PROGRAM REPORT

PROGRAM ENDED - NO END DATE PROVIDED

Cancer Alliance for Sub-Saharan Africa

Takeda

Submitted as part of Access Accelerated

Access Observatory

PROGRAM ENDED - NO END DATE PROVIDED

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The information in this report has been submitted by the company concerned to the Access Observatory at Boston University. The information will be updated regularly. For more information about the Observatory go to www.accessobservatory.org

The information contained in this report is in the public domain and should be cited as: Takeda, Cancer Alliance for sub-Saharan Africa (2020), Access Observatory Boston, US 2020 (online) available from www.accessobservatory.org

Program Description

PROGRAM ENDED - NO END DATE PROVIDED

Program Overview

1 Program Name

Cancer Alliance for sub-Saharan Africa

2 Diseases program aims to address

- Cancer: Cancer (General)

3 Beneficiary population

- Age Group: All ages
- Gender: All genders
- Special Populations: Low income, rural, urban population, cancer patients.

4 Countries

- Kenya

5 Program start date

October 1, 2017

6 Anticipated program completion date

Not specified

7 Contact person

Philip Towle, Philip.Towle@takeda.com

8 Program summary

The Cancer Alliance, formed by a group of established organizations and government agencies, aims to improve early diagnosis, affordability, quality, and impact of cancer care while enhancing legislation and the public policy environment for patients in sub-Saharan Africa (SSA). The Alliance involves a broad coalition of local partners from the public, private, and voluntary sectors, and strives to coordinate all individual cancer care efforts in the region to ensure effective and holistic cancer management through improved inter-organization cooperation. The Cancer Alliance is endorsed by the Kenyan National Minister of Health and the National Cancer Institute (NCI) of Kenya.

As a founding partner of the Alliance, Takeda has helped shape public policy, including through the drafting of the National Cancer Control Strategy in Kenya (2017-2021) with the Kenyan Ministry of Health, and contributed funding, resources and oncology expertise to the program to improve the monitoring of cancer incidences and type.

In line with the Alliance's defined objectives, Takeda is working with partners to increase disease awareness and education amongst patients and healthcare practitioners; enhance and advance diagnosis and treatment of all cancers; promote sustainable development of medical support and facilities; and improve access to healthcare infrastructures and cancer medication in SSA on a not-for-profit basis.

We are also helping to train healthcare professionals in cancer care to increase the number of oncology specialists. In addition, the Alliance is developing a patient data collection and management system to advance tracking of cancer incidence and type, and inform policy-making. Another focus is developing initiatives, based on a patient's ability to pay, that improve the affordability of high-quality medicines and of medical procedures. Lastly, the Alliance are working with national and local governments to enhance legislation and cancer public policy.

The Cancer Alliance aims to develop Nairobi, Kenya into a centre of excellence for cancer management in the sub-Saharan Africa region. Activities are initiated in Kenya and then expanded to East Africa (Rwanda, Tanzania, Uganda, Ethiopia, Mozambique) followed by West Africa (Nigeria, Ghana, Senegal, Angola).

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Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	- Improve patient education and family services, for example, improving knowledge and awareness of various cancers in the community. - Improve data collection and dissemination.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	Identifying gaps in cancer care and planning activities with partners through Cancer Alliance working groups, and sub-committees.
Training	Training healthcare professionals in cancer care and increasing the number of oncology specialists.
Technology	Developing a patient data collection and management system to improve tracking of cancer incidence and type, and inform policy-making.
Management	The Alliance is developing a patient data collection and management system to advance tracking of cancer incidence and type, and inform policy-making.

Strategy 3: Regulation & Legislation

ACTIVITY	DESCRIPTION
Advocacy	Working with national and local governments to enhance legislation and cancer public policy.

Strategy 4: Price Scheme

ACTIVITY	DESCRIPTION
Pricing	Developing initiatives, based on a patient’s ability to pay, that improve the affordability of high quality medicines and of medical procedures.

PROGRAM ENDED - NO END DATE PROVIDED

Companies, Partners & Stakeholders

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Kenya
Health Service Strengthening	Kenya
Regulation & Legislation	Kenya
Price Scheme	Kenya

11 Company roles

COMPANY	ROLE
Takeda	Founding partner. Developed concept for and initiated the Cancer Alliance. Will drive all future initiatives related to cancer care through the Alliance including needs assessments, capacity-building initiatives, and patient assistance programs.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
AMREF Health Africa	Providing AMREF Health Africa offices in Nairobi, Kenya for Cancer Alliance secretariat. Co-leading the Cancer Alliance's disease awareness working group. http://amref.org/	Voluntary
Kenya Medical Re-search Institute	Leading the Cancer Alliance's cancer registry / epidemiology working group. Training healthcare professionals to collect detailed and accurate cancer data across Kenya. https://www.kemri.org/	Public
M.P. Shah Hospital	Reducing patient load byu partnering with national referring hospitalsand agreeing to support diagnostic and treatment at significantly reduced rate. http://mpshahhosp.org/	Voluntary
Kenyan Network of Cancer Organiza-tions (KENCASA)	Co-leading the Cancer Alliance's disease awareness working group. http://kenyacancer.org/	Voluntary

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Companies, Partners & Stakeholders

12 Funding and implementing partners cont.

PARTNER	ROLE/URL	SECTOR
Kenya Cancer Association (KENCO)	Providing the Cancer Alliance with knowledge, experience, and expertise in cancer advocacy. http://kenconetwork.org/	Voluntary
Nairobi Hospital	Reducing patient load by partnering with national referring hospitals and agreeing to support diagnostic and treatment at significantly reduced rates. http://thenairobihosp.org/	Voluntary

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Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
AMREF Health Africa	Kenya
Kenya Medical Research Institute	Kenya
M.P. Shah Hospital	Kenya
Kenyan Network of Cancer Organizations (KENCASA)	Kenya
Kenya Cancer Association (KENCO)	Kenya
Nairobi Hospital	Kenya

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Government	The Cancer Alliance has been endorsed by the Kenyan National Minister of Health, and involves a cross section of local partners from the public, private, and voluntary sectors. Continue to engage with local and national governments to enhance legislation and cancer public policy.	Infrastructure: No Human Resources: No Funding: No Monitoring or Oversight: No Other resource: No
Non-government organization (NGO)	Kenyan NGOs for contribution to working groups and implementation of programs.	Infrastructure: No Human Resources: Yes Funding: Yes Monitoring or Oversight: Yes Other resource: [No response provided]
Local Hospitals/ Health Facilities	Engage with public and private hospitals and medical research institutes in Nairobi for treatment delivery, contribution to working groups, and implementation of programs.	Infrastructure: No Human Resources: Yes Funding: No Monitoring or Oversight: Yes Other resource: Yes
Local universities	Public university in Nairobi for governance and contribution to working groups.	[No response provided]

PROGRAM ENDED - NO END DATE PROVIDED

Local Context, Equity & Sustainability

15 Local health needs addressed by program

The need:

Kenya faces all of the barriers to cancer care as the rest of the region. Although the population is largely affected by communicable diseases, non-communicable diseases are on the rise. Kenya's prevalence of cancer is similar to the rest of the region – liver, stomach, cervical, breast, colorectal, prostate and esophageal cancers have the highest incidence and contribute to 3.53% of the NCD deaths in the country.

Only 8% of the national budget is being spent on provision of healthcare services; and the country is also afflicted with a shortage of healthcare practitioners. The number of doctors per 100 000 residents is significantly below WHO recommendations and half of those doctors work in the private sector, and most of them are located in are located in Nairobi. The capital has 32% of doctors serving 8% of the population, whilst a region like Nyanza is home to 14% of the population yet only has 9% of the doctors.

Kenya has a shortage of oncologists and radiation oncologists, and the few they do have are based in Nairobi.

Nurses are also essential for cancer care, currently there are only seven nurses for every 4 000 residents with only three specialized oncology nurses in total. .

Infrastructure is also a challenge. Seven out of eight healthcare facilities lack access to sanitation and waste disposal measures. Equipment is either underutilized due to lack of practitioner knowledge, not maintained and completely unavailable.

The majority of spend on healthcare is done out of pocket, and this places a significant burden on families and communities who often then dip into poverty. This leads to two out of five Kenyans not seeking any treatment due to the associated costs of such treatments. Lastly, only half of Kenyans live within a five kilometer radius of a healthcare facility, and this is also limiting the ability to access services.

For cancer care be to improved, specialized healthcare practitioners are key, as will be training and retention initiatives. Based on the current projected increase in cancer cases, we will need to ensure that there is a significant increase in the amount of specialized healthcare practitioners to address these cases. To meet WHO recommendations, we need 51 455 additional nurses and 7 708 doctors to enter the healthcare system which would need to occur over time.

All of the above, demonstrates the critical role the Alliance needs to play in developing a Centre of Excellence that can be the model that is replicates across Sub-Saharan Africa and extended to other emerging markets.

The current cancer ecosystem is comprised of many groups and services – each inextricably reliant on each other to ensure positive patient outcomes. Each player in this ecosystem has a critical role to play in delivery of these elements and it's vital that they come together along the patient journey.

We believe that it is vital that patient awareness be positioned at the forefront of this ecosystem. It is only by increasing patient education on the disease that early diagnosis and treatment can be achieved. Diagnosis through appropriate and effective methods will help to improve the detection of the type and stage of cancer, but critically a diagnosis needs to be paired with counselling to assists patients and their families to cope with the outcome and prepare for treatment.

PROGRAM ENDED - NO END DATE PROVIDED

Local Context, Equity & Sustainability

Once a diagnosis has been made, it is vital that the appropriate treatment plan be put in place that is catered to the disease morphology and patient health status. The treatment plan will have to include treatment protocols and ensuring that the patient receives proper and quality medicines at the correct time. Once treatment begins continuity is critical – treatment protocols need be adhered to and this can only occur if availability of medicines and access to services are guaranteed. Tracking of the disease progression becomes the next step in the patient journey, requiring further access to diagnostic and healthcare services.

Transport between home and the healthcare facility is challenging for some patients. Therefore the transport of patients to enable them to access services is a critical underpinning element in the ecosystem.

Health care practitioners across the ecosystem provide the guidance and care required at the various stages of a patient's cancer journey – and the education and upskilling of this group is critical to improving diagnosis, planning and administering of treatment protocols and care. Universities and colleges will drive this education in collaboration with healthcare facilities through a range of upskilling programs and retention activities.

Interconnectedness and collaboration are critical elements in strengthening this ecosystem; however, given the limited financial abilities of many of the stakeholders, funding is required at all levels across the ecosystem.

Sustainability of the initiative:

- An endowment fund and micro insurance scheme to provide primary and supplementary coverage for cancer diagnostics and treatment is being developed by the Cancer Alliance.
- The insurance product will be aimed at the mid to lower-mid income segments of society with tiered premiums and attached to a network of Cancer Alliance certified hospitals where rates have been pre-negotiated and the level of care (using evidence-based guidelines) assured by the Alliance.
- A portion of premiums will be allocated to a fund for advancing cancer care and supporting low income patients who cannot afford treatment.
- Over time, the interest earned on this fund rather than the principal may be used to fund the Alliances activities.

a How needs were assessed

The initial need was identified through site visits. A full business case was then developed for the establishment of the cancer Alliance, which further highlighted the need. More recently a study of the local halthcare environment was performed with one of our partners, and results and findings of this study will be released publicly by mid 2019.

b Formal needs assessment conducted

Yes.

16 Social inequity addressed

The Cancer Alliance aims to bring about significant improvements in cancer care in sub-Saharan Africa and through improving the affordability of high quality medicines, improving transport to health facilities and so on, to see the lives of cancer patients and their families shift from desperation and helplessness towards hope and recovery.

PROGRAM ENDED - NO END DATE PROVIDED

Local Context, Equity & Sustainability

17 Local policies, practices, and laws considered during program

POLICY, PRACTICE, LAW	APPLICABLE TO PROGRAM	DESCRIPTION OF HOW IT WAS TAKEN INTO CONSIDERATION
National regulations	Yes	• A Memorandum of Association was signed on 26 August 2016 in Kenya. • The Cancer Alliance is a Kenyan Company Limited by Guarantees registered on 1 October 2017. • The Cancer Alliance has been endorsed by the Kenyan National Ministry of Health.
Procurement procedures	—	—
Standard treatment guidelines	—	—
Quality and safety requirements	—	—
Remuneration scales and hiring practices	—	—
Other, please specify	Yes	The Cancer Alliance is committed to ensuring clear accountability for its operations and the delivery of cancer services in SSA. Clear governance structures are in place, through which the monitoring and evaluation of initiatives is embedded through targeted policies and procedures. A Board of Directors is responsible for overseeing, discussing and deciding on projects, campaigns, initiatives, new partnerships, budgets, meeting schedules and any other activities undertaken by the Cancer Alliance. The board is also responsible for overseeing and finalizing the formation of policies and procedures governing the work plan and prioritization of activities. • To ensure governance procedures are followed, various focused committees are being implemented to oversee the activities of the Alliance, including a Financial Committee and a Program Evaluation Committee. The committees aim to assist the Board of Directors in their mandate. • While the Alliance provides broad oversight for all Takeda Cancer Care efforts across the regions, each individual activity within this initiative has its own governance structure in place, mapped out and agreed upon within the initial agreement between the organization/s to maximize the accountability and effectiveness of each project.

PROGRAM ENDED - NO END DATE PROVIDED

Local Context, Equity & Sustainability

18 How diversion of resources from other public health priorities are avoided

The Cancer Alliance will continue to strive to work with Government to improve the various elements across the cancer ecosystem and coordinate care and services through the elimination of silos, the provision of funding support and the implementation of novel initiatives.

Takeda is working with partners to increase disease awareness and education amongst patients and healthcare practitioners to enhance and advance diagnosis and treatment of all cancers, and so are therefore strengthening health resources.

By working together we will impact the communities in the region and address the burden of cancer that is affecting so many.

19 Program provides health technologies (medical devices, medicines, and vaccines)

No.

20 Health technology(ies) are part of local standard treatment guidelines

N/A

21 Health technologies are covered by local health insurance schemes

N/A

22 Program provides medicines listed on the National Essential Medicines List

N/A

23 Sustainability plan

An endowment fund and micro insurance scheme to provide primary and supplementary coverage for cancer diagnostics and treatment is being developed by the Cancer Alliance.

The insurance product will be aimed at the mid to lower-mid income segments of society with tiered premiums and attached to a network of Cancer Alliance certified hospitals where rates have been pre-negotiated and the level of care (using evidence-based guidelines) assured by the Alliance.

A portion of premiums will be allocated to a fund for advancing cancer care and supporting low income patients who cannot afford treatment. Over time, the interest earned on this fund rather than the principal may be used to fund the Alliances activities.

PROGRAM ENDED - NO END DATE PROVIDED

Additional Program Information

24 Additional program information

No additional information provided.

a Potential conflict of interest discussed with government entity

Yes. Throughout the process, the National Ministry of Health of Kenya has been involved in the planning and development of the Alliance.

25 Access Accelerated Initiative participant

Yes.

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Yes.

Program Indicators

PROGRAM ENDED - NO END DATE PROVIDED

PROGRAM NAME

Cancer Alliance for sub-Saharan Africa

27 List of indicator data to be reported into Access Observatory database

INDICATOR	TYPE	STRATEGY	2017	2018
1 Value of resources	Input	All Program Strategies	---	---
2 Number of people trained	Output	Health Service Strengthening	---	---
3 Health provider knowledge	Outcome	Health Service Strengthening	---	---
4 Population health [Disease specific mortality rate]	Impact	All Program Strategies	---	---
5 Population exposed to media communication activities	Output	Community Awareness and Linkage to Care	---	---
6 Population exposed to oral communication activities	Output	Community Awareness and Linkage to Care	---	---
7 Number of patients diagnosed	Output	Health Service Strengthening	---	---

INDICATOR

Value of resources

1

STRATEGY ALL PROGRAM STRATEGIES

	ITEM	DESCRIPTION
	Definition	Total expenditure by company to operate program, including all expenditures that can reasonably be defined as necessary to operate the program
	Method of measurement	Program administrative records or accounting or tax records provide details in the expenditures on the program in a defined period of time CALCULATION Sum of expenditures (e.g., staff, materials) on program in US$
28	Data source	Routine Program Data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company, Implementing partner: AMREF Health Africa	A member of the program team submits invoices to finance and accounting to be paid. Finance makes the payments and keeps records of payments. Staffs who are responsible for the program will collect and report the data to the Access to Medicines office.	Once per year
31	Data processing	Company, Implementing partner: AMREF Health Africa	Staffs who are responsible for the program will produce a financial report based on the program administrative and accounting records. The expenses for the year are summed at the end of the year. They will also communicate with the secretariat of the Cancer Alliance to validate the data as necessary.	Once per year
32	Data validation		Financial reports are audited based on program receipts.	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR		2017	2018
1	Value of resources	---	---

Comments: N/A

INDICATOR

Number of people trained

STRATEGY HEALTH SERVICE STRENGTHENING

2

	ITEM	DESCRIPTION
	Definition	Number of trainees
	Method of measurement	Counting of people who completed all training requirements CALCULATION Sum of the number of people trained
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company, Implementing partner: AMREF Health Africa	The healthcare professionals who attend the trainings sign their name on an attendance form during each of the trainings. Staffs who are responsible for the program will collect and report the data to the Access to Medicines office.	Once per year
31	Data processing	Company, Implementing partner: AMREF Health Africa	Staffs who are responsible for the program review the number of attendees per training session and sums up the total number of people who attended each type of training over the past one year. They will also communicate with the secretariat of the Cancer Alliance to validate the data as necessary.	Once per year
32	Data validation		We do not conduct any further validation of this indicator data.	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR		2017	2018
2	Number of people trained	---	---

Comments: N/A

INDICATOR

Health provider knowledge

3

STRATEGY HEALTH SERVICE STRENGTHENING

ITEM	DESCRIPTION
Definition	Percentage of providers that pass the assessment examining their skills or knowledge. The exam should be designed to assess the possession of the skills and knowledge to be able to comply with predefined standards
Method of measurement	The assessment of possession of skills and knowledge occurs through a written, oral, or observational assessment that all providers have to undergo CALCULATION Number of providers who pass the assessment / Number of providers trained
28 Data source	Routine Program Data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Company, Implementing partner: AMREF Health Africa	A knowledge questionnaire is completed before and after each training session by each health provider attending the training. The questionnaire is marked by a member of the local team based on the correct answers provided by the specialists. The scores are then recorded.	Once per year
31 Data processing	Company, Implementing partner: AMREF Health Africa	The staff responsible for the program review the post-training survey scores and note the number of participants who scored above a pre-determined pass mark. The proportion of participants who scored above the pass mark is then calculated.	Once per year
32 Data validation		We do not conduct any further validation of this program data.	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018
3 Health provider knowledge	---	---

Comments: N/A

INDICATOR

Population health [Disease specific mortality rate]

4

STRATEGY ALL PROGRAM STRATEGIES

ITEM	DESCRIPTION
Definition	Unconditional probability of dying between the exact ages of 30 and 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases, defined as the per cent of 30-year-old-people who would die before their 70th birthday from any of cardiovascular disease, cancer, diabetes, or chronic respiratory disease, assuming that s/he would experience current mortality rates at every age and s/he would not die from any other cause of death (e.g., injuries or HIV/AIDS)
Method of measurement	Death registration with medical certification of cause of death, coded using the international classification of diseases (ICD) CALCULATION Number of deaths between ages 30 and 70 years from the four causes in a synthetic life-table population* ——— Population at exact age 30 in the synthetic life-table population*
28 Data source	External Public Data (ex. Demographic and Health Survey)
29 Frequency of reporting	Unknown - National Cancer Registry is in its infancy

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	[No response provided]	[No response provided.]	Ongoing
31 Data processing	[No response provided]	[No response provided.]	Other
32 Data validation		[No response provided.]	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018
4 Population health [Disease specific mortality rate]	---	---

Comments: N/A

INDICATOR

Population exposed to media communication activities

5

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

	ITEM	DESCRIPTION
	Definition	Number of population reached through media awareness campaign
	Method of measurement	Counting of participants reached by media message disseminated CALCULATION Number of people in the target audience reached by disseminated media message in a given period of time
28	Data source	[No response provided]
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	[No response provided]	[No response provided.]	Every three months
31	Data processing	[No response provided]	[No response provided.]	Every three months
32	Data validation		[No response provided.]	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR		2017	2018
5	Population exposed to media communication activities	---	---

Comments: N/A

INDICATOR

Population exposed to oral communication activities

6

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

ITEM	DESCRIPTION
Definition	Number of population reached through a community awareness campaign
Method of measurement	Counting of participants that attend campaign meetings CALCULATION Number of people/participants in the target audience segment that participated/attended the community awareness campaign recorded in a given period of time
28 Data source	[No reponse provided]
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	[No response provided]	[No response provided.]	Every three months
31 Data processing	[No response provided]	[No response provided.]	Every three months
32 Data validation		[No response provided.]	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018
6 Population exposed to oral communication activities	---	---

Comments: N/A

INDICATOR

Number of patients diagnosed

STRATEGY HEALTH SERVICE STRENGTHENING

7

ITEM	DESCRIPTION
Definition	Number of patients that were diagnosed with disease through the program
Method of measurement	Counting of people who were diagnosed with disease through the program CALCULATION Sum of the number of people diagnosed with disease
28 Data source	[No reponse provided]
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	[No response provided]	[No response provided.]	Every three months
31 Data processing	[No response provided]	[No response provided.]	Every three months
32 Data validation		[No response provided.]	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018
7 Number of patients diagnosed	---	---

Comments: N/A

PROGRAM ENDED - NO END DATE PROVIDED

Appendix

This program report is based on the information gathered from the Access Observatory questionnaire below.

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:

Please identify the disease(s) that your program aims to address (select all that apply).

3 Beneficiary population

Please identify the beneficiary population of this program (select all that apply).

4 Countries

Please select all countries that this program is being implemented in (select all that apply).

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person

On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).

8 Program summary

Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities

Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?

10 Strategy by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable.
For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles

Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?

12 Funding and implementing partners

Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization's goals and objectives.)

a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team's responsibilities for the program, with reference to the program strategies and activities. (response required for each partner selected).

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b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner. (Public Sector is defined as government; Private Sector is defined as A business unit established, owned, and operated by private individuals for profit, instead of by or for any government or its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.))

c. Please provide the URL to the partner organizations' webpages

13 Funding and implementing partners by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (funding and implementing partners), please identify which country/countries these apply.

14 Stakeholders

Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.). Select all that apply.

- Government, please explain
- Non-Government Organization (NGO), please explain
- Faith-based organization, please explain
- Commercial sector, please explain
- Local hospitals/health facilities, please explain
- Local universities, please explain
- Other, please explain

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

a How were needs assessed

b Was a formal need assessment conducted

(Yes/No) If yes, please upload file or provide URL.

16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime 'social disparities,' 'structural barriers' and 'oppression and discrimination' are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.*)

*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

17 Local policies, practices, and laws considered during program design

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

18 How diversion of resources from other public health priorities are avoided

Please explain how the program avoids diverting resources away from other public health priorities? (e.g. local human resources involved in program implementation diverted from other programs or activities).

19 Program provides health technologies

Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)

20 Health technology(ies) are part of local standard treatment guidelines

Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not, what was the local need for these technologies?

21 Health technologies are covered by local health insurance schemes

Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

22 Program provides medicines listed on the National Essential Medicines List

Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

23 Sustainability plan

If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

ADDITIONAL PROGRAM INFORMATION

24 Additional program information

Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

a Potential conflict of interest discussed with government entity

Have you discussed with governmental entity potential conflicts of interest between the social aims of your program and your business activities? (Yes/No) If yes, please provide more details and the name of the government entity.

25 Access Accelerated Initiative participant

Is this program part of the Access Accelerated Initiative? (Yes/No)

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

Program Indicators

INDICATOR DESCRIPTION

27 List of indicator data to be reported into Access Observatory database

For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

28 Data source

For this indicator, please select the data source(s) you will rely on.

29 Frequency of reporting

Indicate the frequency with which data for this indicator can be submitted to the Observatory.

30 Data collection

a. Responsible party: For this indicator, please indicate the party/parties responsible for data collection.

b. Data collection — Description: Please briefly describe the data source and collection procedure in detail.

c. Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 Data processing

a. Responsible party: Please indicate all parties that conduct any processing of this data.

b. Data processing— Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.

c. Data processing — Frequency: What is the frequency with which this data is processed?

32 Data validation

Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

33 Challenges in data collection and steps to address challenges

Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.