



Scaling up integrated care

A realist evaluation on the role of policy dialogues and scale-up roadmaps in Belgium, Slovenia and Cambodia

Monika Martens^{1,2}, Sara Van Belle¹, Edwin Wouters², Antonija Poplas Susič³, Srean Chhim⁴, Daniel Boateng⁵, Josefien van Olmen²

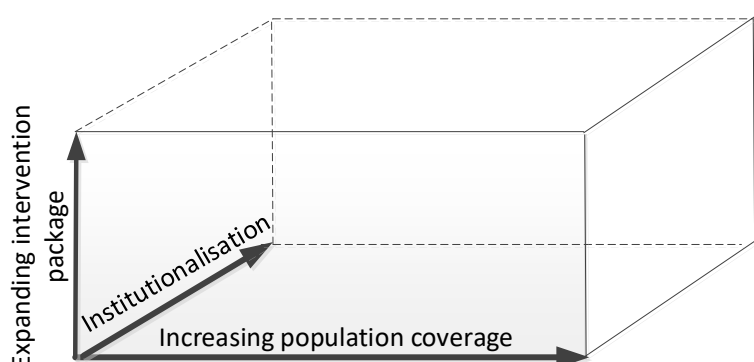
¹ Institute of Tropical Medicine, Antwerp, Belgium; ² University of Antwerp, Antwerp, Belgium;

³ Community Health Centre, Ljubljana, Slovenia; ⁴ National Institute of Public Health, Phnom Penh;

⁵ University Medical Center Utrecht, Utrecht, The Netherlands

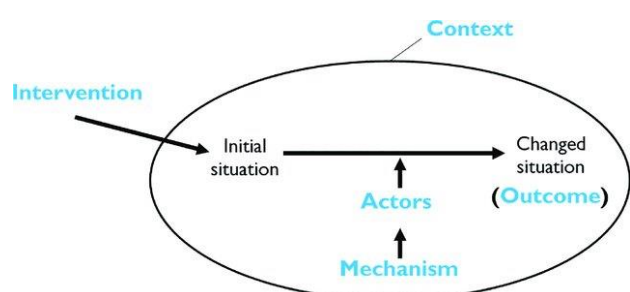
BACKGROUND

Comprehensive scale-up



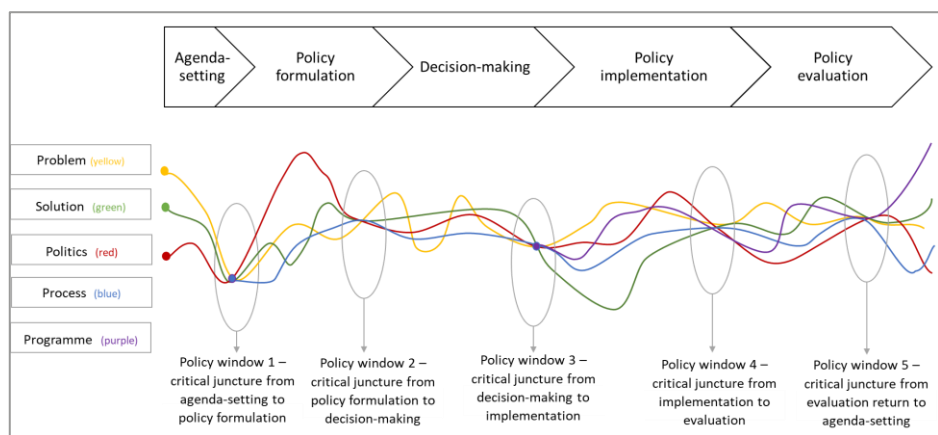
REALIST EVALUATION

- = Theory-based evaluation
- Testing an Initial Programme Theory (IPT)
- ICAMO as heuristic tool to look at data



THEORY GLEANING

- Multiple streams model (by Kingdon), adapted by Howlett: From 3 to 5 streams and relevant to all policy stages



WHO IS SCALING UP AND HOW?

Belgium	Cambodia	Slovenia
National plan on integrated care for chronic diseases (2015) & pilot projects (2018) = <i>coverage</i>	WHO's Package of Essential Interventions for NCDs (PEN) – adapted by MOH in National SOP for D2T & HT management in PHC (2019) = <i>coverage</i>	Family medicine practices (2011): adoption of registered nurses to provide chronic care management, proactive screening & health education = <i>institutionalisation + coverage</i>
Flemish Primary Care Reform (2019): creation of primary care zones coordinated by care councils (role in population monitoring) = <i>institutionalisation</i>	Korea Foundation for International Healthcare: NCD implementation project in 3 provinces (2022) = <i>diversification + coverage</i>	
Federal New Deal for GP practices = <i>institutionalisation</i>	H-EQIP II (with World Bank): Health Equity & Quality Improvement Project (2022) = <i>multi-dimensional</i>	
UA (SCUBY Belgium partner): making evidence-based recommendations + working with partners = <i>multi-dimensional</i>	NIPH (SCUBY Cambodian partner): making evidence-based recommendations + working with partners = <i>multi-dimensional</i>	CHCL (SCUBY Slovenian partner): m-health pilot and peer support pilot = <i>diversification (institutionalisation later)</i>

RESEARCH GAP & QUESTION

- Policy dialogue and roadmap as strategies for scale-up: Roadmap co-created in policy dialogue
- But the area of co-creation in health policy is theoretically underdeveloped
- Hence, the main research question of this study is: *'How, why, and under which context conditions does a co-created scale-up roadmap lead to adoption, implementation, and scale-up?'*

DATA COLLECTION METHODS

- Triangulation of data sources:

In-depth interviews:

- SCUBY researchers
- Policy makers, civil servants, professional medical and patient associations, NGOs, implementers

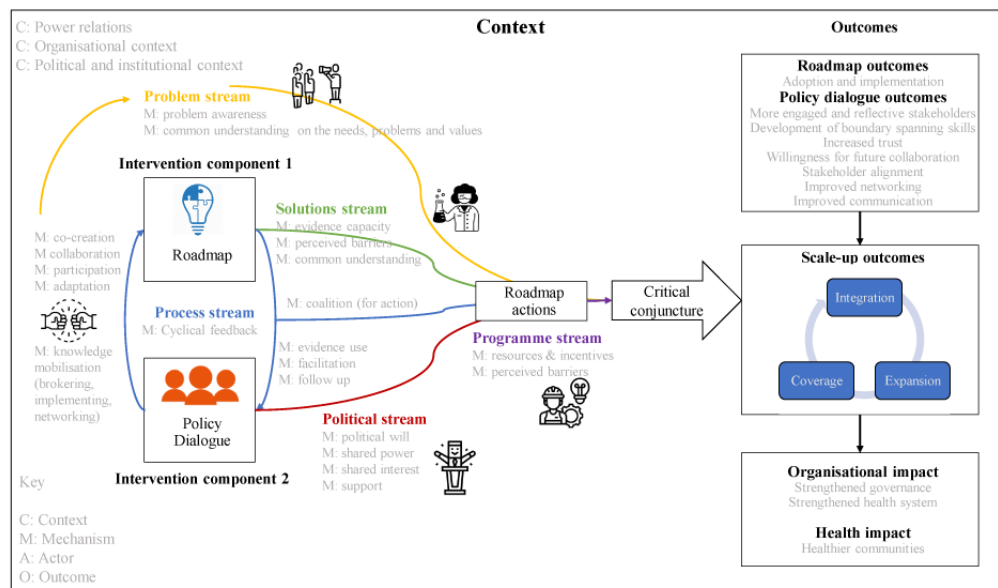
Document review of:

- Grey literature
- Meeting reports
- Official documents

Workshop with:

SCUBY researchers from all country teams to refine the IPT

IPT (WITH ICAMO'S) MAPPED



COUNTRY-SPECIFIC RESULTS

Country partner	Dominant stream(s)?	Key mechanism(s)?
Belgium (UA)	(Scientific) solutions	Common understanding & networking across synergetic projects
Cambodia (NIPH)	Politics & solutions	Knowledge sharing & credibility
Slovenia (CHCL)	Programme	Exemplifying practices of patient empowerment

CONCLUSION

- Co-creation = convergence of agency
- Successful co-creation occurs when streams (i.e. agency within different domains) converge: politics, problems, solutions, programme and process
- Reflexivity on own positionality and mandate: what is feasible* relevant to scale-up