Call for Expression of Interest
Ageism scale

1. Background
Ageism can affect any age group and it refers to the stereotypes, prejudice and discrimination directed towards or ourselves on the basis of age. In May 2016, WHO was given a mandate by its 194 Member States to lead a Global Campaign to Combat Ageism in cooperation with partners. Countries reaffirmed their commitment to address ageism in the UN Decade of Healthy Ageing (2021-2030). As part of this campaign, the World Health Organization invested efforts in building the evidence base on this topic, which has culminated with the launch of the first UN Global report on ageism on 18 March 2021. This comprehensive report outlines an evidence-based framework for action relevant to countries around the world, and is intended to inform the development of the Global campaign strategy.

Developing a comprehensive ageism scale with adequate psychometric properties is a necessary step in tackling ageism, as highlighted in the Global report on ageism. Such a scale can help identify individuals who are ageist and individuals who have experienced ageism. Without such a scale we can’t accurately and consistently assess the prevalence of this phenomenon and evaluate if the implementation of the evidence-based strategies identified in the report are effective at preventing or reducing ageism across countries.

Available scales to measure ageism mainly look at ageism towards older adults and generally lack psychometric assessments or fail to have both adequate scope and psychometric validity. Even less is known about the existence and quality of scales designed to measure ageism as it affects other age groups. Thus, the World Health Organization is pursuing the development and validation of a scale that can effectively capture the multidimensional nature of ageism.

To this end, WHO organized a first expert meeting in 2020 to identify and agree on the domains of ageism and generate statements as a first step to help generate items for the ageism scale. As a second step in the process of developing an ageism scale, this project will produce a first pool of items (and response scales) related to the construct of ageism, drawing from the work completed in the first expert meeting, where an initial set of statements was produced. It will also produce a research protocol for a multi-country study to test and validate the scale, which should include details on all the study phases required to assess of all relevant psychometric criteria as defined by COSMIN and relevant details regarding budget, ethical considerations and necessary forms, timeline, estimated budget, etc. This research protocol should follow existing WHO guidance for protocol development (see Appendix I and II as well).

2. Objectives
The objective of this call for expression of interest is to identify a service provider to:

- Produce a first pool of items and response scales for the ageism scale;
- Develop a research protocol for a multi-country study to test and validate the ageism scale
• Support the ethics review process

3. Deliverables

I. Pool of items and response scales for the ageism scale
   i. Clean and final dataset of statements, drawing from those developed by the expert group, eliminating possible duplicates, and identifying and including any missing statements;
   ii. A first pool of items and response scales for the ageism scale drawing from the final list of statements;
   iii. Contribution to a technical report and / or scientific paper.

II. Research protocol for a multi-country study to test and validate the ageism scale
   i. Complete research protocol for a multi-country study
   ii. Support the ethics review process of the protocol, including response to ERC questions and revisions of the protocol as required.

All work must be carried out following WHO guidance for research protocols and ethics review processes. The Technical Officer from the Demographic Change and Healthy Ageing Unit at the Department of Social Determinants of Health will oversee this work and be available for guidance, input and consultation during the entire project duration. WHO will own the intellectual property of work produced through this contract, and appropriate attribution will be given to individuals / organizations involved in the development of the work, as relevant.

4. Timeline

Estimated Start date: July 2021
End date: October 2021

5. Specific requirements

Interested individuals should meet the following requirements:

• 7+ years of experience initiating and leading multidisciplinary research projects (including all phases, from research protocol drafting and ethics approval to completion of the research project) is required.
• Demonstrated experience in designing scales and conducting multi-country testing of scales / surveys is required. Experience in supporting expert groups is an asset.
• Background in public health, gerontology, survey methodology, or related field.
• Language: expert knowledge of English required and working knowledge of other UN languages preferred.

6. Place of assignment

The project can be completed remotely and no travel is anticipated.
7. Compensation
Payment will be aligned to the WHO consultancy pay band(s) on headquarters level and will be commensurate based on experience of the service provider.

8. Application procedure
Interested applicants should send an email to Dr Vânia de la Fuente-Núñez (delafuentununezv@who.int) by 25 June 2021. Applicants are kindly requested to submit the following information as a single pdf file and indicating “Ageism scale” in the subject line of the email:

- A cover letter highlighting motivation and relevant skills and experience
- CV / CVs as relevant
- A proposal including:
  - A workplan, specifying the different steps of the work;
  - A timeline;
  - A cost estimate.

Interviews will be held in July with an expected start date to be confirmed for late July 2021.

9. Appendices
RESEARCH PROPOSAL GUIDANCE FOR WHO ERC APPLICATIONS

GUIDING RESOURCES

This information has been directly pulled from the following resources:

- The WHO recommended format for a ‘research protocol’: https://www.who.int/ethics/review-committee/format-research-protocol/en/
- The WHO Research Ethics Review Committee Rules of Procedure (V3)

For information on WHO ERC document templates to guide the development of your application materials, please see this webpage: https://extranet.who.int/ercweb/documents.php

ADDITIONAL OPTIONAL TRAINING RESOURCES

- Training on ethical considerations in global health research: https://globalhealthtrainingcentre.tghn.org/elearning/education/research-ethics/

1.0 REQUIRED ELEMENTS TO BE INCLUDED IN YOUR WHO ERC APPLICATION

The following list outlines all elements that are required for research proposals involving human participants, as outlined by the WHO ERC.

Please note that these elements will be requested as separate documents, however, most of these elements can be either integrated into the research protocol, or included as an appendix in the protocol. All documents are to be submitted through ProEthos (https://extranet.who.int/ercweb/main.php) by Responsible Officers. The system is to be accessed using WHO credentials and a request to be made by clicking “Become a Responsible Officer”.

1) A research protocol (please see section 2.0 for further guidance on elements to be included in your research protocol)

2) A detailed itemized budget. The budget section should contain a detailed item-wise breakdown of the funds requested for, along with a justification for each item. Note: RAISE teams can all submit the budget that was included in your RAISE proposal as long as there is sufficient justification for the items.

3) Timeline for the project activities, enrolment, analysis, and completion (at least as detailed as month-month for major project activities)

4) Copies of all materials to be provided to participants concerning the research prior to their decision to enroll (i.e., recruitment materials, advertisements, flyers, consent documents, information brochures, etc.)
   - Provide this information in English. Once approved by the ERC, the documents are to be submitted as well as in any additional languages they will be produced in. When providing these documents in languages other than English, please include a “back translation” prepared by someone outside of the research team skilled in interpretation.
• Provide a copy of the disclosure information being provided to participants if oral consent is being used

5) A copy of any instruments being used to collect data (for e.g., translations), including translations into local language

6) Detailed information about how data from the research will be collected, transported, stored, as well as what data is identifiable versus non-identifiable. Include a description of under what conditions data would be released in the future to people outside of the study team, a copy of information that will be provided to participants about future use, and whether (and if so, how) their consent will be sought before use outside the present project would occur, and whether they would be provided with information from the future studies

7) A description of plans that have been made, and any formal agreements that have been negotiated with representatives of the participant population, officials of the country where research is occurring, or donor organizations or companies, to continue to provide any drug, device, vaccine, or other product being tested, or any other service, to any participants who are benefiting from such intervention at the conclusion of their participation in the research, or to participants in a placebo or control group if the intervention is demonstrated to be effective, or a justification for the absence of such plans

8) A description of plans that have been made, and any formal agreements that have been negotiated with representatives of the participant population, officials of the country where research is occurring (or with any agency providing services to the members of the population from which participants will be drawn or to residents of that country), or donor organizations or companies, to make any drug, device, vaccine, or other product being tested, or any other service, available at an affordable cost to the population or residents once such drug, device, vaccine or other product has been approved for use by the relevant authorities, or a justification for the absence of such plans

9) Complete information on the regulatory status of any drug, vaccine, or device being studied, including an adequate summary of all safety, pharmacological, pharmaceutical, and toxicological data available on the product and of the clinical experience to date.

10) Reports on the outcome of any review of the scientific, technical, or medical aspects of the research proposal by individuals or groups other than the staff of the responsible WHO unit. The protocol and all study instruments need to be reviewed by two experts prior to submission. This expert review is separate from the REB board review.

• Please include (1) the standard ‘response to reviewers’ document and an updated protocol with tracked changes, and (2) a letter from reviewers confirming they are satisfied with your (the study authors’) responses.

11) Curriculum vitae of the investigators and co-investigators submitting the proposal

12) Memorandum related to the Declaration of Interest Forms (DOI): a memorandum specifying that DOI forms have been discussed within the unit is to be submitted stating whether any potential interests that can conflict with the implementation of the study were found and in the affirmative how they were managed.
Please provide explanation in case required documents that are relevant for your study are not submitted.

Additionally, this list of required elements is not an exhaustive list of all elements that you can include in your WHO ERC applications. Additional optional elements that could be helpful to include based on your research study include, but are not limited to:

- The process for/outcomes of consultation with communities where research will be conducted/bodies that represent that population
- Information on how research will contribute to capacity building in region/with population it is being conducted with
- Information on the capacity of the persons who will conduct the research and the organization or institution where it will be implemented, as well as of the group(s) providing ethics review at the institutional, local, regional, or national level

### 2.0 REQUIRED ITEMS TO BE INCLUDED IN YOUR RESEARCH PROTOCOL

A research protocol is the document describing the study in detail. Please find below the recommended format a research protocol to be submitted to the WHO ERC, including the sections to include in the protocol, and guidance on the details to include in each section.

Again, it is possible that not all of the below items will be relevant to your proposal. If they are not, it is important to address why this element is not relevant.

**Project summary**

- No more than 300 words
- One page long maximum (font size 12, single spacing), provided preferably on a second page
- Summarize all central elements of the protocol, included but no limited to: rationale, objectives, methods, populations, time frame, and expected outcomes
- Should be able to stand on its own (i.e., no refer to other points in the body of the protocol)

**General information**

- Protocol title, protocol identifying number (if any), date
- Name and address of the sponsor/funder
- Name and title of the investigator(s) who is (are) responsible for conducting the research, and the address and telephone number(s) of the research site(s), including responsibilities of each
- Name(s) and address(es) of the clinical laboratory(ies) and other medical and/or technical department(s) and/or institutions involved in the research
Rationale and background information

- I.e., The introduction to a research paper.
- Statement of need/problem that the study is focused on, including the cause of the problem and its potential solutions. Answer the WHY (i.e., why the research needs to be done), and the WHAT (i.e., its relevance)
- Explanation of how the research being conducted is relevant to the health needs of the population and research agenda of the country where it will be conducted, or a justification for why it is appropriate to conduct the research in that country in the absence of this
- Include information about the magnitude of the problem, its frequency, affected geographical areas, ethnic and gender considerations, etc. This should be followed by a brief literature review highlighting the most relevant studies published on the project
- Description of the gender considerations relevant to the project, including a discussion on how gender issues are being considered during key stages of the proposal development and implementation e.g. during participant recruitment, risk-benefit analysis, data analysis, etc.

Study goals and objectives

- Outline your goals (i.e., broad statements of what the proposal hopes to accomplish), as well as your specific objectives (i.e., statements of the research questions), and the research questions being addressed
- Ensure that objectives are simple, specific, and outlined in advance. Include primary and secondary objectives if relevant

Study design

- Include information about:
  - The type of study
  - The research population or the sampling frame
  - Who can take part (inclusion/exclusion criteria, withdrawal criteria, etc.)
  - Expected duration of the study
  - Include a description of the methods by which members of the population will be identified for inclusion in/exclusion from the study
  - Provide enough detailed to determine if methods used are scientifically justified and ethically fair
- Provide as complete of a study description as possible
- Include description and justification for research design (including any division into groups who will be subjected to different procedures, especially when one will receive no intervention or placebo)

Methodology

- Highlighted as the most important part of the protocol from an ERC perspective
- Should be detailed enough to permit a technically qualified person to determine whether the study can answer the stated questions/meeting the objectives
- Include detailed information about (all if applicable):
Interventions to be made
Procedures to be used (e.g., questionnaire survey, focus group discussion, observation)
  - Include descriptions as well as references when applicable (i.e., if it is a standardized=documented procedure or technique)
Measurements to be taken
Observations to be made
  • If multiple sites are involved, this should be outlined and the methodology should be standardized and clearly defined across sites
  • Provide a graphic outline of the study design and procedures using a flow diagram, including the timing of assessments
  • If your study includes a randomized controlled trial component, include information on the blinding and randomization process, description of withdrawal/stopping rules, and the procedures or conditions for breaking the codes

Safety considerations
  • Include a description of physical, social, psychological and economic risks to both individuals and communities
  • Include specification of any circumstances or characteristics that might render participants especially vulnerable to harm or to risk of exploitation (including factors that would render their consent uninformed or involuntary) and of the steps that will be taken to overcome, ameliorate, or be responsive to such vulnerabilities
  • A detailed description of the steps that will be taken to minimize the risks to participants, physically (including provisions to address injuries or medical emergencies should they occur or to minimize the likelihood of serious adverse events occurring through eligibility criteria), psychologically (including any counseling or other services), and socially or economically (including steps taken to protect the confidentiality of information obtained from or about participants, to prevent dissemination of identifiable data regarding participants without their consent, and to protect participants from social or economic discrimination or stigmatization should information from the research be disclosed to persons outside the research project)
  • In relation to adverse events, the protocol must include:
    • a definition of adverse events (AE) and serious adverse events (SAE),
    • guidance for determining which adverse events are study-related,
    • the process for reporting AE and SAE to DSMB (if applicable), sponsor, any relevant ethics committee and any applicable regulatory body,
    • the process for response to recommendations from DSMB, ethics review bodies or applicable regulatory bodies,
    • a description of the technical means available at the study site to help determine causality,
    • a description of the process to ensure follow up care for participants with AE and SAE.
• A description of the arrangements (including immediate medical or other assistance and compensation for medical expenses, lost income, or the like) that will be available to compensate any harm that occurs to research participants

Follow-up
• Describe what follow-up will be provided to the research participants and for how long
• Describe any information that will be provided to participants, verbally and/or in writing, following their participation, including a description of the categories of information that will be provided or offered such as the general findings or conclusions of the research, the individualized results of any tests or other procedures undergone by the participants, etc.

Data management and statistical analysis
• Include information on how the data will be management (including data handling, coding for computer analysis, monitoring and verification)
• Statistical methods should be clearly outlined (including sample size justification, study power, level of significance to be used, procedures or missing data
• For projects with qualitative components, provide detail on the data analysis process

Quality assurance
• Describe the quality control and assurance procedures in place for the conduct of the study (i.e., data management, data safety monitoring board, etc.)
• Details on how the study will be monitored, including details concerning any DSMB or comparable body that will be established to oversee the research, including information on who will appoint the DSMB, to whom it will report (including the circumstances for which it will provide specified information to relevant ethics committees including the WHO ERC), and the decision rules it will utilize in deciding or recommending that the research should be altered or halted

Expected outcomes of the study
• Include an explanation of the benefits that the research will provide whether to research participants, members of the population from which participants will be drawn, general public
• Indicate how the study will contribute to the advancement of knowledge, how results will be utilized (both regarding publications was well as impact on health care, health systems, and/or health policies)

Dissemination of results and publication policy
• Specify dissemination of results in scientific media, to community and/or participants, and policy makers where relevant
• Outline publication policy (i.e., who will take the lead in publication, who will be acknowledged)
Problems anticipated
• Outline the difficulties that the investigators anticipate in successfully completing their projects with the outlined timeframe and allocated funding, and outline potential solutions for these difficulties

Project management
• Include a description of the roles and responsibilities of each member of the study team

Ethics
• Include description of ethical considerations related to the study, including a description of how ethics approval will be obtained, and issues that may raise ethical concerns
• Describe the informed consent process
• Describe the amount and type of incentives, in terms of money, goods, or medical services, that will be offered to participants, uniformly or selectively, as well as any treatment or compensation that will be provided participants who are injured in the course of the research, with an explanation of what will constitute a covered injury and how such coverage will be determined
• Describe the statistical or other rules (such as the occurrence at a specified rate of particular serious adverse events) that will determine whether the study will be halted before accruing the full complement of participants specified in the protocol, with specification of the role that anyone other than the investigators such as a DSMB will play in making such a determination

Other support for the project
• Provide information about funding received or anticipated funding for the project from other organizations

Collaboration with other scientists or research institutions

Links to other projects

Other research activities of the investigators
• The Principal investigator should list all current research projects that he/she is involved in, the source of funding of those projects, the duration of those projects and the percentage of time spent on each

Financing and insurance
• Describe financing and insurance if not addressed in a separate agreement

Acknowledgements
Dr. Etienne Langlois. WHO, Alliance for Health Policy and Systems Research.

Unity Health Toronto, Ontario, Canada.
St. Michael’s Hospital. Toronto, Ontario, Canada.

Ms. Maria M. Guraiib. WHO, Global Health Ethics Unit, Ethics Review Committee Secretariat.
Screening Framework for Surveys

i. Rationale

Surveys are, in principle, considered low risk research; however the WHO ERC wishes to have a system of proportionate review where the degree of scrutiny is proportionate to the potential risk of harm. For example, some surveys may involve a low risk of harm and others can be high risk. Research is important and the WHO ERC wishes to help researchers by providing an efficient and appropriate review process. This screening tool was developed for two reasons. Firstly it was intended to help guide technical officers during the development of a protocol as to the type of ethical issues that should be considered, and secondly it was intended to aid the WHO ERC secretariat in assessing which type of review the WHO ERC should use (expedited, exempt or full committee).

ii. Role of Screening Framework

The following framework is to be used to assess what type of ethical review a project should undergo. Researchers should ensure that they clearly address the issues below if they wish their project to be considered for expedited review or exemption. The framework is not meant to be followed blindly or be exhaustive. It is to be used a means of determining the balance of potential risks and benefits from using the survey. Not all questions will always be relevant, but researchers should think carefully about those that are relevant and explain their rationale. The framework is designed to help with the ethical discussion, not replace it.

iii. Ethical issues

a) Methodology

It is often the case that a proposed study might adopt different methodologies as a way to answer a specified research question. The validity of a study’s methodology is important to prevent participants taking part in unnecessary research and to ensure the efficient use of limited resources.

1. Why has a survey been chosen as a method?

2. What alternative methods are available?
3. Will it answer the chosen research question?

4. Has the survey methodology been previously validated or independently reviewed? If not, why not?

b) Data Collection and Management

Surveys are designed to collect data. The WHO ERC has a duty to ensure that relevant protections are in place to protect patients from potential harms arising from the collection, storage and sharing of their data. It is important to agree before collecting data who owns and/or has control over the data. This ensures that the confidentiality of participants is protected by ensuring that no inappropriate external individual, organisation or company can gain access to the data. However, it is acknowledged that sometimes it is necessary for data to be shared with other agencies, including governments, for the purposes of protecting populations or promoting public health. In such circumstances it must be stated what steps have been taken to protect the identity of participants. One way to protect participants is through anonymising the data. If data is not anonymised before sharing, there must be a clear rationale for why it has not been done at this time. The person collecting the data should additionally have the appropriate credentials for accessing patient data. It should also be acknowledged that even after data has been anonymised there may be markers which allow identification; for example if there is only one hospital in a state where a survey is being carried out. In this circumstance the risks of identification should be minimised and these steps should be explored in the protocol. All efforts should be made to protect the collected data. Considerations include appropriate storage of data and destruction of data after the research has been completed.

5. Who will collect the data?

6. Have they had suitable training in data management and related ethical issues?

7. If the data is not collected by WHO, does anyone else own the data?

8. Will the data be shared with anyone else?
9. Will the data be anonymised at the time of collection?

10. If not, at what point will it be anonymised and for what reason?

11. Even if the data is anonymised are there any possibilities for identification, and if so what measures will be taken to minimise the risk?

12. What measures will be taken to secure the data?
   - For example: how will the data be stored, when will it be destroyed, and if data is being collected on the internet will it be encrypted?

### c) Consent

Consent is one means of providing agreement to any extra risk that a patient might be subject to as a result of participating in research. Seeking individual-level consent may not always be possible or appropriate (for example where retrospective analysis is conducted on anonymised previously collected data). Researchers should think about how consent issues should be addressed in their study. In might be appropriate, where other protections are in place, to just ask for oral consent to be given with many surveys, as the risk of harm may be very low. In other cases, it might be thought appropriate to provide the equivalent of the information provided in an information sheet for a clinical trial. Such information may include: the rationale of the study, the use of the collected data, any plans for the data to be shared and measures taken to protect confidentiality.

13. How will you address consent issues in your study (if at all)?

14. What pieces of information do you consider to be essential to gaining an informed consent?

15. What additions to or alternatives to consent such as community engagement is appropriate?

**Acknowledgements:** Thanks to Angus Dawson for his help in developing this framework

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WHO ERC Secretariat