Impact evaluation: project outcomes, impact

These 5 key task areas form the main subjects of the evaluation strategy which also included a review of activities undertaken by each Work Package. A detailed description of the subjects of the evaluation can be found in the D3.1 Evaluation Plan and a summary of each package is provided in the next section of this chapter.

3.1 Introduction to WP1

Work Package 1 (project coordination) was the day-to-day management of tasks, roles, and responsibilities within the project consortium, informing partners about who's in charge for each deliverable, who is supporting the action and by which deadlines. In this role, AGE.NA.S. oversaw the handling of several administrative tasks, provided guidance on how to achieve goals, and scheduled both internal and public meetings throughout the project life span. A detailed description of the objectives of WP1 can be found in the D3.2 Interim Evaluation Report.

The main WP1 tasks can be summarised as: Consortium Operating Procedures Definition & Quality Assurance; Coordination of the project and day-to-day Management; Consortium Meetings; Ethical and Legal Management. A detailed description of each task can be found in the D3.2 Interim Evaluation Report.

3.2 Introduction to WP2

The Work Package number 2 on dissemination aimed to target and engage stakeholders and to ensure interactive dialogue to increase the impact of the project through active communication channels including the project website, the mailing list, and the newsletters. The monitoring and analysis of channels throughout the whole project was part of the tasks assigned to the evaluation package (WP3).

The main WP2 tasks can be summarised as leaflet and logo creation, website design and maintenance, planning of dissemination strategies and reports, identifying communication channels and platforms, support the organisation of dissemination events. Among others,

webinars and virtual presentations were identified as dissemination tools for presenting project findings and engage with targeted audience.

3.3 Introduction to WP3

The Work Package number 3 is responsible for evaluating the project in terms of quantity and quality of both inputs and outputs to achieve a high impact through both internal and external consultation during the project life cycle and management process. The main WP3 tasks can be summarised as the preparatory work for delivering the D3.1 evaluation plan and the interim and final evaluation reports. A detailed description of each can be found in the D3.1 Evaluation Plan.

3.4 Introduction to WP4

The main aim of Work Package number 4 focussing on the adopted methodology was to provide the consortium with an instrument for measuring accessibility to medical services in different areas with different socioeconomic profiles of the population. The WP4 deliverables are described as per the D4.1 spatial access measure tool package to measure accessibility to healthcare services, the D4.2 report on a scenario building exercise based on data available for each participating region, and the D4.3 analysis of output results to assess consistency and reliability of results obtained.

3.5 Introduction to WP5

The Work Package number 5 on data analysis and project sustainability was responsible for providing an overview of the state of art of medical desertification in Europe, together with an analysis of both the antecedents and the outcomes of the phenomenon, with the objective of supporting Work Package 6 in their analysis of the outcomes of the pilot studies in terms of sustainability and transferability of suggested measures to mitigate desertification.

3.6 Introduction to WP6

The Work Package number 6 was responsible for achieving three general objectives aiming at identifying approaches for the implementation of pilot studies, assessing causes of medical desertification and possible mitigation strategies, and to develop a framework for piloting the 7 countries of OASES. Direct tasks included taking care of the development of such framework, the selection of national stakeholders, and the actual delivery of seven pilot studies.

4. Milestones and Tools

In line with the evaluation objective, the conduction of tasks within Work Package number 3 started from assessing the preparatory work and early activities implemented in the first half of OASES, followed by a review of all delivered outputs, and the evaluation of both the expected outcomes and the long-term effects of the project over time.

While doing so, the prime scope of the D3.2 internal evaluation report was to assess the effectiveness and timeliness of all management and coordination activities put in place by the WP1 leaders from the beginning of OASES to-day. Similarly, this final, comprehensive document is meant to evaluate if and how set indicators and objectives are met for each project output, and to generate hypotheses about why the project did or did not have a positive impact as aimed.

4.1 Feedback collection for interim (MS11) and final evaluation (MS13)

In the context of OASES project, all actions related to project management, ethical and legal management, and the analysis of research methods are included in the general assets subject to project evaluation. The objective of MS11 was to gather information regarding how and in what ways the coordinators were able to manage both internal processes and project work, and to assess the quality and effectiveness of these actions.

MS11 together with MS10 (Quality Board) have been preparatory to the delivery of the D3.2 Interim Evaluation Report, in which the results obtained from the above-mentioned analysis complete the evaluation of the coordination work carried out by the project leads to provide technical, scientific, financial, and administrative management and support to the consortium partners throughout the first year of the action.

Feedback provided for the completion of MS11 include evidence of the following tasks:

- Project Hub set up and management
- Action Plan and Time Sheets management
- Internal Communication management
- MS1 Kick-Off meeting
- D1.1 Project Guide
- Policy Board launch and management
- Organisation of 25 Internal Meetings between M1 and M18

Similarly, milestone number 13 expanded the evaluative scope to include all delivered outputs and the expected long-term effects of completing OASES according to plan. Between M19 and M36, the following actions were covered in the peer review work for internal evaluation:

- Project Milestones and Deliverables
- Impact interviews, partnering organisations
- Impact interviews, targeted stakeholders

4.2 Stakeholders' Analysis to identify interested parties and experts

To support WP2 and to ensure that the adopted tools would operate effectively, a stakeholder analysis of relevant members of the INHWE network took place early in the project to allow for targeted dissemination and evaluation activities. The analysis has identified actors with an interest in, or the ability to influence, developments in research on medical deserts in the health care sector at a local and national level.

This was particularly beneficial to the achievement of WP1 tasks of creating and facilitating opportunities for dissemination of the project's goals and aims, e.g. through the Europe-wide conferences of the Health Workforce Projects Cluster of the EU Health Policy Platform focussing on policy recommendations. In addition, the analysis of key stakeholders among the members of the WP3 leader INHWE has provided a basis for gathering input from outside the project, for example by facilitating the participation of experts in the Quality Board. Other groups have been targeted for direct, customised e-mail communication in preparation of the main dissemination events and in conjunction with online surveys for feedback collection and impact analysis.

4.3 Evaluation Surveys

Within the M1-M18 period, each member of the OASES initiative was asked to contribute to the creation and maintenance of communication channels so that the proposed D3.1 Evaluation Plan could apply in full. To collect feedback and monitor progress, several rounds of both internal and external surveys were planned. The results of each questionnaire were collected and stored in a database for analysis and translation into spreadsheet tables shared with the project coordinator AGE.NA.S. and all partners.

In the early stage of OASES, with the aim of drawing attention to the upcoming data gathering and piloting exercises, feedback collection was beneficial to evaluate target audiences' familiarity with the OASES initiative, their perception of the adopted communication and dissemination channels, their frequency of use, and the user-friendliness and layout of platforms (e.g. before and after launching the project website).

Surveys were also used for evaluating the perceived quality of meetings and events promoted by OASES project between M1 and M18. Questions ranged from whether the material sent

prior to the meeting had adequately prepared the audience to participate in the discussion, to general satisfaction with the online format. The following meetings were evaluated, and their outcomes can be found in the D3.2 Interim Evaluation report:

- Internal Meetings
- Kick-Off Meeting
- Policy Board Meetings
- Quality Board Meetings
- Webinar Events

Within the M19-M36 period the WP3 evaluation work focussed on the delivery of project's outputs primarily, together with efforts made by each consortium member in supporting the achievement of common evaluative goals and relevant milestones. The analysis of evaluative findings is further outlined in section 5 of this report.

4.4 Quality Board (MS10)

In the early stage of OASES, WP3 has established a Quality Board to review project activities and management, featuring a representative of external stakeholders to provide feedback on project quality through peer review of the adopted methodologies for data gathering and research. Moreover, the Quality Board is one of the components of the project's management structure. Throughout the project's life span it also oversaw the general project management and ethical and legal management.

The board met every 12 months approximately in conjunction with the meetings of the Policy Board to review evaluation work and the project's outputs. Minutes were taken and managed by INHWE, and feedback was shared among the project teams. A summary of the Quality Board related proceedings can be found In Annex.

The first meeting of the Quality Board took place virtually, online on Tuesday 5th October 2021. After the welcome of the project coordinator, two milestones of WP3 were presented (the MS9 proposed evaluation strategy to be divided into three key actions areas and the MS10) followed by Q&A and discussion around any issues raised.

The second meeting of the Quality Board took place on Monday 27th February 2023. The aims of D3.1 were presented as to describe the evaluation strategy, its core activities, and actors, as well as the tools in use to set out key future actions which include approaching groups of target audiences. Those of D3.2 as to provide interim evaluation of all management activities put in place until M18, to assess the process and methodology adopted, and the quality and relevance of the achieved milestones and completed tasks.

The third and last meeting of the Quality Board took place on Friday 9th February 2024 to collect feedback on the expected project outcomes in the lights of two interviews conducted with key targeted stakeholders on the impact of OASES in addressing the ongoing medical

desertification in the EU. Issues with the need for standardized data collection methods and terminology to facilitate cross-country comparisons and enhance the project's impact were also discussed during Q&A.

4.5 Impact Interviews with Stakeholders to Assess Outcomes of the Project (MS12)

One of the prime aim of OASES is to inform and influence target groups that have been identified as stakeholders. To do so, an assessment of the perceived utility of the project's outcomes was made in conjunction with the analysis of causes (of desertification) and the identification of possible counter measures according to territorial specificities. Similarly, an evaluation of the consensus building exercises took place for assessing their perception that OASES can improve the capacity of national and local authorities to measure and solve the medical desert challenges.

5. Project's goals and objectives

The objectives of OASES project were established at two levels:

1. the overall project and
2. the pilots' implementation.

In this section, the use summary tables show the objectives established at the beginning of the initiative, including a column for those achieved within the reporting period (namely "Final Results"). At the pilot studies level, each pilot study implementer defined its own action plan, based on the directions received from WP6 within the Framework for Pilot Studies and the Pilot Studies Implementation Guidelines. To better define their plans, they received a template aiming to collect information regarding the scope of the OASES pilot studies planned from October 2022 to November 2023. The information contained in the template was then discussed during a WP6 workshop on 4th October in Cluj Napoca (Romania).

Within the template, those dimensions were considered:

- Scope of the pilot study;
- Management of the action – working team;
- Major benefit expected;
- Pilot study timetable - the main steps of the pilot study and for each step the estimated timing considering the proposed steps and timing by the WP6 framework;
- Activities out of scope - unplanned activities that could anyway benefit from the implementation on medical desertification.

Objectives were defined by implementers during their pilot studies, and further refined through the involvement of the stakeholders. The pilot studies that were implemented are described in the Reports on pilot studies (D6.3).

5.1 Objective 1

| Specific Objective ID | Specific Objective title and description | |
|---|--|--|
| 1 | To support and to reinforce the capacity of some EU Member States with different degrees of maturity to implement initiatives and policies to face the challenges of the medical desertification. | |
| Process Indicator(s) | Target value | Final Results |
| Number of pilot studies delivered | 7 pilot studies | 7 pilot studies |
| Action plans implemented including measurement of the medical desertification, consensus building exercise, sustainability and scale-up plan | 7 European countries involved | 7 European countries involved |
| Output Indicator(s) | Target value | Final results |
| Increased capacity to identify medical desert situations and related solutions | 7 settings | 7 settings |
| Consensus building exercise at small-scale (subnational level) | 4 settings | 2 settings |
| Consensus building exercise at large-scale (national level) | 3 settings | 6 settings |
| Outcome/Impact Indicator(s) | Target value | Final results |
| Population of the area/regions in which the measurement method (at elementary, intermediate and advanced level) is applied by the pilot studies | 150 million people living in area/regions measured by the elementary method 20 million people living in area/regions measured by the intermediate /advanced method | 89 858 040 people living in area measured by the elementary method. 64 658 762 people living in area measured by the intermediate method. |

5.2 Objective 2

| Specific Objective ID | Specific Objective title and description | |
|---|--|--|
| 2 | To raise awareness of EU Member States on the issue of medical desert and on the possible and feasible solutions. | |
| Process Indicator(s) | Target value | Final Results |
| Number of EU Member States competent authorities (Ministry of Health) partner in OASES and represented in the EU online wide Conferences | 6 | 6 |
| Number of EU Member States competent authorities (Ministry of Health) not participating in OASES and represented in the EU online wide Conferences | 15 | 15 |
| Number of DG Sante and HADEA representatives attending the EU online wide conferences | 1 | 21 |
| Number of participants for each webinar | 20 | 44; 56; 63 |
| Number of EU Member States represented in each webinar | 8 | 12; 8; 20 |
| Output Indicator(s) | Target value | Final results |
| Number of EU online wide conferences organized | 2 | 2 |
| Number of webinars organized | 5 | 5 |
| A layman report on the OASES results | 1 | 1 |
| Outcome/Impact Indicator(s) | Target value | Final results |
| Level of perception that OASES will improve the capacity of national and local authorities to measure the medical desertification in their country/region and select the most appropriate solutions. Indicator: number of positive responses out the total number of responses to the final evaluation carried out by WP3 | 80% | 0% disagree 25% neither agree nor disagree 35% agree 40% strongly agree |

5.3 Objective 3

| Specific Objective ID | Specific Objective title and description | | |
|--|---|--------------|--|
| 3 | To collaborate in creating and enlarging a network of stakeholders including policy makers, healthcare experts, academia, health workforce experts and /or general public. | | |
| Process Indicator(s) | | Target value | Final Results |
| Number of meetings with stakeholders at national or subnational level | | Min 21 | 42 |
| Number of presentations at scientific and policy discussion events | | Min 21 | 21 |
| Number newsletter | | 6 | 6 |
| Number of websites | | 1 | 1 |
| Output Indicator(s) | | Target value | Final results |
| Estimated audience of OASES communication channels | | 1000 people | 33900 people |
| Outcome/Impact Indicator(s) | | Target value | Final results |
| Level of perception that OASES guidelines and results have impact in policy setting. Indicator: number of positive responses out the total number of responses to the final evaluation carried out by WP3. | | 80% | 0% disagree 15% neither agree nor disagree 45% agree 40% strongly agree |

5.4 Objective 4

| Specific Objective ID | Specific Objective title and description | |
|---|--|---|
| 4 | To deliver a specific, adaptable and flexible methodology to measure the various dimensions of the medical desert phenomenon in several Countries of the European Region (EU and not EU), at national and subnational level. | |
| Process Indicator(s) | Target value | Final Results |
| Sensitivity analysis (impact evaluation) on the 3 level of parameters set (elementary, intermediate, advanced) implemented | Yes | Yes |
| Output Indicator(s) | Target value | Final results |
| Report on a Scenario Building exercise: according to data availability (health services resources statistical data, road network, public transit specification...), several scenarios of accessibility will be suggested, measured at three levels: elementary, intermediate and advanced. | Yes | Yes |
| Outcome/Impact Indicator(s) | Target value | Final results |
| Perceived utility by end users of the measurement methodology to better qualify medical desert but also to calibrate the answer to medical desert according to territorial specificities. Indicator: number of positive responses out the total number of responses to the final evaluation carried out by WP3. | 80% | 10% disagree 25% neither agree nor disagree 45% agree 20% strongly agree |

5.5 Objective 5

| Specific Objective ID | Specific Objective title and description | |
|--|--|--|
| 5 | To improve and sustain the implementing countries in achieving consensus among relevant stakeholders (at national or subnational level) on the most effective and feasible solutions to the medical desertification. | |
| Process Indicator(s) | Target value | Final Results |
| Number of analysis of medical desert performed in pilot sites | 7 | 7 |
| Number of action plans establishing specific objectives regarding medical desert set by implementers | 7 | 7 |
| Output Indicator(s) | Target value | Final results |
| Number of reports of pilot studies completed with description of results achieved by the consensus building exercises | 7 | 7 |
| Outcome/Impact Indicator(s) | Target value | Final results |
| Perceived efficacy by end users of the consensus building exercise to change the health care system and solve the medical desert challenges. Indicator: number of positive responses out the total number of responses to the final evaluation carried out by WP3. | 80% | 0% disagree 25% neither agree nor disagree 35% agree 40% strongly agree |

5.6 Objective 6

| Specific Objective ID | Specific Objective title and description | |
|---|--|---|
| 6 | To analyse the medical desert phenomenon (state of art of medical desertification, antecedents, outcomes and ways to mitigate desertification), studying published and grey literature in the implementing countries and collecting information and data from EU Members States representatives. | |
| Process Indicator(s) | Target value | Final Results |
| Number of studies reviewed | Min 30 | 77 |
| Number of data collection templates filled in on medical desertification in EU Member States | Min 20 | 20 |
| Output Indicator(s) | Target value | Final results |
| Framework for the data collection | Yes | Yes |
| Report of the state of art of desertification in Europe and ways to mitigate desertification | Yes | Yes |
| Outcome/Impact Indicator(s) | Target value | Final results |
| Improved awareness by EU Member States of the antecedents, outcomes and ways to mitigate desertification. Indicator: number of positive responses out the total number of responses to the final evaluation carried out by WP3. | 80% | Perceived quantity of available data (Low/Fair/Good/Excellent): Fair Perceived quality of available data: Fair Effectiveness of adopted research tools in Investigating the antecedents: Fair Enabling a comparison of differences: Fair Conducting a literature review: Good Quantity of data collected through literature review: Good Quality of data collected: Good Ability of project partners to provide inputs on the sustainability factors: Good |

5.7 Objective 7

| Specific Objective ID | Specific Objective title and description | | |
|--|--|--------------|---------------|
| 7 | To perform a systematic appraisal of the quality of the pilot process, understanding, evaluating and reporting the experience of executors in heterogeneous pilot sites. | | |
| Process Indicator(s) | | Target value | Final Results |
| Scope definition, situation analysis and PDSA cycle performed in pilot sites | | 7 | 7 |
| Output Indicator(s) | | Target value | Final results |
| Internal Evaluation Report | | 1 | 1 |
| External Consultation Report | | 1 | 1 |
| Outcome/Impact Indicator(s) | | Target value | Final results |
| Reports on pilot studies' execution | | 7 | 7 |

5.8 Objective 8

| Specific Objective ID | Specific Objective title and description | | |
|--|---|---|--|
| 8 | Quality, compliance and usefulness | | |
| Process Indicator(s) | Target value | Final Results | |
| % surveys completed. Indicator: number of responses received out the total number of questionnaires sent to evaluate the quality, compliance and usefulness of the project | 60% | 100% completed surveys | |
| Output Indicator(s) | Target value | Final results | |
| Satisfaction with the project progress. Indicator: number of positive responses out the total number of responses to the interim evaluation carried out by WP3. | 80% | 100% positive responses (understanding of the phenomenon and the adopted method for identifying medical deserts). | |
| Outcome/Impact Indicator(s) | Target value | Final results | |
| % stakeholders consider Project useful. Indicator: number of positive responses out the total number of responses to the final evaluation carried out by WP3. | 90% | 3% disagree 7% neither agree nor disagree 45% agree 45% strongly agree | |

6. Evaluation Findings

For each of the main WP activities and tasks described in chapter 3, the main findings are listed in this section. Detailed evidence of completed tasks is provided in the Annex, together with examples of evaluative work conducted in preparation of this deliverable.

6.1 Evaluation of Project Management

Work Package 1 (project coordination) was designed as the day-to-day management of tasks, roles and responsibilities within the project consortium, informing partners about who's in charge for each deliverable, who's supporting the action and by which deadlines. In this role, AGE.NA.S. handled administrative tasks for the consortium to keep the project running smoothly, providing guidance on how to achieve goals, and taking care of scheduling internal and public meetings throughout the project life span.

T1.1: Consortium Operating Procedures Definition & Quality Assurance

Most of the operating procedures and quality assurance measures are included in the Project Guide (D1.1 Project Guide) delivered by the WP1 leader AGE.NA.S. in the early stage of OASES. The guide was produced independently and within the prescribed time limit. In terms of content, it provides a comprehensive overview of the different areas of intervention, the tools in place and the objectives to be achieved.

Within the M1-M18 period, the implementation of WP1 tasks did accomplish all the main objectives in that all the intended outputs were produced, with no exception, as reported in the project deliverable D3.2. No significant delays occurred because of inefficiencies in project administration. No other sort of weaknesses has affected the effectiveness of the action.

T1.2: Coordination of the project and Day-To-Day Management

From an evaluative point of view, the number and quality of actions implemented by the leader of WP1 AGE.NA.S. for the coordination and practical management of the project appear to be relevant and effective, even greater in quantitative terms than in a standard scenario considering the large number of coordination meetings ran to facilitate cooperation among partners in conjunction with the delivery of outputs and peer reviewing tasks.

For instance, a total of 25 coordination meetings (virtual, online format) were held between M1 and M18 which has ensured frequent exchanges of information between partners and conspicuously reduced the risk of misunderstandings and delays in the production of project outputs. We also got to see how the WP1 leader AGE.NA.S. has allocated time and resources to one-to-one meetings with one or more project partner(s), e.g. for milestones planning and completion.

Furthermore, in the second half of the OASES initiative, the consortium met 31 times for coordinating the delivery of project's outputs and the planning of the dissemination events scheduled for the final phase of the action. The frequency of opportunities for internal, peer review led by the coordinators was also beneficial in supporting the production of timesheets, sharing responsibility with the partnering organisations, through the practice of monitoring and reviewing tasks for each member of the project team.

The role of the Policy Board was also enhanced in this regard. Three meetings of the Policy Board took place during OASES project, mainly focussing on project sustainability and its impact after the completion of planned activities. To do so, detailed concept papers and questionnaires were developed and then used before and after each meeting and the overview of collected feedback and provided inputs can be found in the Annex.

T1.3: Consortium Meetings

Kick-Off Meeting: The official start of OASES Project took place virtually, online on 25 March 2021 from 10:30 to 17:00, with the morning session being led by representatives of the funding authorities which have presented the operational and financial aspects of the grant management, followed by an overview of each WP.

Policy Board Meetings: The first meeting of the OASES Policy Board took place virtually, online on 23 September 2021. The second and third meetings took place on 1 March 2023 and 16 January 2024 respectively.

Consortium meetings: a physical interim consortium meeting, with the participation of the HaDEA project officer, took place in Cluj-Napoca (Romania) on 4 October 2022. A final consortium meeting took place online on 22 February 2024, with the participation of the HaDEA project officer and an EC representative. Those meetings, which are additional to the usual biweekly coordination ones and bilateral/trilateral meetings occasionally organised when needed, took place at crucial moments of the projects to ensure that it was being properly carried out, to take stock of what was done and to provide relevant guidelines.

Inter-projects virtual meetings: Periodic meetings took place within the context of the Health Workforce Project Cluster of the EU Health Policy Platform between OASES coordinators, representatives of other health workforce projects, HaDEA and EC representatives. The official launch of the Health Workforce Project Cluster (including OASES) took place virtually, online on 20 September 2021 on the Webex platform of the EU Health Policy Platform. A mid-term dissemination event took place on 29 March 2022, focussing on needed actions the fight against health inequalities through the improvement and implementation of national policies for the retention of health workers.

Conferences: The first EU wide conference run by the OASES team took place virtually, online on 10 December 2021 with the aim of describing the medical desert phenomenon using specific indicators. To do so, the WP1 leader AGE.NA.S. together with other WP leaders have identified and invited experts in the field from some of the other actions that are co-funded by the 3rd Health Programme of the EU. On Friday 26 January 2024, the second EU wide

conference, also counting as the Final Conference of the OASES project, took place online, within the context of the Health Workforce Projects Cluster of the EU Health Policy Platform, and was an occasion to present and discuss project's findings and the proposed policy recommendations to mitigate the ongoing desertification phenomenon.

T1.4, T1.5: Ethical and Legal Management

At the time of writing the D3.2 report, there was no evidence of any actions or initiatives taken by the WP1 leader AGE.NA.S. to counter the risk of deviance or divergence in terms of either ethical or legal management of OASES project. Eventually, in conjunction with the project's mid-term (M18), one of the partnering organisations, the NPHA, has decided to quit the OASES consortium due to emerging issues with its internal management of the allocated budget. As coordinators, AGE.NA.S. took care of the Grant Agreement amendment procedure required for the termination of a beneficiary participation and submitted it to HaDEA.

To do so, consortium members were asked to evaluate a proposed amendment of the budget, and a redistribution of the original amounts occurred following written voting procedure as per the Consortium Agreement. It was required that 2/3 of the beneficiaries participate to the voting for it to be valid (one vote per beneficiary), and the amendment needed majority of votes for approval, although consensus should be sought. In the event of a tied vote, the coordinator had an additional vote. Affiliated entities (e.g. IRDES) had no voting rights.

The risk of a beneficiary leaving the consortium was already foreseen in table "WT5 Critical Implementation risks and mitigation actions" (risk no. 6) of the Grant Agreement, hence the consequent risk-mitigation measures were put in place, in agreement with HaDEA. The agreement reached within the consortium was that another beneficiary, i.e. UBB, would take over NPHA tasks planned for the second half of the project, namely the pilot study in Moldova, and would hire NPHA personnel to carry it out.

The adopted criterion for the redistribution of funds was to shift NPHA's WP 6 person months and budget to UBB, along with an amount to cover possible travel costs of Moldovan personnel. The NPHA budget and person months relating to WP 1, 2 and 3 were equally redistributed among all partners. The additional person months of work needed to reach the target values were affected by the difference in personnel costs within each partnering organisation.

During M24, when asked to evaluate how is the expenditure appropriate and in line with both the proposed activities and the current stage of project implementation, no issues were reported by the coordinators with regards to budget distribution. Similarly, when asked to report any variation from administrative perspective, and whether these were adequately justified, the coordinators reported a change of the project manager responsible for the day-to-day monitoring of OASES. Because the member of staff who replaced the previous manager had been working on the project since the first steps of project draft, no issues were reported on organisational, ethical sides.

6.2 Evaluation of Project Communication

Effective communication and dissemination are crucial for the success of any project, especially EU-funded initiatives like OASES. This section aims to analyse and describe the results of a survey conducted among the OASES consortium members, a representative of the Policy Board and targeted stakeholders regarding their usage and perception of various communication channels and tools implemented under the WP2 on project dissemination and communication.

More specifically, each partner has completed a short questionnaire asking standardised questions on the contents and usability of platforms and providing a small number of response categories, together with open-ended questions aiming to collect narrative responses too e.g. "please comment on any aspect which you feel is particularly good or which we can improve before launching the website?". To collect feedback that is slightly more expansive than a simple close-ended question, but that is much easier to quantify than a completely open-ended response, the survey looked at platforms for which participants rated their level of familiarity and satisfaction.

Survey Overview

The survey gathered responses on the utilisation and effectiveness of communication channels such as websites, webinars, social media, newsletters, and engagement with OASES communication tools. Additionally, respondents were asked to rate their experience with the OASES website, their perception of information relevance, and their interaction with online events and digital content. Moreover, respondents provided feedback and suggestions for improvement. The analysis of responses can be summarised as follows:

Utilisation of Communication Channels

Website: Consortium members and policy board members frequently utilised the OASES website for information, whereas targeted stakeholders reported occasional usage. This suggested that the website needed enhancements for external engagement. Responses regarding the website's architecture, content clarity, and usability were generally positive among respondents, suggesting successful website design and easy navigation.

Webinars: Consortium members and policy board members showed moderate to frequent engagement with webinars, while targeted stakeholders engaged occasionally. This indicated a need for more engaging contents to increase stakeholder participation.

Social media: With consortium members being moderately engaged with social media, there was an opportunity to improve the social media presence to reach a wider audience as suggested by WP2 colleagues. The creation of new content such as short videos and interviews certainly helped to increase interest around the project goals and get acquainted with the organisations and people that are part of the consortium.

Newsletters, Emails and Project Info: Both consortium members and Policy Board members frequently engaged with the project's newsletter, whereas stakeholders reported occasional engagement. Most respondents found emails and project information provided by members of the OASES consortium to be relevant, indicating a preference for the latter.

Respondents generally agreed that attending OASES online events was relevant, indicating the effectiveness of event planning and content curation. Pre-event information was deemed appropriate by most respondents, reflecting well-planned communication strategies. Re-watching videos and digital content was found useful by the majority, highlighting the importance of accessible and informative digital resources.

Recommendations and Feedback: Open ended comments and recommendations for improvement included enhancing website interactivity, increasing cooperation between research projects, and emphasising collaboration within the EU Cluster.

Overall, the survey analysis provided valuable insights into the use of communication channels and tools implemented under WP2 of the OASES project. While most channels showed efficacy, opportunities were identified to enhance stakeholder engagement through social media, webinars, and targeted contents. Additionally, feedback and recommendations from respondents offered valuable guidance for refining the project's communication strategy to maximise impact and reach across diverse stakeholders.

As we evaluate the project's deliverables, the results obtained both in terms of participation in dissemination activities and the level of expectation and interest in the project results suggest an overall success of WP2 activities. The creation of new content such as short videos and interviews certainly helped to increase interest around the project goals and get acquainted with the organisations and people that are part of the consortium. Similarly, the analysis of expectations within the stakeholder groups conducted in the early stages of the project was effective to correct any critical issues and direct the dissemination tools toward more productive use and wider outreach.

Lastly, the efforts made by the coordinators and project partners in reaching out to wider, diversified audiences, and the use of a stakeholders' analysis among members of the INHWE network has led to increasing numbers of registrants and attendees in the dissemination events throughout the lifespan of OASES.

6.3 Evaluation of Inputs

The Work Package number 4 (WP4) was responsible for developing methodologies, tools, and practices to measure healthcare accessibility across European countries. The evaluation of inputs within WP4 aimed to assess the perceived quality of the project's methodology, primarily through internal peer review and self-assessment under the monitoring of the Quality Board.

The use of internal surveys for the evaluation of inputs and the analysis of available relevant project deliverables and milestones revealed challenges related to data availability, research question formulation, and timeliness in data gathering. However, strong support from project coordinators and partners, along with effective methodologies, ensured that the project made significant progress in achieving its objectives. Eventually some of the findings from this evaluation contributed to open discussion around refining methodologies and improving data gathering processes in future project activities. In details:

Research Problems: The internal survey highlighted a lack of evidence and data on the topic of medical desertification at the international level before data collection. However, the project coordinator provided excellent support in defining clear research problems for data gathering.

Research Questions: The effectiveness of research questions in reflecting the research problem and identifying the target audience for data collection was rated as good to excellent. However, some challenges were noted, such as missing information on where to find data and the need for relevant technical expertise.

Data Gathering: Project partners demonstrated varying levels of timeliness in completing research surveys. Despite these challenges, the understandability of the identified research problem and questions was rated as good to excellent.

Deliverables: WP4 deliverables were assessed as being in line with the broad objective of organising data gathering, providing a framework for data analysis, and drawing conclusions about the collected research data. No significant variations from the original plan were noted.

6.4 Evaluation of Activities

In the D3.1 evaluation plan, project activities are defined as actions taken or work performed through which inputs such as funds, information, and other types of resources are mobilised to produce specific outputs.

Half-way through project completion, the coordinators were asked to review and self-evaluate internal governance, management, coherence between work program and ongoing activities, coordination efforts, and finances of the project. The use of an internal survey provided insights into how well the project was managed, coordinated, and funded to achieve its objectives. In details:

Management: Overall, the project was rated as functioning excellently from administrative, organisational, and ethical perspectives. Despite a change in project manager, the transition was smooth due to continuity within the team.

Coherence between Work Programme and Ongoing Activities: Project deliverables were rated as timely, high-quality, and aligned with their aims and objectives. No significant variations from the original plan were reported in this regard.

Coordination: Both project partners and the funding authority were perceived to provide excellent support for coordination tasks, such as problem-solving and monitoring. The overall experience as coordinator was rated as excellent, indicating satisfaction with the level of support received.

Finance: Expenditure was considered appropriate and in line with the project proposal, as well as the current stage of project implementation. Variations from the original plan, such as the departure of a consortium partner, were adequately justified through budget review.

The OASES project demonstrated strong management, coordination, and financial oversight, as evidenced by the survey results. Despite challenges such as personnel changes and partner departures, the project-maintained coherence with its objectives and received excellent support from both partners and the funding authority. Moving forward, addressing any missing resources identified would have further fostered coordination and teamwork within the project. Overall, the survey reflected a well-managed and effectively coordinated effort towards achieving the set objectives.

6.5 Evaluation of Outputs

Evaluation of the outputs such as delivered reports of data analysis was described as critically important and the prime objective of the internal peer review process leading up to milestone completion. Having reached the final stage of the project, it was possible to inquire members of WP5 and WP6 teams about their perceived quality and quantity of data collected and the subsequent use in the delivery of project's outputs.

The main findings from two internal surveys can be summarised as: overall, despite challenges such as data availability and clarity of research problems, the produced outputs reflected the efforts in analysing the ongoing medical desertification and providing valuable insights for mitigation strategies. Outputs of piloting and consensus-building exercises demonstrated a strong commitment to addressing medical desertification through well-executed studies, effective stakeholder engagement, and the delivery of comprehensive recommendations for mitigation strategies.

The internal survey on outputs for WP5 aimed to also evaluate project sustainability concerning medical desertification in Europe. It encompassed assessments on research data, tools, data gathering processes, and the alignment of deliverables with project objectives. As a result, delivered outputs were highly rated for aligning with the project aim of analysing the antecedents and determinants of medical desertification. Adjustments to the sustainability analysis toolkit were noted, contributing to the overall effectiveness of the outputs.

The quantity and quality of evidence and data for analysing medical desertification in Europe were generally rated as fair. However, there were noted shortcomings in quantitative data availability and fragmented information across countries. The support from project coordinators and partners was rated as good, although there were concerns about the clarity of research problems. The perceived effectiveness of research tools in investigating the antecedents of medical desertification and conducting literature reviews received mixed ratings, with some aspects rated as good while others were rated fair. Challenges included incomplete data and reliance on qualitative sources.

The timeliness of project partners in completing tasks and the quantity and quality of data collected through literature reviews were generally rated as good. However, further inputs on sustainability factors were awaited at the time of self-assessment.

Concerning the evaluation of the WP6-related set of outputs, the project partners' ability to collect and utilise data from pilot studies was rated as excellent, reflecting satisfactory quantity and quality of data. Despite initial challenges due to the novelty of the topic, the results were ultimately satisfactory.

Also, the effectiveness of the adopted methodology and project partners' ability to identify and engage with target audiences were rated as good to excellent, indicating successful pilot studies and stakeholder engagement. The project partners' timeliness in completing research tasks and the quantity and quality of data collected through consensus-building exercises

were rated as good to excellent. Consensus-building exercises were instrumental in gathering valuable insights from stakeholders.

In general, WP6 deliverables were evaluated as aligned with project objectives, effectively presenting pilot studies and providing recommendations to mitigate medical deserts. No significant deviations from the original plan were noted.

6.6 Evaluation of Outcomes

For achieving the WP3 milestone 12 an assessment of the perceived utility of the project's outcomes was made in conjunction with the analysis of causes of desertification and the identification of possible counter measures according to territorial specificities. Similarly, an evaluation of the WP6-led consensus building exercises took place for assessing their perception that OASES can improve the capacity of national and local authorities to measure and solve the medical desert challenges.

The evaluative work resulted in the interviews and the findings that emerged from the analysis of the consensus surveys are summarised below. An overview of collected feedback can be found in the Annex.

Impact Interviews with Stakeholders to Assess Outcomes of the Project (MS12)

The outcomes of the OASES project, which aimed to address medical deserts in seven European countries, were reviewed and commented by targeted stakeholders. The recommendations proposed in the project have garnered widespread support and agreement among the public, indicating a shared understanding of the challenges posed by medical deserts and the need for coordinated action.

Across the countries examined - Cyprus, Finland, France, Hungary, Italy, Romania, and Moldova - common themes have emerged, highlighting the consensus on the multifaceted nature of the issue and the necessity for comprehensive strategies. From the emphasis on education and workforce training in Finland to the implementation of contractual conditions and financial incentives in Moldova, each country's recommendations reflect a recognition of the complexity of the problem and the diverse solutions required.

Importantly, it has been acknowledged by stakeholders that these recommendations possess a horizontal quality, extending their relevance beyond individual countries to encompass broader applicability across Europe. This recognition underscores a collective commitment to collaboration and knowledge sharing in addressing healthcare disparities.

Furthermore, the importance of stakeholder engagement and the development of robust policy frameworks has been emphasised, ensuring the sustainability of the proposed actions. The interviewed stakeholders have also noted that to build resilient and sustainable healthcare systems prioritising equitable access to quality care for all, fostering partnerships is crucial. This entails not only collaboration between local authorities but also between national and international entities, maximising engagement with healthcare professionals and communities across borders.

In conclusion, the recommendations put forth by the OASES project offer valuable insights and actionable strategies for addressing medical deserts in Europe. The stakeholders have also stressed the importance of supporting the implementation of these recommendations at both the national and regional levels, indicating their recognition of the significance in shaping a healthier future for all Europeans.

External Survey Overview

A dedicated survey gathered responses on the perceived effectiveness of project outputs in informing and influencing target groups identified as stakeholders. This assessment involved analysing stakeholders' perceptions of the project's utility, particularly concerning the analysis of causes and identification of countermeasures for medical desertification, as well as the evaluation of their level of perception that OASES could improve the capacity of national and local authorities to measure the medical desertification in their country.

The analysis of survey results provided valuable insights into the effectiveness of the OASES project's outcomes in informing and influencing target groups. The findings indicated that engagement activities effectively raised awareness, facilitated understanding, and inspired confidence in the project's ability to address medical desert challenges. The desire for continued engagement underscored the importance of ongoing collaboration and dialogue to address complex healthcare challenges effectively. In details:

A significant portion of respondents had not been approached for participation in similar activities before OASES, highlighting the novelty of engagement for many. However, some did consider themselves stakeholders in the study of medical deserts prior to OASES, indicating prior awareness or involvement in related issues. Respondents generally found the information provided prior to the consensus-building meeting sufficient to understand the project's aims, objectives, and the adopted measurement methodology for identifying and quantifying the risk of medical desertification within their country/region. This indicates effective communication of project details to stakeholders. Likewise, participation in project activities led to changes in their perception of medical deserts and increased their understanding of the medical desert phenomenon and the role of health workforce in identifying interventions. This suggests that engagement activities effectively raised awareness and knowledge among stakeholders.

Evaluation of Consensus-Building Activities: Stakeholders found the proposed set of questions effective in identifying countermeasures and solutions to medical desertification risks within their country/region. Additionally, participation in consensus-building activities was perceived as a good use of time by the vast majority of interviewed.

Respondents believed that OASES could improve the capacity of national/regional authorities to assess the risk of medical deserts and could lead to the formation of a learning community within their country/region. This indicates confidence in the project's long-term, cumulative effects on the needed change in policies tackling desertification. Most respondents expressed a desire to keep giving and receiving feedback on the medical desert phenomenon in the future, emphasising the importance of ongoing collaboration and dialogue.

Internal Survey Overview

In addition to consultation with external audience, an impact assessment survey was provided to consortium members to gauge the effectiveness of the project's outcomes, particularly focusing on the consensus-building exercises and stakeholder engagement activities performed in the final phase of OASES.

Findings from the exchange with consortium members provided evidence of successfully raising awareness among participants, engaged targeted groups, and positively influenced perceptions of the ongoing research into tackling medical deserts. Overall, the findings affirmed the project's approach and underscored the importance of collaborative efforts in addressing complex healthcare challenges at the national and regional levels. In details:

Utilisation of Dissemination Material and Data Analysis: Consortium members acknowledged the importance of dissemination material provided by WP2 and data analysis from WP4 in raising stakeholder attention and formulating questions for consensus-building exercises. This highlights the crucial role of these components in facilitating effective engagement and decision-making processes. The analysis of pilot sites conducted by WP6 was perceived as essential in targeting suitable groups of stakeholders at the national/regional level. This indicates that data-driven approaches were instrumental in identifying and engaging relevant stakeholders for consensus-building exercises.

Consortium members reported success in achieving participation and engagement from diverse healthcare professionals and representatives of health information centers, quality institutes, academic research institutes, and statistical offices at the national/regional level. Similarly, engagement with authorities/policymakers was also considered successful, highlighting the broad reach and inclusivity of the consensus-building exercises. The exercises were perceived to have positively impacted both the targeted groups' and consortium members' perception of medical deserts. This suggests that the exercises were effective in fostering understanding and awareness of the challenges associated with medical deserts.

Satisfaction with Outcomes: Consortium members expressed overall satisfaction with the quantity and quality of outcomes generated by the consensus-building exercises. Additionally, the exercises were seen as laying the groundwork for the formation of a learning community beyond the project duration, indicating potential long-term impacts and sustainability.

6.7 Evaluation of Impacts

During M34 and M35 an evaluation of the impacts was conducted to collect information about the measurable changes observed, with a focus on the specific objective of raising awareness on the issue of medical desert by establishing groups of targeted stakeholders sharing interests in the project's results. Among others, the established Policy Board of healthcare workforce experts and representatives from Ministries of Health across EU Member States, played a pivotal role in addressing sustainability and defining core messages for the adoption of evidence-based policy solutions within the OASES project's aims.

Impact Interviews with Zoi-Dorothea Pana and Constantinos Tsioutis

Two separate interviews with Zoi-Dorothea Pana and Constantinos Tsioutis took place on Wednesday 24 January 2024 and Friday 2 February 2024 to further assess the overall impact of the project. Furthermore, the interviews aimed at evaluating the outcomes of OASES in terms of findings and recommendations for policy implementation at both national and EU level. For biographical information see the Annex.

Findings from country reports on pilot studies' execution were discussed, considering the many, diversified insights emerged from each participating country. For instance, Finland's focus on education stood out, indicating a potential resolution of other issues alongside a more advanced educational system. On the other hand, France emphasised an economic perspective, showcasing a series of measures implemented at a national level, particularly in enhancing primary care infrastructure and fostering teamwork among healthcare professionals.

Equity and accessibility to healthcare emerged as common concerns shared not only by France but also by Cyprus. Additionally, e-health was recognised as a pivotal area for development across all participating nations. One notable suggestion made by the stakeholder was the urgent need for a legal framework to accelerate and standardise e-health practices and information exchange.

Hungary's emphasis on primary care clusters highlighted the importance of collaboration within healthcare teams, while Italy stressed the significance of quality standards and network empowerment, promoting the use of telemedicine at a local level. Romania underscored the necessity for specialist doctor programs and increasing residency placements in family medicine, particularly in rural and isolated regions. Furthermore, involving medical personnel in decision-making processes was deemed essential for crafting policies that incentivise professionals to work in underserved areas.

Common suggestions across multiple countries included increased funding for the medical field, digitalisation of healthcare services, and support for underserved populations through education and telemedicine. Moldova's recommendations highlighted the urgency of addressing workforce demands, stress management, and implementing digital solutions post-pandemic.

Overall, the interviewed have recognised the importance of collaborative solutions to address common challenges such as medical deserts. Zoi-Dorothea Pana has emphasised knowledge transfer, networking, and leveraging e-health and telemedicine at both local and transnational levels. The need for safe, efficient, and sustainable health systems was unanimously acknowledged, underscoring the importance of prioritising, and targeting interventions effectively. Moving forward, the interviewed agreed on the significance of identifying both commonalities and differences across local, national, and transnational levels. Prioritising issues and implementing targeted strategies aligned with the shared goals of improving healthcare accessibility, quality, and sustainability. Ultimately, there was consensus on endorsing the recommendations at both national and regional levels, highlighting a unified commitment to impactful change.

7. Conclusions

The final evaluation of OASES concluded that the project has complied with the Grant Agreement, completed the workplan as presented in the project proposal, matched its aims and objectives, achieved its milestones and deliverables until completion. During the M1-M18 period, no significant delays occurred because of inefficiencies in project administration. Within the M19-M36 phase, the project was able to overcome challenges imposed by changes in the composition of the consortium, the agreed reallocation of tasks, and the redistribution of funds that followed negotiations with the funding authority.

Key to the project's success was the maintenance of a critical mass to coordinate the project both substantively and administratively. The collaboration between the coordinators and the funding authorities can be underlined as a best practice that generated positive outcomes for both parties. The number of coordination meetings run and the success in managing internal governance added value to the work conducted by the project management team. All the mid-term technical and financial reports referring to the first half of the project's life span were submitted on time to the funding agency for review.

Alongside meeting its general dissemination objectives, the use of tailored communication strategies and direct approach with representatives of targeted groups proved the project to be effective in fostering awareness and familiarisation with the need for improving knowledge of the medical desert phenomenon. Similarly, the implementation of a solid and reliable dissemination plan, and the continued exchange of knowledge with the Health Workforce Cluster on task shifting and retention policies was successful in maximising outreach and stakeholder engagement.

The assessment of the methodological approach conducted with the WP4 team brought to the conclusion that the measure of accessibility to care is sensitive to the choice of indicators, with specific concern for the scale at which markers are calculated for each area or region. Evaluative finding from the analysis of outputs conducted with the WP5 team was that current statistics do not always support the study of the ongoing desertification adequately, although the available indicators can be effective in capturing some of the characteristics of a country. This emphasises how the precision and accuracy of data are key components of any effective intervention.

Likewise, the evaluation of WP6 outputs stressed the importance of both data quality and the need for effective use of triangulation for addressing the complexities of medical deserts. For the future exploitation of the OASES methodology, the use of multiple approaches in the qualitative research work is likely to develop a better, comprehensive understanding of the phenomenon.



OASES

Promoting evidence-based reforms on medical deserts

ANNEX

D3.3 Final Evaluation Report

28/02/2024



Co-funded by
the Health Programme
of the European Union

ANNEX

D3.3

Final Evaluation Report

| | |
|--|---|
| Project title | prOmoting evidence-bASed rEformS |
| Acronym | OASES |
| Number | 101018341 |
| Call identifier | HP-PJ-2020-2 |
| Topic | PJ-01-2020-2 Support to reforms in health workforce field - Initiatives on medical deserts (Heading 1.2.1.1 of the AWP 2020) |
| Starting date | 01/03/2021 |
| Duration in months | 36 |
| Website | http://www.oasesproject.eu/ |
| Work package | WP3 |
| Lead author | Matteo Vezzosi |
| Contributors | David Smith, |
| Peer reviewers | AGENAS |
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| Dissemination level of this deliverable | Public |

Keywords

Medical desert, medically underserved areas, health workforce

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Figure 7: Consortium Meetings

QB Meeting, Tuesday 5th October 2021



5. What will happen during the first meeting of the OASES Quality Board

The meeting is set for Tuesday 5th October at 13h CEST. After the welcome of the project leader, Paolo Michelutti, two milestones of WP3 will be presented, followed by Q&A and discussion around any issues raised. The above-mentioned milestones are:

- MS9: [Draft Evaluation Plan](#) and the proposed evaluation strategy to be divided into three key actions areas: initial assessment of inputs (Year 1), implementation analysis (of ongoing activities and outputs) and impact evaluation. In year 1, inputs mainly refer to the financial, human, and material resources in use.
- MS10: [Quality Board of External Evaluators established, and meetings scheduled](#). Members of the Board will be asked to share their views on the terms of reference e.g. does the membership design fit the stated purpose of the Board?

6. Agenda for the day

OASES: prOmoting evidence-bASed rEformS

Quality Board Meeting, Tuesday 5th October 2021, 13.00-14.00 CEST

| Time | Item | Speaker |
|-------------|--|------------------|
| 13.00-13.05 | Welcome and introduction (5 minute) | Paolo Michelutti |
| 13.05-13.15 | OASES Quality Board (10 minute) | Matteo Vezzosi |
| 13.15-13.25 | OASES Evaluation Plan (10 minute) | Matteo Vezzosi |
| 13.25-13.55 | Q&A and discussion (30 minute at most) | All participants |
| 13.55-14.00 | Conclusions and next steps (5 minute) | Matteo Vezzosi |

7. Meeting Room

On Tuesday 5th October, a separate email will provide the link for attending the Quality Board meeting.

QB Meeting, Monday 27th February 2023

OASES: prOMoting evidence-bASed rEforms

2nd QUALITY BOARD MEETING

Monday 27th February 2023 at 14h EET (12h in Dublin, 13h in Rome)

Meeting Platform: ZOOM (A link will follow)

Agenda

| | |
|---|---|
| 14:00 EET <i>Matteo Vezzosi INHWE</i> | Welcome and recap 1st Quality Board |
| 14:10 EET <i>Matteo Vezzosi INHWE</i> | D3.1 Evaluation Plan D3.2 Interim Evaluation Report Presentation |
| 14:20 EET <i>Matteo Vezzosi INHWE</i> | Evaluation of Activities (WP1) Project Management, Coordination Tasks, Finances |
| 14:30 EET <i>Matteo Vezzosi INHWE</i> | Evaluation of Inputs (WP4) Research Problems and Questions, Data Gathering |
| 14:40 EET <i>All participants</i> | Q&A and Discussion |
| 14:45 EET <i>Matteo Vezzosi INHWE</i> | Conclusions and next steps |

QB Meeting, Friday 9th February 2024



SECTION B: QUALITY BOARD

5. What is the OASES Quality Board?

The Quality Board (QB) is one of the components of the project's management structure. It sets out to **provide feedback on general project management** and ethical and legal management (WP1) along with the **general research methodology** (all WPs) and **data gathering** (WP4) processes. It provides strategic direction and leadership to ensure that the quality of the project remains high and that the consortium is responsive to feedback about its activities.

6. What will happen during the 3rd and last meeting of the OASES Quality Board?

The QB is set for **Friday 9th February 2024 from 10:00 to 10:30 CET**. Enclosed is the agenda for the meeting (see next page).

7. How can I contribute to the success of the meeting?

Prior to the meeting, QB members are kindly asked to read the following:

- [Minutes of the 2nd meeting](#) (Monday 27th February 2023)

Please note 1: Viewing copies of project material are temporarily available in private mode on the INHWE website. After the QB meeting, these will be removed.

Please note 2: The dissemination level is "Confidential", meaning that neither the documents nor the information contained herein shall be used or communicated by any means to any third party, in whole or parts, except with the prior written consent of the OASES consortium.

8. What will happen after the meeting?

After the meeting, WP3 will circulate the **minutes** among the QB members, the project coordinators and partnering organisation. The minutes are only for the information of the intended recipient and may not be used, published nor made available outside the project consortium.

After the meeting all QB members are also invited to **share their impressions** with the WP3 team which welcomes feedback on everyone's satisfaction with the meeting.

9. Link to the Meeting Room (ZOOM)

Closer to the date, a separate email will provide the **zoom link** for attending the QB meeting. Should you experience any issues, please contact us at matteo.vezzosi@inhwe.org.

Figure 2: OASES Communication

| | | When seeking information about the ongoing activities and results carried out by EU-funded project teams, how likely are you using the following channels? | | | |
|----|------------|--|--------------|--------------|--------------|
| | | Website | Webinars | Social Media | Newsletter |
| 1 | Consortium | Frequently | Frequently | Occasionally | Frequently |
| 2 | Consortium | Occasionally | Frequently | Occasionally | Frequently |
| 3 | Consortium | Frequently | Occasionally | Frequently | Occasionally |
| 4 | Consortium | Occasionally | Frequently | Frequently | Occasionally |
| 5 | Consortium | Frequently | Occasionally | Occasionally | Occasionally |
| 6 | Consortium | Occasionally | Occasionally | Occasionally | Never |
| 7 | PB Member | Occasionally | Frequently | Occasionally | Frequently |
| 8 | PB Member | Occasionally | Occasionally | Occasionally | Frequently |
| 9 | PB Member | Frequently | Occasionally | Occasionally | Frequently |
| 10 | PB Member | Occasionally | Occasionally | Never | Occasionally |
| 11 | PB Member | Occasionally | Occasionally | Occasionally | Occasionally |
| 12 | External | Occasionally | Occasionally | Never | Occasionally |
| 13 | PB Member | Frequently | Frequently | Occasionally | Occasionally |
| 14 | External | Occasionally | Frequently | Frequently | Frequently |

Figure 2: OASES Communication

| | | How often do you engage with the OASES communication tools? | | | |
|----|------------|---|--------------|---------------------|--------------|
| | | Website | Twitter | HWF Project Cluster | Newsletter |
| 1 | Consortium | Occasionally | Frequently | Occasionally | Frequently |
| 2 | Consortium | Occasionally | Never | Never | Frequently |
| 3 | Consortium | Occasionally | Frequently | Occasionally | Occasionally |
| 4 | Consortium | Occasionally | Frequently | Occasionally | Occasionally |
| 5 | Consortium | Occasionally | Never | Never | Frequently |
| 6 | Consortium | Occasionally | Occasionally | Occasionally | Never |
| 7 | PB Member | Occasionally | Occasionally | Occasionally | Frequently |
| 8 | PB Member | Occasionally | Occasionally | Occasionally | Frequently |
| 9 | PB Member | Occasionally | Occasionally | Occasionally | Frequently |
| 10 | PB Member | Occasionally | Never | Occasionally | Occasionally |
| 11 | PB Member | Occasionally | Never | Occasionally | Occasionally |
| 12 | External | Occasionally | Never | Occasionally | Occasionally |
| 13 | PB Member | Occasionally | Never | Never | Occasionally |
| 14 | External | Occasionally | Frequently | Frequently | Frequently |

Figure 2: OASES Communication

| | | Please confirm to what extent do you agree or disagree with the following statements | | Please rate your experience of the OASES website | | |
|----|------------|--|---|--|--|---|
| | | I find the E-MAILS received about the OASES initiative to be relevant | I find the INFO provided by the OASES project team to be relevant | Architecture: how is information organised and presented on the website? | Contents: how would you rate the clarity and appropriateness of available information? | Usability: how would you rate the ease at which you can navigate through the website? |
| 1 | Consortium | Agree | Agree | Good | Good | Good |
| 2 | Consortium | Agree | Agree | Good | Excellent | Excellent |
| 3 | Consortium | Neither Agree nor Disagree | Agree | Fair | Good | Fair |
| 4 | Consortium | Agree | Agree | Excellent | Good | Excellent |
| 5 | Consortium | Agree | Agree | Good | Good | Good |
| 6 | Consortium | Neither Agree nor Disagree | Agree | Fair | Fair | Fair |
| 7 | PB Member | Agree | Agree | Fair | Fair | Fair |
| 8 | PB Member | Agree | Agree | Good | Good | Fair |
| 9 | PB Member | Agree | Agree | Excellent | Excellent | Good |
| 10 | PB Member | Agree | Agree | Good | Good | Good |
| 11 | PB Member | Agree | Agree | Good | Good | Good |
| 12 | External | Agree | Agree | Good | Good | Good |
| 13 | PB Member | Agree | Agree | Good | Good | Good |
| 14 | External | Agree | Agree | Excellent | Excellent | Excellent |

Figure 2: OASES Communication

| | | Please confirm to what extent do you agree or disagree with the following statements | | | Food for thoughts |
|----|------------|--|---|---|---|
| | | I find attending OASES online events to be relevant | I find the information received prior to the webinar / conference to be appropriate | I find it useful and inspiring to (re)watch videos and digital contents | Have you ever recommended anyone to get informed about OASES? |
| 1 | Consortium | Agree | Agree | Neither Agree nor Disagree | Yes |
| 2 | Consortium | Agree | Agree | Agree | Yes |
| 3 | Consortium | Agree | Agree | Agree | No |
| 4 | Consortium | Agree | Agree | Agree | Yes |
| 5 | Consortium | Neither Agree nor Disagree | Agree | Neither Agree nor Disagree | Yes |
| 6 | Consortium | Neither Agree nor Disagree | Neither Agree nor Disagree | Disagree | No |
| 7 | PB Member | Agree | Agree | Agree | Yes |
| 8 | PB Member | Agree | Agree | Agree | Yes |
| 9 | PB Member | Agree | Agree | Agree | Yes |
| 10 | PB Member | Agree | Agree | Agree | Yes |
| 11 | PB Member | Agree | Agree | Agree | Yes |
| 12 | External | Agree | Agree | Agree | No |
| 13 | PB Member | Agree | Agree | Agree | Yes |
| 14 | External | Agree | Agree | Agree | Yes |

06_OASES Int Meeting 4 October 2022

| Serial | Is there anything that we can do to improve our interim meetings in the future? | What is something we should no longer do at meetings? | What is something we should keep on doing at meetings? |
|--------|---|---|---|
| 1 | | | |
| 2 | | | |
| 3 | Since remote participation is allowed (via zoom, teams) we should consider involving a member of the hosting university staff to relieve consortium members of the task of managing the online platform | Nothing in particular | Roundtable for open, internal discussion |
| 4 | I don't find anything important to develop. But one break in the morning session as well as in the afternoon session would be fine | | |
| 5 | It will be great to have a 2 day meeting next time. This will enable us to have more in-depth within the team. | | Have more free-flow discussions on each milestone and deliverable of the OASES project. |
| 6 | | | |
| 7 | Give to the partners a better idea of the content of each presentation to prepare them for the meeting (for example sending the presentations before) | | |
| 8 | Attention to location: convenient (travel Time) | | |
| 9 | | | |
| 10 | | | |
| 11 | Information package about Cluj Napoca (e.g. with maps, public transport connections, and ticket information) would have been useful. | | You should the social dinner session keep on doing (after the meetings) |

Figure 4: OASES Impact Assessment

| Serial | 1. Prior to the consensus building exercise, the dissemination material provided by WP2 was key in raising attention among stakeholders | 2. Prior to the consensus building exercise, the data analysis provided by WP4 was key in formulating questions | 3. Prior to the consensus building exercise, the analysis of pilot sites as regards medical deserts provided by WP6 was key in targeting groups | 4. Among others, the consensus building exercise was successful in achieving participation and engagement from a mixed audience | 5. Among others, the consensus building exercise was successful in engaging with representatives | 6. The consensus building exercise was successful in engaging with a representative of authorities/policy makers |
|--------|---|---|---|---|--|--|
| 1 | 3 | 4 | 4 | No | Yes | Yes |
| 2 | 5 | 5 | 5 | Yes | Yes | Yes |
| 3 | 2 | 2 | 4 | Yes | Yes | Yes |
| 4 | 5 | 5 | 5 | Yes | Yes | Yes |
| 5 | 4 | 4 | 4 | Yes | Yes | Yes |
| 6 | 3 | 3 | 5 | Yes | Yes | Yes |
| 7 | 4 | 3 | 4 | Yes | Yes | Yes |
| Serial | 7. As a result of the consensus building exercise, a change occurred in the targeted group's perception of medical deserts | 8. As a result of the consensus building exercise, a change occurred in your own perception of medical deserts | 9. After completion, the consensus-building exercise implied an update of your pilot site profile | 10. Compared with your aims and objectives, you are satisfied with the quantity of outcomes generated | 11. Compared with your aims and objectives, you are satisfied with the quality of outcomes generated | 12. Among other outcomes, the consensus building exercise set the groundwork for the formation of a learning community |
| 1 | 4 | 5 | No | 4 | 4 | 5 |
| 2 | 5 | 4 | Yes | 5 | 5 | 5 |
| 3 | 5 | 4 | | 5 | 5 | 5 |
| 4 | 5 | 4 | No | 4 | 5 | 2 |
| 5 | 2 | 2 | Yes | 3 | 3 | 4 |
| 6 | 3 | 4 | Yes | 3 | 3 | 4 |
| 7 | 2 | 4 | No | 3 | 4 | 2 |

Figure 5: OASES Impact Assessment Stakeholders (01 to 14)

| Serial | 1. Prior to OASES, had you ever been approached for the purpose of participating in such activities e.g. taking surveys | 2. Prior to OASES, did you consider yourself as a stakeholder in the study of medical deserts | 3. Prior to the consensus building meeting, the information I was provided with was sufficient to understand the project's aims and objectives | 4. Prior to the consensus building meeting, the information I was provided with was sufficient to understand the adopted measurement methodology |
|--------|---|---|--|--|
| 1 | No | No | 2 | 2 |
| 2 | No | No | 4 | 5 |
| 3 | Yes | No | 5 | 4 |
| 4 | No | No | 4 | 1 |
| 5 | No | No | 5 | 5 |
| 6 | No | No | 5 | 5 |
| 7 | No | No | 3 | 3 |
| 8 | No | No | 5 | 5 |
| 9 | No | No | 5 | 4 |
| 10 | Yes | Yes | 5 | 5 |
| 11 | No | Yes | 3 | 3 |
| 12 | Yes | Yes | 3 | 3 |
| 13 | Yes | Yes | 4 | 4 |
| 14 | No | No | 4 | 4 |

Figure 5: OASES Impact Assessment Stakeholders (01 to 14)

| Serial | 5. As a result of my participation in OASES, a change occurred in my own perception of medical deserts | 6. My participation in the consensus building activity has increased my understanding of the medical desert phenomenon | 7. When asked to answer the questionnaire, the proposed set of questions was effective in making me identify counter-measures and solutions | 8. My participation in the consensus building activity has increased my understanding of the role of health workforce in identifying the most suitable interventions |
|--------|--|--|---|--|
| 1 | 4 | 4 | 3 | 4 |
| 2 | 4 | 4 | 4 | 4 |
| 3 | 3 | 4 | 4 | 4 |
| 4 | 5 | 4 | 4 | 4 |
| 5 | 5 | 5 | 5 | 5 |
| 6 | 4 | 5 | 5 | 4 |
| 7 | 3 | 3 | 3 | 3 |
| 8 | 3 | 5 | 5 | 5 |
| 9 | 4 | 5 | 4 | 4 |
| 10 | 2 | 2 | 4 | 4 |
| 11 | 5 | 5 | 5 | 5 |
| 12 | 5 | 5 | 4 | 5 |
| 13 | 4 | 4 | 4 | 4 |
| 14 | 4 | 4 | 3 | 4 |

Figure 5: OASES Impact Assessment Stakeholders (01 to 14)

| Serial | 9. I feel as the OASES initiative can improve the capacity of national/regional authorities to assess the risk of medical desertification | 10. I feel as the OASES initiative can lead to the formation of a learning community within my country/region | 11. I feel as if participating in the consensus building activity was a good use of my time | 12. Keep giving and receiving feedback | 13. Please use this box to either leave a comment, if any, of further elaborate on your previous selections |
|--------|---|---|---|--|---|
| 1 | 4 | 4 | 4 | Yes | |
| 2 | 4 | 3 | 4 | Yes | |
| 3 | 4 | 5 | 5 | Yes | |
| 4 | 4 | 4 | 4 | Yes | excellent study for detecting healthcare deserts. |
| 5 | 5 | 5 | 5 | Yes | |
| 6 | 4 | 5 | 4 | Yes | |
| 7 | 4 | 4 | 4 | Yes | |
| 8 | 5 | 5 | 5 | Yes | |
| 9 | 5 | 5 | 5 | Yes | |
| 10 | 4 | 4 | 4 | Yes | |
| 11 | 5 | 5 | 5 | Yes | |
| 12 | 5 | 5 | 5 | Yes | |
| 13 | 4 | 4 | 4 | Yes | |
| 14 | 3 | 4 | 4 | Yes | |

Figure 5: OASES Impact Assessment Stakeholders (15 to 28)

| Serial | 1. Prior to OASES, had you ever been approached for the purpose of participating in such activities e.g. taking surveys | 2. Prior to OASES, did you consider yourself as a stakeholder in the study of medical deserts | 3. Prior to the consensus building meeting, the information I was provided with was sufficient to understand the project's aims and objectives | 4. Prior to the consensus building meeting, the information I was provided with was sufficient to understand the adopted measurement methodology |
|--------|---|---|--|--|
| 15 | No | No | 3 | 3 |
| 16 | No | Yes | 5 | 5 |
| 17 | Yes | Yes | 5 | 5 |
| 18 | No | No | 2 | 1 |
| 19 | No | No | 5 | 4 |
| 20 | Yes | Yes | 4 | 4 |
| 21 | No | Yes | 4 | 5 |
| 22 | No | Yes | 5 | 5 |
| 23 | Yes | Yes | 5 | 5 |
| 24 | No | Yes | 4 | 4 |
| 25 | Yes | No | 4 | 3 |
| 26 | No | No | 5 | 5 |
| 27 | No | No | 3 | 5 |
| 28 | No | Yes | 2 | 2 |

Figure 5: OASES Impact Assessment Stakeholders (15 to 28)

| Serial | 5. As a result of my participation in OASES, a change occurred in my own perception of medical deserts | 6. My participation in the consensus building activity has increased my understanding of the medical desert phenomenon | 7. When asked to answer the questionnaire, the proposed set of questions was effective in making me identify counter-measures and solutions | 8. My participation in the consensus building activity has increased my understanding of the role of health workforce in identifying the most suitable interventions |
|--------|--|--|---|--|
| 15 | 1 | 2 | 2 | 2 |
| 16 | | 3 | 5 | 5 |
| 17 | 2 | 2 | 2 | 2 |
| 18 | 2 | 4 | 1 | 3 |
| 19 | 3 | 4 | 3 | 4 |
| 20 | 4 | 4 | 4 | 3 |
| 21 | 3 | 3 | 4 | 4 |
| 22 | 4 | 5 | 4 | 5 |
| 23 | 3 | 4 | 4 | 4 |
| 24 | 4 | 5 | 4 | 4 |
| 25 | 5 | 4 | 3 | 4 |
| 26 | 5 | 5 | 4 | 5 |
| 27 | 4 | 4 | 3 | 2 |
| 28 | 2 | 3 | 3 | 3 |

Figure 5: OASES Impact Assessment Stakeholders (15 to 28)

| Serial | 9. I feel as the OASES initiative can improve the capacity of national/regional authorities to assess the risk of medical desertification | 10. I feel as the OASES initiative can lead to the formation of a learning community within my country/region | 11. I feel as if participating in the consensus building activity was a good use of my time | 12. Keep giving and receiving feedback | 13. Please use this box to either leave a comment, if any, of further elaborate on your previous selections |
|--------|---|---|---|--|---|
| 15 | 3 | 3 | 4 | Yes | |
| 16 | 5 | | 5 | Yes | To alleviate medical desertification in the northwest region, the solutions discussed in the project, with the participation of the |
| 17 | 5 | 5 | 3 | Yes | |
| 18 | 5 | 5 | 5 | Yes | |
| 19 | 3 | 3 | 4 | Yes | |
| 20 | 3 | 4 | 4 | Yes | The most valuable change was the understanding the complexity of the medical desert phenomenon in primary care, |
| 21 | 4 | 4 | 5 | Yes | |
| 22 | 5 | 4 | 5 | Yes | |
| 23 | 3 | 4 | 4 | Yes | |
| 24 | 5 | 5 | 5 | Yes | |
| 25 | 4 | 4 | 4 | Yes | |
| 26 | 5 | 5 | 5 | Yes | |
| 27 | 3 | 4 | 2 | No | |
| 28 | 3 | 3 | 3 | Yes | |

Figure 6: Biographical Information

Impact Interviews

[Zoi-Dorothea Pana](#)

EUC School of Medicine

Assistant Professor, Pediatrics, Hospital Epidemiology, Infection Control and Prevention

Zoi-Dorothea Pana is Assistant Professor of Pediatrics, Hospital Epidemiology, Infection Control and Prevention at the School of Medicine of the European University Cyprus (EUC) in Nicosia. She is deputy director of the EUC MEDIC Research Unit; scholar fellow of the HEIC Department, Johns Hopkins Hospital, USA; and scientific advisor of the minister of health, COVID-19 National Consultant Committee, Ministry of Health Cyprus. Zoi Dorothea is a specialist in pediatrics with scholar fellowship training in hospital epidemiology, infection control and prevention, and antimicrobial stewardship at the HEIC Department, Johns Hopkins Hospital. She holds two MSc degrees, one in medical research methodology and statistics (AUTH, GR), and one in nanotechnology, nanosciences, and innovative medicine (AUTH, GR). She holds a PhD in infectious diseases in immunocompromised children (AUTH, GR), and she has received two prestigious awards (the Daikos and ESPID awards), including the 2017 European Pediatric Infectious Diseases Fellowship Award. Since 2007, she has participated as a study coordinator in several European and international clinical studies with emphasis on vulnerable pediatric groups (neonates, children with leukemia) and she is currently member of the ECIL8, ESPID, PENTA, and ECMM European Guidelines Team. She has been a member of several scientific committees and networks (FECMM, PENTA, ESPID, and EPMYn) and is a junior member of the European Society for Pediatric Infectious Diseases Scientific Affairs and Awards Committee.

Figure 6: Biographical Information

Impact Interviews

[Constantinos Tsioutis](#)

EUC School of Medicine

Assistant Professor, Internal Medicine & Infection Prevention and Control

Constantinos Tsioutis is an Internal Medicine specialist with training in infection prevention, infection control and antimicrobial stewardship. He graduated from the Medical School, University of Crete, Greece in 2007 and specialized in Internal Medicine at the University Hospital of Crete (2010-15). He was also trained in Infection Prevention and Control, Applied Epidemiology and Antimicrobial Stewardship at the University Hospital of Crete, the Rollins School of Public Health (Atlanta, GA, USA) and the University Medical Center Groningen, Netherlands. He holds a PhD from the University of Crete (2016) on the clinical epidemiology and control of multidrug resistant bacteria and has participated in several international infection control networks and research projects.

His research interests include the epidemiology, prevention and treatment of healthcare-acquired infections and antibiotic-resistant bacteria, pathophysiology of chronic diseases and management of post-covid patients. He is also peer-reviewer and editor in several journals in the field of infectious diseases. His clinical interests focus on diagnosis and management of infections, management of the complex patient, medical investigations and diagnosis and post-COVID19 management.

He is Assistant Professor of Internal Medicine at the School of Medicine, European University Cyprus, member of the European Committee on Infection Control (EUCIC), Chair of the Cyprus COVID19 Scientific Advisory Committee, and Head of the Scientific Advisory Committee of the Cyprus Federation of Patient Associations. Through his positions, he is engaged in the clinical and professional education of medical students and healthcare professionals. He is also consultant in infection control for various healthcare organizations and works as an internist in the Cyprus National Healthcare System.

Figure 7: Consortium Meetings

| DATE | PARTICIPANTS | ACTIVITIES |
|-------------------|---|--|
| 9 September 2022 | AGENAS: Federica Vitello, Paolo Michelutti, Stella Lanzi, Marcello Cuomo EHESP: absent IRDES: Véronique Lucas, Marie Bonal INHWE: absent SU: Márta Sziklai, Laszlo Galambos THL: Moona Huhtakangas UBB: Monica Brinzac NPHA: Sergiu Otgon | WP 1 WP 2 WP 5 WP 6 |
| 20 September 2022 | AGENAS: Federica Vitello, Paolo Michelutti, Marcello Cuomo EHESP: absent IRDES: Véronique Lucas, Marie Bonal INHWE: Matteo Vezzosi SU: Marta Sziklai, Fruzsina Koder, Laszlo Galambos THL: absent UBB: Monica Brinzac NPHA: Sergiu Otgon | WP 1 WP 2 WP 3 WP 4 |
| 14 October 2022 | AGENAS: Paolo Michelutti, Federica Vitello, Stella Lanzi EHESP: absent IRDES: Véronique Lucas, Marie Bonal INHWE: Matteo Vezzosi SU: Marta Sziklai THL: Timo Sinervo UBB: absent NPHA: Sergiu Otgon | WP 1 WP 2 WP 3 WP 4 WP 5 WP 6 |
| 28 October 2022 | AGENAS: Paolo Michelutti, Federica Vitello, Lisa Baldini SU: Marta Sziklai, Laszlo Galambos INHWE: Matteo Vezzosi, Kyriaki Anastasiou EHESP: absent IRDES: Guillaume Chevillard THL: Timo Sinervo UBB: Monica Georgiana Brinzac NPHA: Sergiu Otgon | WP 1 WP 2 WP 4 WP 5 WP 6 |
| 16 November 2022 | AGENAS: Paolo Michelutti, Federica Vitello, Stella Lanzi SU: Marta Sziklai INHWE: Matteo Vezzosi EHESP: absent IRDES: Cindy Padilla THL: Timo Sinervo UBB: Monica Georgiana Brinzac NPHA: Sergiu Otgon | WP 1 WP 2 WP 3 WP 4 WP 5 WP 6 |
| 25 November 2022 | AGENAS: Federica Vitello, Stella Lanzi EHESP: Cindy Padilla IRDES: Marie Bonal INHWE: Matteo Vezzosi SU: Marta Sziklai THL: Timo Sinervo UBB: Monica Brinzac NPHA: Sergiu Otgon | WP 1 WP 2 WP 4 WP 5 WP 6 |

| | | |
|-------------------------|---|--|
| 16 December 2022 | AGENAS: Federica Vitello, Stella Lanzi, Giacomo Giolo SU: Zoltan Cserhati, Laszlo Galambos, Eszter Kovacs INHWE: Matteo Vezzosi EHESP-IRDES: Marie Bonal, Guillaume Chevillard THL: Timo Sinervo UBB: Monica Brinzac NPHA: Sergiu Otgon | WP 1 WP 2 WP 3 WP 4 WP 5 WP 6 |
| 13 January 2023 | AGENAS: Federica Vitello, Stella Lanzi SU: Zoltan Cserhati, Laszlo Galambos, Marta Sziklai INHWE: Matteo Vezzosi EHESP-IRDES: Marie Bonal, Cindy Padilla THL: Timo Sinervo, Moona Huhtakangas UBB: Monica Georgiana Brinzac NPHA: Sergiu Otgon | WP 1 WP 2 WP 3 WP 5 WP 6 |
| 27 January 2023 | AGENAS: Federica Vitello, Stella Lanzi, Lisa Baldini SU: Szilvia Adam, Marta Sziklai, Laszlo Galambos INHWE: Matteo Vezzosi EHESP-IRDES: Marie Bonal THL: Timo Sinervo, Moona Huhtakangas UBB-NPHA: Monica Brinzac, Liliana Buzdugan | WP 1 WP 2 WP 3 WP 5 WP 6 |
| 10 February 2023 | AGENAS: Federica Vitello, Lisa Baldini SU: László Galambos, Marta Sziklai INHWE: Matteo Vezzosi EHESP-IRDES: Véronique Lucas, Cindy Padilla THL: Timo Sinervo UBB-NPHA: Monica Georgiana Brinzac, Sergiu Otgon | WP 1 WP 2 WP 3 WP 4 WP 5 WP 6 |
| 24 February 2023 | AGENAS: Federica Vitello SU: Szilvia Adam, Marta Sziklai, Laszlo Galambos INHWE: Kyriaki Anastasiou, Matteo Vezzosi EHESP-IRDES: Véronique Lucas, Marie Bonal THL: Timo Sinervo UBB-NPHA: Monica Georgiana Brinzac | WP 1 WP 2 WP 3 WP 4 WP 5 WP 6 |
| 10 March 2023 | AGENAS: Federica Vitello, Stella Lanzi SU: Márta Sziklai, László Galambos INHWE: Matteo Vezzosi EHESP-IRDES: Marie Bonal, Cindy Padilla, Véronique Lucas THL: Moona Huhtakangas UBB-NPHA: Monica Georgiana Brinzac, Sergiu Otgon | WP 1 WP 2 WP 3 WP 4 WP 5 WP 6 |
| 22 March 2023 | AGENAS: Federica Vitello, Stella Lanzi SU: Márta Sziklai, Laszlo Galambos INHWE: Matteo Vezzosi EHESP-IRDES: Marie Bonal, Véronique Lucas THL: Timo Sinervo UBB-NPHA: Monica Brinzac | WP 1 WP 2 WP 4 WP 5 WP 6 |
| 14 April 2023 | AGENAS: Federica Vitello, Stella Lanzi SU: Márta Sziklai, László Galambos INHWE: Matteo Vezzosi EHESP-IRDES: Cindy Padilla, Marie Bonal THL: Timo Sinervo UBB-NPHA: Monica Brinzac, Sergiu Otgon | WP 1 WP 2 WP 5 WP 6 |

| | | |
|--------------------------|---|--|
| 5 May 2023 | AGENAS: Stella Lanzi, Lisa Baldini, Sara Incorvati SU: Márta Sziklai, László Galambos INHWE: Matteo Vezzosi EHESP-IRDES: Véronique Lucas THL: Timo Sinervo UBB-NPHA: Monica Brinzac | WP 1 WP 4 WP 5 WP 6 |
| 25 May 2023 | AGENAS: Stella Lanzi, Federica Vitello SU: Márta Sziklai, László Galambos INHWE: Kyriaki Anastasiou, Matteo Vezzosi EHESP-IRDES: Véronique Lucas THL: Timo Sinervo UBB-NPHA: Monica Brinzac, Sergiu Otgon | WP 1 WP 2 WP 5 WP 6 |
| 9 June 2023 | AGENAS: Federica Vitello, Lisa Baldini SU: Márta Sziklai, László Galambos INHWE: Matteo Vezzosi, Kyriaki Anastasiou EHESP-IRDES: Véronique Lucas THL: Moona Huhtakangas UBB-NPHA: Monica Brinzac, Sergiu Otgon | WP 1 WP 2 WP 5 WP 6 |
| 27 June 2023 | AGENAS: Federica Vitello, Stella Lanzi SU: Márta Sziklai, László Galambos INHWE: absent due to change of coordination meeting date EHESP-IRDES: Marie Bonal THL: Timo Sinervo UBB-NPHA: Monica Brinzac | WP 1 WP 2 WP 5 WP 6 |
| 28 July 2023 | AGENAS: Federica Vitello SU: Marta Sziklai INHWE: Kyriaki Anastasiou, Matteo Vezzosi EHESP-IRDES: Marie Bonal THL: absent UBB-NPHA: Monica Brinzac, Sergiu Otgon | WP 1 WP 2 WP 3 WP 5 WP 6 |
| 25 August 2023 | AGENAS: Federica Vitello, Stella Lanzi SU: Márta Sziklai, László Galambos INHWE: Kyriaki Anastasiou, Matteo Vezzosi EHESP-IRDES: Véronique Lucas THL: Timo Sinervo, Moona Huhtakangas UBB-NPHA: Monica Brinzac | WP 1 WP 2 WP 3 WP 5 WP 6 |
| 8 September 2023 | AGENAS: Federica Vitello, Stella Lanzi SU: Márta Sziklai, László Galambos INHWE: Matteo Vezzosi EHESP-IRDES: Cindy Padilla, Marie Bonal THL: Timo Sinervo, Moona Huhtakangas UBB-NPHA: Sergiu Otgon | WP 1 WP 2 WP 3 WP 5 WP 6 |
| 22 September 2023 | AGENAS: Federica Vitello SU: Márta Sziklai, László Galambos INHWE: Matteo Vezzosi EHESP-IRDES: Cindy Padilla THL: Moona Huhtakangas UBB-NPHA: Monica Brinzac, Sergiu Otgon | WP 1 WP 2 WP 3 WP 4 WP 5 WP 6 |
| 6 October 2023 | AGENAS: Federica Vitello, Stella Lanzi SU: Márta Sziklai, László Galambos INHWE: Matteo Vezzosi | WP 1 WP 2 WP 3 |

| | | |
|-------------------------|--|--|
| | EHESP-IRDES: Marie Bonal THL: Timo Sinervo, Elina Karkkainen UBB-NPHA: Monica Brinzac, Sergiu Otgon | WP 5 WP 6 |
| 20 October 2023 | AGENAS: Federica Vitello, Stella Lanzi, Lisa Baldini SU: Márta Sziklai, László Galambos INHWE: Matteo Vezzosi EHESP-IRDES: Véronique Lucas THL: Timo Sinervo, Elina Karkkainen UBB-NPHA: Monica Brinzac, Sergiu Otgon | WP 1 WP 2 WP 3 WP 5 WP 6 |
| 3 November 2023 | AGENAS: Stella Lanzi, Alessia Carbone, Alessandra Cese, Lisa Baldini SU: László Galambos INHWE: Matteo Vezzosi EHESP-IRDES: Véronique Lucas THL: Timo Sinervo, Elina Karkkainen UBB-NPHA: Monica Brinzac | WP 1 WP 2 WP 3 WP 5 WP 6 |
| 17 November 2023 | AGENAS: Stella Lanzi, Alessia Carbone, Alessandra Cese SU: László Galambos, Szilvia Adam INHWE: Matteo Vezzosi EHESP-IRDES: Marie Bonal THL: Timo Sinervo UBB-NPHA: Monica Brinzac | WP 1 WP 2 WP 3 WP 5 WP 6 |
| 18 December 2023 | AGENAS: Stella Lanzi, Alessia Carbone, Alessandra Cese SU: László Galambos, Márta Sziklai INHWE: absent (excused) EHESP-IRDES: Marie Bonal THL: Timo Sinervo, Elina Kärkkäinen UBB-NPHA: Monica Brinzac, Sergiu Otgon | WP 1 WP 2 WP 5 |
| 12 January 2024 | AGENAS: Stella Lanzi, Alessia Carbone, Alessandra Cese SU: László Galambos, Márta Sziklai INHWE: Matteo Vezzosi EHESP-IRDES: Cindy Padilla THL: Timo Sinervo, Elina Kärkkäinen UBB-NPHA: Monica Brinzac, Sergiu Otgon | WP 1 WP 2 WP 3 WP 4 WP 5 WP 6 |
| 29 January 2024 | AGENAS: Stella Lanzi, Alessia Carbone, Alessandra Cese SU: Márta Sziklai, Laszlo Galambos INHWE: Matteo Vezzosi EHESP-IRDES: Veronique Lucas THL: Timo Sinervo, Elina Kärkkäinen UBB-NPHA: Monica Brinzac, Sergiu Otgon | WP 1 WP 2 WP 3 WP 5 WP 6 |
| 9 February 2024 | AGENAS: Stella Lanzi, Alessia Carbone, Alessandra Cese SU: László Galambos, Marta Sziklai INHWE: Matteo Vezzosi EHESP-IRDES: Véronique Lucas THL: Elina Karkkainen, Timo Sinervo UBB-NPHA: Monica Brinzac, Sergiu Otgon | WP 1 WP 2 WP 3 WP 5 WP 6 |



OASES

Promoting evidence-based reforms on medical deserts

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