INTEGRATED RESPONSE OF HEALTH CARE SYSTEMS TO RAPID POPULATION AGEING III

1 RATIONALE

Health systems are urgently required to respond to the resulting epidemiological shift already observed in a number of developing countries. Policies are not in place and a piecemeal approach only aggravates ineffective and inefficient use of resources. Furthermore, mismanagement and missed opportunities to prevent or to adequately deal with age-related non-communicable diseases impede the control of their incidence, prevalence and complications. Health systems must urgently address the lack of cohesiveness and interconnectedness between services within the health care systems and its users.

2 BACKGROUND - OVERVIEW OF INTRA II

It was against this background that ALC, supported by the Dutch Ministry of Health, Welfare and Sport of the Netherlands, regional and country offices and national research teams, launched the INTRA project in 2001

The aim of the INTRA II project* was to investigate the nature and practice of primary health care service provision in the six added countries plus two of the participating INTRA I countries, from the PHC users and health care providers perspectives'. In specific, it described how i) health care delivery services work or do not work in providing integrated health and social services; ii) explored the need for and impediments to providing "integrated" care from the perspective of three groups of stakeholders - PHC users, health care providers, and policy makers - within the immediate community environment and iii) examined alternatives ways to overcome the impediments to integrate care within the context of the national health care systems.

INTRA II project was implemented in six rapidly ageing developing countries - Ghana, Syria, Shanghai, Suriname, Sri Lanka and Peru and the additional previously studied INTRA I countries, Chile and Thailand. At the INTRA meeting in the Hague, the remaining four INTRA I countries (* Botswana, Lebanon, Korea and Jamaica) joined the eight above - forming the six pairs. The objectives of the meeting were to: i) review the results of both the quantitative and qualitative research, ii) share the collected information and knowledge of which, in combination demonstrated the strengthens and weakness in the PHC sector to delivery coordinated and continued care to older persons; and iii) issue policy recommendations on how to better prepare the PHC to deliver integrated care and social services that would serve the needs of older persons.

* See INTRA II project proposal for more detail description of project as well as INTRA II methodology
** Also participating in INTRA II were two of the INTRA I countries: Chile and Thailand
2.1 LESSONS LEARNED AND RECOMMENDATIONS OF INTRA II

The INTRA results so far reveal that in order for health care delivery systems to better respond to rapid population ageing a clear shift in paradigm from acute care to chronic care is urgently needed. Health promotion and disease prevention in addition to interventions and NCD management (primary, secondary care) must be developed through comprehensive strategies. These strategies require coordination and cooperation from all pertinent sectors (including public, civil, private, social society and welfare), integration of interdisciplinary expertise in primary health care teams, and creation of age-friendly facilities and services at the PHC level.

In particular, the INTRA II results demonstrated that the main health and social needs of 50yr+ from the PHC user's perspective were:

- better preventive care coupled with improving the management of NCDs;
- increasing awareness of NCD and their risk factors through educational materials (such as brochures, posters, and use of electronic media) to facilitate health education and prevention messages to empower elderly people to take a more active role in improving their health and well being;
- training in geriatrics and gerontology for all PHC providers as well as training of family and community members in basic aspects of care for older persons;
- expanding provisions of care to include mental health, psychological support and emergency care services for older persons;
- improved age-friendly environments to encourage "barrier-free"/frequent access and use of health care services;

Health care providers highlighted the need for:

- training health care providers, and care givers on core competencies of elderly care at the PHC level, at home and within the community;
- supervised domiciliary and home based care;
- central role of the PHC as a gatekeeper for health care delivery services for older persons.

3 INTRA III SCOPE

Until now the focus of the INTRA project (I and II) has been on investigating/examining the attitudes and practices of those who attend and provide PHC services. Little is known about older persons who do not use the PHC sector. Whilst it is important to understand the behavior and practice of those accessing and utilizing the PHC, it is equally as important to understand the behavior and practice of older persons NOT accessing and utilizing the PHC, in order to make recommendations to improve it. Examining this group of people will help to:

- describe and understand the real and perceived barriers to access care and subsequently have insight into what alternative forms of care is sought, if any at all; and
✓ by complementing INTRA II data, provide a an additional view of the reality faced by older persons in accessing and utilizing preventive health care services provided in the community.

Therefore, the main focus of INTRA III is the inclusion of non-users of the government regulated primary health care delivery system of the public sector. The inclusion of this group will prompt the investigation of health and non-health seeking behaviors of older persons seeking primary-level care outside the public sector, as well give insight into alternative approaches to seeking primary care.

3.1 OBJECTIVES

The main objective of the INTRA III study is to identify and investigate the health and non-health seeking behaviors and practices on non-users of public PHC delivery services. In specific, the objective are to

i. describe and understand the real and perceived barriers to accessing care and generate insights into what alternative forms of care are sought, if any

ii. complement INTRA II findings by providing an additional aspect of the reality faced by older persons in accessing and utilizing primary health care services provided in the community’

3.2 OUTCOMES

The ultimate goal of INTRA is to make certain that health services delivered through PHC are accessible and responsive to the needs of older person to ensure active and healthy ageing. In view of this goal, data generated from the INTRA III research will assist participating countries in

1. developing evidence-based strategies that will make PHC services of the public sector more appropriate, accessible and responsive to the unmet needs of the current nonusers of the government-provided health services

2. formulating country specific, regional and global recommendations for a comprehensive policy on an integrated primary health care encompassing social and family care within the scope of the respective national health care systems.

3.3 COUNTRY SELECTION

Six new INTRA III countries have been paired with the previous INTRA countries. They are - Kenya - with Ghana and Botswana; Pakistan with Syria and Lebanon; Malaysia with Shanghai and Korea; India with Sri-Lanka and Thailand; Trinidad and Tobago with Suriname and Jamaica; and Bolivia with Peru and Chile. In addition, Jamaica, from the INTRA I group and Syria, Peru.

* See INTRA II project proposal for more detail description of project as well as INTRA II methodology
** Also participating in INTRA II were two of the INTRA I countries: Chile and Thailand
Ghana, China and Sri Lanka from the INTRA II group of countries will also undertake the INTRA III protocol.

3.4 METHODOLOGY

Sampling and recruitment approaches of the target population - 50+ non-users of the government-provide public primary health care system will be decided by the participating countries depending on existing resources, national circumstances, and readily available and reliable census data.

It is anticipated that 12 countries will undertake this protocol - six INTRA III countries as well as six selected INTRA I and INTRA II countries (see section 3.3 "Country selection"). The Geneva workshop will be the first step in the process of developing the research methodology, followed by field testing and revision of the final protocol for implementation at the country level. Country visits during the implementation stage will be made by a WHO research consultant to emphasize on quality control and overall protocol adherence. Transcription, synthesis and analysis of the data will be conducted by local research teams in each of the INTRA participating countries. This is fed into the final step of interpretation and report writing which will be completed in consultation with the national teams.

Topics to be addressed in the protocol will included: (coming soon - INTRA III protocol)

- Establishing criteria to define non users
- Sampling methodology for recruiting non users
- Focus group set up and topic guide for discussions
- Guidelines for synthesis, analysis and interpretation of data
- Outline for reporting data and writing up the final report

In addition to implementing the non-users protocol in 12 INTRA III countries, the newly added six countries - Kenya, Bolivia, Trinidad and Tobago, Pakistan, Malaysia and India - will replicate the INTRA II protocol (focusing on PHC users and health care providers) Topics addressed in INTRA II focus groups include: (refer to INTRA II protocol)

- Needs and source of care
- Collaboration/coordination between the various components of the PHC and their interface with other areas of care provisions (secondary and tertiary care; LTC; social welfare; NGO sector)
- Continuity of care

* See INTRA II project proposal for more detail description of project as well as INTRA II methodology
** Also participating in INTRA II were two of the INTRA I countries: Chile and Thailand
The six newly added countries will complement the research by developing "country aging profiles" with a focus on the health care system of the country, describing in detail the context in which the project lies. All six new INTRA III countries will submit as one in a series of expected outcomes, a country profile report according to the same template used by INTRA I & II countries.

3.5 MAIN PROCESS
Building on INTRA I &II strengths, INTRA III will also adopt a bottom-up approach. This will be reflected in the use of national experts, who will take an active role in shaping and tailoring their country project according to their perceived needs.

3.5.1.1 Role of WHO and WKC
The INTRA II project will be under the overall coordination of ALC, in collaboration with WKC.

* WKC will be responsible for the following specific tasks with input and feedback from ALC
  - Perform country sites visits (Malaysia and India)
  - Prepare invitation letters and issue TA to all participants invited to the Geneva workshop 18-20 April, 2005

* ALC will be responsible for the following tasks with input and feedback from WKC
  - Perform country sites visits (Pakistan; Bolivia; Trinidad and Tobago and Kenya
  - Prepare INTRA III project protocol to include final methodology
  - Provide technical support to national coordinators regarding project process, and products i.e. training, protocol implementation, data analysis and report writing
  - Develop Geneva workshop agenda and program
  - Prepare report on the Geneva meeting

Jointly ALC and WKC will work together to undertake the following tasks

  - Establish initial contacts and preparation of joint letters
  - Perform country site visits and liaise with national coordinators
  - Prepare terms of reference for national team members and country coordinators to undertake country profiles, field work and other project activities

3.5.1.2 Role of Country Coordinators and national teams
The implementation of INTRA III at the country level will be coordinated by the national coordinators in collaboration with the national inter-disciplinary team. National teams will include representation from various Ministries, NGOs, academic institutions and local representatives of other relevant UN agencies. The role of the coordinators will be to guide and follow up with the various tasks and activities as defined in their terms of reference established by ALC/WKC.

* See INTRA II project proposal for more detail description of project as well as INTRA II methodology
** Also participating in INTRA II were two of the INTRA I countries: Chile and Thailand
National inter-disciplinary teams (see Annex 1 for role and function of national team experts) will review and provide input to the development of country profiles on "population ageing" and of the health care system in the six new INTRA III countries using the same template as adopted by previous INTRA countries. The national team will participate in a semi-structured interview to assess how they can, from their respective positions make potential contribution increasing older persons frequency of access to, and use of PHC system, as well as encourage the promotion of an integrated health, and social care for older persons.

3.6 ACTIVITIES

This project is divided into 6 research stages:

1. Project and team set up
2. Protocol development
3. Training in qualitative research methods
4. Implementation of field work
5. Analysis and reporting
6. Presentation and dissemination of findings and formulation of policy recommendations
7. Monitoring and evaluation at country and global level

Stage 1: Project and national team set up

i) Selection of national coordinators
Both ALC and WKC will be jointly involved in the selection of national coordinators - two from each of the six participating INTRA III to coordinate and supervise the project from A-Z. The coordinators should be representative of both the academic and governmental sectors.

ii) Selection of national teams
A national team in each of the INTRA III countries will be assembled by the two country coordinators within two weeks of their nomination. The team should be inter-disciplinary in nature and represent stakeholders from various relevant sectors of the society interested in improving the primary health care to be more responsive to the needs of older person.

iii) Country site visits
Country site visits will be made by both ALC and WKC staff to the 6 INTRA III countries between September and November. The purpose of the visits will be to engage and build support and commitment among the relevant stakeholders, the members of the national teams.

Stage 2: Protocol development

i) Country input on methodological issues and 1st working draft protocol

* See INTRA II project proposal for more detail description of project as well as INTRA II methodology
** Also participating in INTRA II were two of the INTRA I countries: Chile and Thailand
ALC will initiate in-country discussion on methodological issues for the identification of non users of PHC with country coordinators. This process will lead to the preparation of the first working draft protocol on non users to be reviewed in Geneva

**ii) Geneva workshop 18-20 April 2005**
The purpose of this workshop will be to develop a standardized methodology protocol, taking into account the discussion and inputs on the draft methodology, to investigate the non users. This will include technical concerns around sampling, and recruitment, taking into account national circumstances.

**iii) Finalization of methodology protocol**
The finalization of the methodology will be a continual process, with validity and reliability checks at each step of the developmental and implementation stages of the protocol. At the developmental stage, the research coordinator in consultation with the national team and a statistician, will review and adjust accordingly the sampling and recruitment schemes upon returning to home. Once the sampling strategy is finalized, the team will then review and tweak the focus group questions, to ensure relevance and applicability. Once the questions for focus group discussions are translated, pre-tested and back translated adjusted and finalized a final draft methodology will be submitted to ALC/ WKC for final review and approval to implement full standardized protocol

### Stage 3: Training of qualitative research

**i. Selection of research team**
It is the responsibility of the research coordinator to select an appropriate research assistant who will assist in the sampling and recruitment, selection of appropriate focus group moderators and facilitators to run focus groups and be involved in

**ii) In country training.**
Brief in country training on sampling, recruitment, non response, facilitating discussion and interviews, data integrity and overall protocol adherence

**iii) Pilot-testing**
Brief training on how to pre-test final focus group questions to ensure clarity and comprehension

### Stage 4: Implementation of research protocol

**i) Country Profiles**
Compilation of INTRA III country profiles according to already existing standardized template and finalization of all country profiles from INTRA I,II and III,

* See INTRA II project proposal for more detail description of project as well as INTRA II methodology
** Also participating in INTRA II were two of the INTRA I countries: Chile and Thailand
ii) **Pilot test final questionnaire**

iii) **Implementation of INTRA II protocol in 6 INTRA III countries**

iv) **Implementation of INTRA III protocol in 6 INTRA III, plus 6 selected INTRA I & II countries.**

v) **Country visits**

Field visits to ensure consistency and adherence to project protocol will be made by project consultant during this phase

### Stage 5: Data analysis and reporting

i). **Data synthesis and analysis according to suggested template**

ii). **Data interpretation and report writing of key findings according to suggested template**

### Stage 6: Presentation, Policy recommendations and dissemination

i) **Sub-regional meetings**

Three sub-regional meetings will be organized to evaluate and summarize local findings to the regional level.

ii) **Global Kobe meeting**

A Global meeting in Kobe will be organized to evaluate and summarize major finds for the purpose of formulating key policy recommendations.

iii) **Policy development**

Development of global strategies to disseminate study findings at national, regional and global level. Formulation of "next steps".

### Stage 7: Monitoring and evaluation at national, regional and global level

i) **Monitoring and evaluation**

Country follow up and implementation of national policy recommendations made at the Geneva workshop.

ii) **Program interventions**

Development of appropriate interventions that will be monitored and evaluated to show impact and provide models of good practice.

* See INTRA II project proposal for more detail description of project as well as INTRA II methodology

** Also participating in INTRA II were two of the INTRA I countries: Chile and Thailand
## 3.7 TIMELINE, MILESTONES AND OUTPUTS

<table>
<thead>
<tr>
<th>Project Stage</th>
<th>Project Activities/tasks</th>
<th>Timelines</th>
<th>Outputs</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Project and national team set up</strong></td>
<td>1. Selection of countries; initial contacts; confirmation</td>
<td>August - September 04</td>
<td>Rooster of contacts</td>
</tr>
<tr>
<td></td>
<td>2. Visits to countries and engagement of stakeholders</td>
<td>October - November 04</td>
<td>Travel report and list of confirmed national team members</td>
</tr>
<tr>
<td></td>
<td>3. Establishment of national teams</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Protocol development</strong></td>
<td>1. Initial in-country discussion on methodology issues for identification of non-users of PHC services</td>
<td>December 04 - February 05</td>
<td>Training material, research protocol and templates</td>
</tr>
<tr>
<td></td>
<td>2. Geneva workshop of national coordinators for development of methodology protocol; exchange of national profiles and draft national implementation plan on field work</td>
<td>April 18-20</td>
<td>Finalization of draft methodology protocol; national implementation plan on field work in 6 INTRA-III countries and 6 from INTRA-I and –II selected countries</td>
</tr>
<tr>
<td></td>
<td>3. Finalization of methodology</td>
<td>May 31</td>
<td>Standardized methodology protocol</td>
</tr>
<tr>
<td><strong>Training of qualitative research</strong></td>
<td>1. Selection of research team - i.e assistance, focus group moderators and facilitators</td>
<td>May</td>
<td>Database of qualitative researchers</td>
</tr>
<tr>
<td></td>
<td>2. In- country training on methods protocol</td>
<td>June</td>
<td>Research capacity building in qualitative methods</td>
</tr>
<tr>
<td></td>
<td>3. Pilot testing, translating and back translating methods protocol</td>
<td>June-July</td>
<td></td>
</tr>
<tr>
<td><strong>Implementing research protocol</strong></td>
<td>1. Compilation and finalization of all INTRA I, II &amp; III country profiles</td>
<td>July</td>
<td>6 INTRA III country profiles reports; finalization of 12 INTRA I &amp; II profiles reports</td>
</tr>
<tr>
<td></td>
<td>2. Implementation of INTRA II protocol in 6 INTRA III countries</td>
<td>July - September</td>
<td>Research capacity building</td>
</tr>
<tr>
<td></td>
<td>3. Implementation of INTRA III protocol in 6 INTRA III, plus 6 selected INTRA I &amp;II countries.</td>
<td>August - October</td>
<td></td>
</tr>
<tr>
<td></td>
<td>4. Country visits by WHO consultant</td>
<td>July - October</td>
<td>Quality control</td>
</tr>
<tr>
<td><strong>Data analysis and reporting</strong></td>
<td>1. Data synthesis and analysis of INTRA II data according to protocol</td>
<td>October - November</td>
<td></td>
</tr>
</tbody>
</table>

* See INTRA II project proposal for more detail description of project as well as INTRA II methodology
** Also participating in INTRA II were two of the INTRA I countries: Chile and Thailand
### 2. Data synthesis and analysis of INTRA III according to suggested template

October-November

Research capacity building

<table>
<thead>
<tr>
<th>3.</th>
<th>Data interpretation and report writing of INTRA II key findings according to suggested template</th>
<th>November - December</th>
<th>6 national reports on findings from INTRA II</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.</td>
<td>Data interpretation and report writing of INTRA III key findings according to suggested template</td>
<td>November - December</td>
<td>12 national reports on findings from INTRA III</td>
</tr>
</tbody>
</table>

### 3.8 **BUDGET:**

Approximately $20,000 will be made available to implement both INTRA II and III. This amount will be provided in 3-4 installments through a WHO contract of an "Agreement for the Performance of Work "(APW). Once the operational plan is outlined and confirmed, an APW will be issued to the national coordinator(s) by ALC/HQ, outlining the terms of reference and spending schedules for each coordinator in their respective countries to follow. Payments will be made in installments as stipulated in the APW contract.

### 3.9 **EXPECTED OUTPUTS**

- Roster of contacts and data of country coordinators, inter-sectoral national team members and qualitative researchers
- Travel report and list of confirmed national team members
- Training material, research protocol and templates
- Standardized qualitative research methods protocol to recruit and study non users of PHC
- National implementation plan on field work in 6 INTRA-III countries and 6 from INTRA-I and –II selected countries
- INTRA country profiles reports
- National reports on findings from INTRA II - 6
- National reports on findings from INTRA III - 12

### 3.9 **IMPLICATIONS AND FUTURE DIRECTIONS**

The project outcomes will facilitate the formulation of concrete action plans for health for older persons to be developed at local, regional and national level. This would enable Governments, WHO, and other stake holders to move forward toward concrete follow up actions of the recommendations embodied in the UN International Plan of Action on Ageing 2002 and WHO's Policy Framework on Active Ageing. It is anticipated that INTRA III will be followed by a fourth

---

* See INTRA II project proposal for more detail description of project as well as INTRA II methodology
** Also participating in INTRA II were two of the INTRA I countries: Chile and Thailand
phase, which will focus on translating the policy recommendations into effective evidence-based interventions - which will be monitored and evaluated to establish models of good practice.

4 BACKGROUND DOCUMENTS

2. WHO, 'Active Ageing; a policy framework’, (WHO/NMH/NPH/02.8), Geneva, 2002
3. Country reports and profiles of the six INTRA countries: available on CD-ROM
4. INTRA I protocol

For more information please contact:
Nejma Macklai
INTRA project coordinator
Ageing and Life course
+ 41 22 791 3652
E-mail: Macklain@who.int