Author’s response to reviews

Title: Health systems readiness to provide geriatric friendly care services in Uganda: a cross-sectional study

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RESPONSE TO REVIEWERS BMC GERIATRICS

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Title: Health systems readiness to provide geriatric friendly care services in Uganda: a Cross-sectional study

Reviewer: Emmanuel Bagaragaza, MPH, PhD

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I. Introduction

The topic covered by this manuscript, "health system readiness to provide geriatric friendly care service", is essential and a prerequisite for health system performance and quality health services for older persons.

This manuscript contributes to the dynamic of making available the standardised and quality information and promotes health services research in the geriatric field in Africa. Thus, the results of this study provide useful information and should strengthen the preparation and adaptation of health systems in Africa to cope with the demographic and epidemiological transition in Uganda and other low-income countries.
The authors have studied "the readiness of Uganda's public health system to provide geriatric friendly care services" and they showed that readiness of public health facilities to provide geriatric friendly care services in Uganda is still low. Their findings are clear about the progress achieved and emphasised that the strengthening of the health system is welcome, particularly in leadership, financing and human resources. They showed significant difference in readiness across the district and HS level.

However, to ensure a clear understanding of readers, the authors should/could further clarify some points mentioned below.

II. General comments:

Firstly, I commend the authors for their efforts to identify readiness tracer items adapted to the context of study while referring to WHO standards.

1. As a first study, it cannot be exhaustive; we hope that it will be supplemented by future studies. Nevertheless, we may wonder why certain tracer items that would be relevant to geriatric care, particularly "chronic disease management" and integrated care services, were not being considered straight away?

Response:

Indeed, this study is non-exhaustive and we have plans to conduct future follow-up studies that could respond to aspects raised by the reviewer. We tried to as much as possible to follow the SARA and Health systems frameworks, and in the absence of a published tool for geriatrics, there was no way we could exhaust all aspects. That said, the reviewer’s comment is key in helping us improve the tool we used to make it more exhaustive before we publish it as a standard geriatric assessment tool for primary health care facilities in developing countries.

2. In addition, given the context of the study, some social aspects, like inter-generational solidarity, respect for older people and care for older persons are very important; I've been wondering why the authors did not include the tracer items relating to social dimension; therefore, pay more attention to Community level. In fact, many item tracers used for geriatric services are not applicable at the community level, but it would have been very interesting to know if these levels are ready and aware of geriatric care because they are the gateways to the health system. As has been the case in some Western countries, the development of geriatric services was based on the hospital model without paying attention to the development of local
leadership and community services, whereas they are the basis for integrated care services for older people and professional collaboration across all care settings for geriatric services quality and performance. It why, as a manuscript that can be used to guide public policy, those aspects deserve to be at least being introduced and discussed.

Response:

With a smile, I like this comment! True we excluded the social dimension. Our focus was more on the structural health systems component because we believed that if the structural components are in place, we can later build the social aspect around it. For example, it is hard to ask about what (geriatrics) people in the community do not know or understand. That said, a paper calling for the facts the reviewer raises is in its final phases for publication. I liked the comment very much because we the reviewer’s assessment highlights a deeper understanding of geriatrics in a unique African construct.

III. Specific comments

Introduction:

The interest of the subject is well argued. The authors presented the demographic situation in Uganda, highlighting the lack of information and research on the capacities to produce geriatric services in Uganda and in low-income countries in general.

3. Authors highlight the demographic transition in Uganda, they do not emphasize the epidemiological transition that sub-Saharan countries have to face with the increasing prevalence of chronic non-communicable diseases. This phenomenon is not due to the aging process only, but also to changing lifestyles in Africa, especially in the elderly population. This epidemiological transition must be taken into account in public health policy "on the organization and preparedness of public health systems in low-income countries", particularly in the geriatric field where chronic non-communicable diseases are likely to take precedence over communicable diseases.

Response:

This is a very correct assessment. The authors have modified the introduction to include an aspect on the epidemiologic transition, and the rising burden of non-communicable diseases. (see lines 81-86 in the background section)
Methods:

The authors used methodology approach based on recognized conceptual framework "WHO's building blocks Framework", and on the evaluation method usually used in other sectors of health systems for assessing and monitoring health service availability and the readiness of facilities to deliver health-care interventions. This enhances the acceptability, comparison and use of their results.

4. This research is a "cross-sectional study" conducted on primary health care facilities level. This level is relevant for the development of geriatric services; nevertheless, the authors do not explain why they have not been interested in services development at community level, like Health Centre II and Village Heath team, that is closer to the place living of older people and could play an important role for Health promotion, disease prevention, and healthy aging.

Response:

The reason for excluding Health Centres II is because plans are already in place for government to abolish HCsII. Of course people are fighting it (https://www.parliament.go.ug/news/2156/remove-cap-health-workers-recruitment-kadaga) but plans are already in high gear. We did not want to assess facilities that will never be existent in the near. About Village health teams, and the community component, we have plans to conduct an anthropological qualitative study and plans are in high gear for this. For this paper we really wanted to restrict ourselves to the structural aspects with guidance from SARA and then later focus on the sociological component.

5. Line 153: "Data was collected thought interviewing heads of HFs"; your interview was conducted as a qualitative survey or the participants have responded on closed questions like in the quantitative survey? Is not clear which kind of interview you carried out?

Response:

The study was a quantitative survey and indeed participants responded to closed questions. Under the section of data collection, This has been modified to read “whereby heads of HFs or their delegates responded to closed questions” (see lines 188-190)

6. Line: 154 and 462: You mentioned triangulation method for data collection (observation, verification, and inspection); what these approaches consist of? In particular "verification and inspection" and how the qualitative data obtained from those approaches were analyzed and integrated into the analysis of the data collected by the questionnaire?
Response:

We collected quantitative data, and verification in this context meant for example, if the health facility in-charge said they had a particular drug for management of a geriatric condition, we had to go and verify that that particular drug was indeed available. Observation was used for example to see whether the elderly were given priority or attention when they came, while inspection meant moving around to for example check whether the toilets had grabs for the elderly to hold on. (see lines 188-190)

Results:

The findings were reported and objectives of the study was meted. I suggest that authors should verify and correct some points and others deserve to be clarified.

7. Line 285 (table 3): the score for item d1.1 (HCIII) is 45.45, it is correct or it should be 41.7? Otherwise, the total (yes & no) is greater than 100.
Response: This has been corrected to 41.70. (See Table 3, line 309)

8. The authors have not chosen to present the scores of all tracer items, but their choice still not clarified to readers; some tracer or sub-block items not presented seem to be more relevant for geriatric services. For example, in table 3, Building block (d) concerning geriatric service delivery, many item tracers like d1.5, d1.5 d5.5 d5.1-3 or C3.1, etc. were not being presented. The readers cannot deduce that those items are unavailable because some other unavailable or inapplicable items were presented for example item Midwives had a geriatric training (Table 2). I invite the authors to clarify their choice concerning the presentation, or not, of the different tracer items.
Response:

To reduce on the size of the tables, we decided to put variables that were at 100% or very prominent in the narrative (see section under geriatric acre services delivery). However, if it is really key that we should have all variables in there, kindly advise us and we shall change the narrative, and then include the long tables.

9. Lines 347 and 350: medical equipment and commodities VS medical commodities and equipment
Response:
The wording “medical equipment and commodities” has been changed to rhyme with the standardised wording “medical commodities and equipment” (see line 371-374)

10. Line 85: "SDG" (Sustainable Development Goals) was not defined in the manuscript

Response: “SDG” defined as Sustainable Development Goal (see line 94-95)

Discussion:

11. The discussion of results is not clear-cut about how the authors have used qualitative data collected from observation and interview to collaborate their quantitative results; the integration of those data could reinforce or qualified their interpretation and discussion of the WHO building block scores that were high, so they could appreciate the availability and functioning of those building blocks.

Response:

We did not collect qualitative data for this research question. Our focus was mainly on the quantitative aspect. Our focus was mainly to check out for structural readiness and plans are in place to conduct a qualitative aspect that mainly focuses on anthropological aspects.

References Format

12. Verify the n° of references, for example line 150, 151, 152 = 26 or 23; 21 is 24 and 22 is 25

Response: References corrected see tracked version of manuscript and lines 185-186

IV. Conclusion

This work has the merit of complementing existing tools and provides a basis for measuring service-specific readiness to provide geriatric friendly care service in Uganda and other low-income countries.

I hope that the suggestions could allow authors to clarify their manuscript for a better understanding of the readers. I recommend this manuscript for publication and I recommend some modifications to improve the paper before publication.

Thank You!
Response: We thank you so much for your constructive comments

Reviewer two

This is a valuable and necessary paper which will add to the limited amount of information available on health system readiness to provide services to older adults. There are a number of grammatical and spelling errors which need to be corrected e.g.

1. line 50 - eminent (should be imminent)
Response: Changed eminent to imminent, (see line 50 in the background section).

2. line 53 "health" should be healthy
Response: Changed “health” to “healthy” (see line 53 of the background section)

3. line 66 social-economic should be socio-economic
Response: Changed “social-economic” to “socio-economic”, see line 66 under the title; Uganda’s demographic and epidemiological transition

4. line 166 geriatric physicians - should be geriatricians
Response: Changed geriatric physicians to geriatricians, see line 132 under the section; Assessing readiness for provision of geriatric friendly health care services

5. Other errors exist that need correcting. Line 62 - "allocative efficiency" - what does this term mean?
Response: Qualified the term to read “financial allocative efficiency” see line 62 in the background section.
6. International literature is using the term "older adults" rather than old people or aged or old patients
Response:
Changed all terms “old people or aged or old patients” in the manuscript to reflect changes as advised by the reviewer. See tracked changes manuscript.

7. Line 221 - "all HF were not receiving" - should possibly be changed to "No HF's".
Response:
Changed sentence to read “no HFs were receiving external funding”. See lines 245 and 252-253.

8. Similarly line 229, line 340.
Response:
Line 229 changed to; “no HFs were receiving mentorship in geriatrics, had plans to hire a geriatric specialist, or had personnel dedicated to supporting older adults” see line 254
Line 340 changed to read “No HF was using geriatric data to run any improvement projects” (see line 364)

9. Line 222-3 - is this a "fee for service model".
Response:
No, however, there are some services like laboratory investigations where a small fee is paid.

10. Line 228 - "grab" or handles or grab rails?
Response:
It is perhaps line 258, changed the phrase to “grab rails”, see Geriatric care services delivery section, see lines 283, 296, and 297.
11. line 306 - clutches - or crutches,
Response: Changed “clutches” to “crutches” in the whole manuscript (see lines 330 and 472)

12. "walking aids for the blind" - shouldn't this be visual aids.
Response: for clarity, we changed the word to “white canes” (see line 330)

13. line 349 - keep consistent with prior definition HCIII
Response:
For consistency, we changed “Health centers three” to “HCIII” see line 373 of the “WHO building block scores by HF level” section.

14. I would like the authors to include some information in the introduction on the SARA methodology, where it has been utilised in other low resource settings, e.g. what do we know from the literature about Uganda (or other Sub Saharan African countries) use of SARA methodology to deal with issues such of HIV/AIDS, maternal health, child health programs.
Response:
Included a paragraph on SARA in the introduction, showing how it has been used in other contexts, in different countries and health programs. (see lines 115 to 121 in the background section)

15. It would be valuable to know whether the SARA methodology has been utilised in other LMICs particularly for older adults and similarly in OECD countries - how ready are they to deal with the problem of a growing older population.
Response:
Included a sentence that SARA has not been used in any LMICs or OECD countries in the dimension of geriatric care. See lines 120 to 121 of the background section.

16. It is important for the reader to know if it is specifically older adult care programs that are lacking, or is it a systemic problem across all health care services in Uganda.
Response:

Included a sentence highlighting that Uganda has progressed in other areas like MNCH, and management of infectious diseases like HIV/AIDS, childhood illnesses and malaria. See lines 66 to 69 of the background section

17. Prior to the section on study design, it would be adviseable to clearly state the aims and objectives.

Response:

Included a paragraph on the objective of the study. See lines 137 to 140, under the section “Assessing readiness for provision of geriatric friendly health care services”

18. The public primary health care facilities need to be described in greater detail - what differentiates a HCIII, HCIV & district hospital - who provides services, what services are expected in these facilities etc. Would one expect a primary care clinic (possibly a HCIII) run by mid-level healthcare workers, trained in managing diarrheal disease, DOTS, to provide vaccinations and do HIV testing to be able to provide geriatric care services, or is an HCIII staffed by a doctor, clinical nurse practitioner, do they have inpatient beds etc.

Response:

Authors included a paragraph describing in summary the differences between the health facilities, and the services offered. References to a more detailed view have also been included. See lines 160 to 170 under the study design and population section

19. Under statistical analysis, there is some info regarding HCIII, but this information would be better placed in the intro and not in the analysis section, similarly lines 173 - 175, where HF readiness is described.

Response:

We moved the phrase “According to Uganda’s health system setup, items such as ambulances, X-ray machines, doctors, pharmacists, are not expected at HCIIIs, hence these were excluded from both the denominator and numerator during analysis for HCIIIs.” From the statistical analysis section to the data collection section where it fits more. See lines 191 to 193

We sustained lines 209 to 211 in the analysis section to enable readers have a clearer understanding of how post analysis results would be interpreted.
20. Figure 3 - do you have permission to publish?

Response:

Yes, we have the permission, this photo was taken by one of our staff at the Center for Innovations in health Africa (CIHA). We have included; “Photo: Nayiga Maria © Center for innovations in Health Africa (CIHA, Uganda)” in the manuscript.

21. Discussion - line 373 - is this the 1st study of this kind in Uganda - or anywhere?.

Response:

Based on a google scholar and Pub med search, our study is the first global endeavour to assess readiness of public primary health care facilities to provide geriatric friendly health care services

22. Please define term "developing Africa"

Response: To give a clearer context, “developing Africa” has been changed to “sub-Saharan Africa” through out the whole manuscript. See lines 81, 439 and 462.

We thank you so much for your constructive comments!