PROGRAM ENDED IN 2018

Integrated Approach to Improving Oncology Care

Pfizer Foundation

Submitted as part of Access Accelerated

Access Observatory

Contents

Program Description

Program Overview

1 Program Name

Integrated Approach to Improving Oncology Care

2 Diseases program aims to address

• Cancer: Breast

3 Beneficiary population

• Age Group: Women within the age range for mamography
• Gender: Female
• Special Populations: People with low income, Rural populations

4 Countries

• Brazil

5 Program start date

July 18, 2016

6 Anticipated program completion date

July 31, 2018

7 Contact person

Claire Maguire (claire.maguire@pfizer.com)

8 Program summary

Susan G. Komen is helping to eliminate disparities in treatment and outcomes by empowering low-income populations; facilitating access to breast cancer training for health professionals from the public health system; and improving health systems by strengthening evidence-based projects that are sustainable and induce changes in care systems. In Brazil, since 2007, Komen's work has led to direct engagement with the public and private sector to raise awareness of the disease and address geographic and socio-economic inequities in service delivery and access. Today, breast cancer is the most significant cause of cancer mortality and morbidity among women in Brazil. The public health system, called the Unified Health System, or Sistema Único de Saúde (SUS), is administered at the federal, state and municipal levels.

The point of entry for clients is primary health care "basic health units" (unidade básica de saúde or UBS) which are responsible for breast health education, clinical breast examination, promotion of mammography screening and referral. Secondary and tertiary care for breast cancer (diagnostics and treatment) is provided at public and private sector facilities, financed through both public and private mechanisms.Analyses of the organization of breast health service delivery commissioned by Komen in Sao Paulo and Salvador revealed a lack of coordination of care, resulting in delays at every level of the continuum of care, due to the high demand and fragmentation of services. Facilities that provide a range of services (e.g. education, screening, diagnosis, treatment and follow-up care) in one place are very limited.

 A large portion of the services are concentrated in urban areas of several cities and wealthier areas are far better covered than socially deprived areas, despite high population densities.

Komen's strategy in the state of Sergipe, in Brazil's Northeast Region, is to integrate breast cancer patient support, early detection, and timely/quality diagnosis into existing health care services in Aracaju, Sergipe and surrounding cities, to facilitate the progression of women through the different phases of the continuum of care.

Program Overview

8 Program summary cont.

This program is serving as a demonstration project for improving breast cancer control.

Expected results:

• To map existing resources including human resource availability, service distribution mechanisms and breast cancer service capacity.

• To reduce time between screening; diagnosis and start of treatment using the One stop clinic approach that has proven to be effective in the State of Sao Paulo.

• To improve quality of screening exams by training health providers to be able to perform mammography with higher diagnostic quality.

• To provide patient support navigating the system and understanding patient rights; including access to a helpline and the development of an educational toolkit for patient support.

With funding from the Pfizer Foundation, Komen is working with local implementing partners, the Secretary of Health for the Aracaju Municipality, and the Secretary of Health for the State of Sergipe to address these specific gaps in breast cancer control while leveraging existing community resources. Additionally, representatives from key institutions in Brazil have been appointed to a project advisory committee (PAC) to offer support, critique, and guidance on the implementation of the program.

Program Strategies & Activities

(9) Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Planning	PLANNING SESSIONS: • Planning meetings with implementing partners and the project advisory committee to discuss program components, needs, anticipated challenges and proposed solutions. • Discussions with implementing partners on integrating breast self-awareness messaging as a standard component of educational sessions, to build participant knowledge about the risk signs and symptoms of breast cancer and improve understanding of preventive health behaviors. • Planning and draft of a framework for the development of a patient support toolkit borrowing from evidence-based Komen.org resources, review of publications and input from local organizations and survivors to adapt to local culture. REPORTS /BRIEFS: • Official communications with local ministry of health (municipal and state) to obtain approvals to deliver program activities; gather support with program needs and support continued engagement throughout the program. • Coordination among all implementing partners to design the application to Plataforma Brasil to approve the collection of data from patients and health professionals for the study to map breast health services. The application was written and submitted by Komen, and subsequently approved. • Public launch of the mapping of health services (available online for the public at large).
Communication	MEETINGS: • With patient advocates to understand the local patient perspective and to gain their support with the patient support toolkit; and involvement in the patient rights training. • To gain the support of local government (municipal and state) to participate in informational sessions, meetings to discuss progress on program activities, and demonstrate their support of breast cancer education and awareness.Development and printing of the patient support toolkit and donation of printed toolkits to social workers trained by Oncoguia to complement their engagement with patients, offering them a resource to take home

Program Strategies & Activities

9 Strategies and activities, cont.

Strategy 1: Community Awareness and Linkage to Care, cont.

ACTIVITY	DESCRIPTION
Mobilization	COMMUNITY GROUP SUPPORT: Supporting Mulheres De Peito, a local organization made up of cancer survivors that aims to provide support and guidance to women with cancer, fighting for a dignified treatment free of charge, increased self-esteem, among other things, by: • Including them in all educational opportunities to increase their knowledge and capacity. • Gathering testimonials on their experience as patients to complement the mapping of health services. • Providing educational resources (BSA materials & PowerPoint slides) for them to share with other members of the group, proliferating breast self-awareness education.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	Planning Sessions: • Planning meetings to coordinate activities, discuss commentary on breast health services from each partner's perspective and integrate the approach of implementing partners as part of the overall program. Includes communications with project advisory committee. • Targeted meetings with local hospitals (clinicians and hospital administrators) gauge the level of interest in improving breast cancer control in Sergipe and identify champions to push for longer term commitments from the Ministry of Health. • Official communications (as well as email, and constant phone calls) to ensure engagement of hospital leadership and Ministry of Health coordinators in support of recruitment efforts for trainees. Also making sure they were given the appropriate approvals to take time off for the trainings as necessary
Training	• Development of educational resources and training on the one stop clinic model (including seminars, shadowing of clinicians and practical training on biopsy, quality in mammography, breast cancer (breast self-awareness and clinical breast examination) and patient rights. • Ongoing mentorship to health providers trained.
Infrastructure	• Donation of biopsy needles to local hospitals to temporarily address a gap in resource availability and an urgent need to ensure timely diagnosis for patients. (Done with external funding).

Program Strategies & Activities

9 Strategies and activities, cont.

Strategy 2: Health Service Strengthening, cont.

ACTIVITY	DESCRIPTION
Management	Consultancy with BCI2.5 and MR Assessoria to collect data from local facilities and constituents to support the development of the mapping of breast health services.
Funding	Grantmaking activities, including contracting and management of grants to local implementing partners. Negotiation with local event venues and payment processing for local services.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Brazil
Health Service Strengthening	Brazil

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Pfizer Foundation	The Pfizer Foundation provided grant funding to Susan G. Komen to support implementation of this project. Susan G. Komen is leading the project and they are responsible for the design, management and evaluation of the project. The Pfizer Foundation is a charitable organization established by Pfizer Inc. It is a separate legal entity from Pfizer Inc. with distinct legal restrictions.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Centro de Estudos e Pesquisa do Hospital Perola Byington	BACKGROUND: The Center for Studies and Research of Perola Byington Hospital – a renowned reference center for women's health in Sao Paulo and part of the SUS public health system, serves patients throughout the state and with the leadership of Dr. Luiz Henrique Gebrim has become a model for the One Stop Clinic approach which seeks to leverage the existing resources of the institution to create efficiencies in service delivery from screening to diagnostics and treatment. RELATIONSHIP: Susan G. Komen has engaged with Perola Byington since 2009, their staff has served as expert speakers in roundtables, offering input for the Sao Paulo health system assessment and in delivering two projects funded by the Caterpillar Foundation, focused on education, training and qualification of gynecologists working in primary care units and oncologists from secondary hospitals throughout the state of Sao Paulo, as well as offering training to hospital leadership from large city centers on the One Stop Clinic model and guidelines to reduce the number of advanced breast cancer cases. RESPONSIBILTIES: Multidisciplinary clinical training on the One Day Clinic approach to ensure that women are screened and those with a suspicion are biopsied to receive the most accurate diagnosis in the shortest amount of time possible. http://www.hospitalperola.com.br/index.php	Public
Hospital de Cancer de Barretos	BACKGROUND: Since the 1960s, Barretos Cancer Hospital has sought to promote health through Hospital Care specialized in Oncology, in a humanized way, on a national scope, for patients served by Brazil's Unified Health System (SUS) and supported by prevention, teaching and research programs. RELATIONSHIP: Susan G. Komen has worked with Hospital de Cancer de Barretos since 2014 on a project to improve the quality of mammography screening. Their educational curriculum is approved by the Brazilian Ministry of Education. RESPONSIBILITIES: Specialized training for radiologists, physicists and medical technologists on advanced techniques and quality of mammography. https://www.hcancerbarretos.com.br/politica-institucional	Public

Companies, Partners & Stakeholders

12 Funding and implementing partners cont.

PARTNER	ROLE/URL	SECTOR
Instituto Oncoguia	BACKGROUND: Founded in 2009, Insituto Oncoguia's mission is to help the cancer patient to live better through education, awareness raising, support and advocating for patient rights. RELATIONSHIP: Instituto Oncoguia is the inspiration of Luciana Holtz, a 2007 Komen Course for the Cure® graduate who applied her training to build the organization nearly 10 years ago. As a partner of Komen, Oncoguia has led grassroot efforts from its headquarters in Sao Paulo and is now a recognized portal and force in support of cancer patients in Brazil. RESPONSIBILITIES: Training of nurses and social workers on patient navigation and patient rights to better inform and guide patients and their families. http://www.oncoguia.org.br/	Voluntary
Susan G. Komen	BACKGROUND: Susan G. Komen is the only organization that addresses breast cancer on multiple fronts such as research, community health, global outreach, and public policy initiatives to make the biggest impact against this disease. For 35 years, Komen's efforts have resulted in groundbreaking discoveries in the global movement against breast cancer, especially for those with the fewest resources, including the uninsured, under-insured and low-income men and women unable to access care. RELATIONSHIP: This program is led by the Global Strategy and Programs team of Susan G. Komen which has been delivering programs aimed at reducing mortality and increasing the public's education about breast cancer in Brazil for over a decade. RESPONSIBILITIES: Creation of a comprehensive map of breast cancer services available in Sergipe; Development and dissemination of an educational toolkit for patient support; Program coordination (communication and convening); and Monitoring and Evaluation. https://ww5.komen.org/	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
Centro de Estudos e Pesquisa do Hospital Perola Byington	Brazil
Hospital de Cancer de Barretos	Brazil
Instituto Oncoguia	Brazil
Susan G. Komen	Brazil

Companies, Partners & Stakeholders

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	Ongoing communication / meetings / roundtables with Secretary of Health for Aracaju Municipality and Secretary of Health for the State of Sergipe. Both offices have signed a protocol of intent offering the necessary approvals to initiate the program and have been kept apprised of programmatic progress.
Non-government organization (NGO)	Mulheres de Peito is a local nonprofit organization led by a group of breast cancer survivors in Aracaju. They have provided testimonials to complement the mapping of breast health services, participated in the program launch event and patient rights training, and are providing insight on the development of the patient support manual.
Commercial Sector	Program activities were communicated to the public through media outlets – TV, radio and social.
Local Hospitals/ Health Facilities	The program was introduced to hospital leadership and government stakeholders during a leadership meeting at the early stages of program coordination. Health professionals from local hospitals providing breast health services as well as the basic health units were invited to participate in capacity building activities led by Hospital de Cancer de Barretos and Centro de Estudos e Pesquisa do Hospital Perola Byington. Additionally, clinicians and patients were interviewed as part of the mapping of breast health services.
Other	Multilateral collaboration - engagement with Breast Cancer Initiative 2.5 (BCI2.5) from Fred Hutchinson Cancer Research Center and MR Assessoria e Consultoria em Saude e Educacao to collect and analyze data from the health-care system in an effort to develop the mapping of breast health services.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Prior to receiving funding from the Pfizer Foundation to realize this program, Susan G. Komen had worked individually with each of the implementing partners for many years, supporting similar activities in several cities and states. Through experience delivering programs in country, as well as realizing health system assessments to identify specific gaps and barriers preventing access to quality breast health services, and measuring efficiencies in program delivery, Komen was able to narrow down key activities that had the most impact in local communities, as well as the partners that could effectively deliver in a coordinated manner. In conversations with each of the implementing partners we identified two potential areas of implementation assessing interest, political will, capability based on available funding, and potential overall impact. This is how Sergipe was chosen as the implementation site.

a How needs were assessed

[No response provided]

b Formal needs assessment conducted

[No response provided]

16 Social inequity addressed

Yes. This program aims to improve the quality of breast health services that are accessible to all in Sergipe but frequented primarily by those without sufficient economic resources to access private services. According to 2015 IBGE (Brazilian Institute of Geography and Statistics) data, Sergipe is an extremely dense state with 102 inhabitants per each square kilometer which is equivalent to Cuba or Malawi; 71.88% of the population is situated in urban areas, with 11.7% living in extreme poverty; and 18.4% of the population is illiterate.

• According to a study published by the Atlas of Human Development in Recife which looked at the 14 capitals of the northeast region of Brazil, there is an evident imbalance in the distribution of income among populations in the Northeast.[1]

• The municipal government of Aracaju reported in 2015 that more than 50% of the population requires special attention due to poverty or below poverty status, with a GINI index of 0.62 for the city of Aracaju and State of Sergipe. The Municipal Health Plan of 2014 cited mortality among women due to neoplasms at 29.25%; and deficiencies in equipment and scarcity of specialized professionals, problems with communication among basic health units and users; inadequate leadership; and lack of information among users as issues related to health services. [2]

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

When designing this program, it was important to assess political will both at the Municipal and State levels of the Ministry of Health, as well as assess the existing infrastructure to deliver breast health services. Komen found that services were fragmented and quality was less than optimal, however that there was interest from local stakeholders and political leadership to improve the situation. Through conversations and meetings, local authorities engaged with implementing partners to agree on an action plan that was suitable to the local context.

In this process, several factors were taken into consideration:

• Percentage of the population dependent on government-funded healthcare (80%).

Local Context, Equity & Sustainability

• Institutions enrolled in the National Cancer Institute's Program for Quality in Radiotherapy (2 – Centro de Radioterapia Dr. Osvaldo da Crus Leite and Hospital Governador Joao Alves Filho).

• Geographic distribution of breast health services (primarily centralized in Aracaju)

• High ratio of women within the prime age for breast cancer screening per national screening guidelines (Est. 3 of every 10 women).

• Local and national laws specific to patients with cancer (Social Security withdrawals for patients with advanced-stage disease, disability, and support with transportation and meals).

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

[No response provided]

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

No.

20 Health technologies 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

No.

23 Sustainability plan

As part of the program implementation strategy, Komen has sought consistent involvement of the Health Departments of the State of Sergipe and the Municipality of Aracaju, making clear the areas that the program is supporting but also shedding light on barriers, gaps and deficiencies to be addressed by the local government to ensure sustainability. Active dialogue has been key in this effort.

Additional Program Information

24 Additional program information

[No response provided]

25 Access Accelerated Initiative participant

Yes.

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

Yes.

Resources

1. Atlas of Human Development in Recife https://www.recife.pe.gov.br/pr/secplanejamento/ pnud2005/4.%20CAPITAIS%20 DO%20NORDESTE%20S%C3%83O%20AS%20MAIS%20DESIGUAIS.pdf

2. Plano diretor de desenvolvimento urbano de aracaju – diagnóstico municipa. http://aracaju.se.gov.br/userfiles/plano-diretor-vpreliminiar-jul2015/CAPITULO-II-ASPECTOS-SOCIO-ECONOMICOS.pdf

Program Indicators

PROGRAM NAME

Integrated Approach to Improving Oncology Care

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

INDICATOR	TYPE	STRATEGY	2017	2018
1 Number of people trained	Output	Health Service Strengthening	120 people	98 people

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.
Data source	Routine program data
Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: Susan G. Komen, Centro de Estudos e Pesquisa do Hospital Perola Byington, Hospital de Cancer de Barretos, Instituto Oncoguia	Number of individuals trained will be captured from reports submitted by each implementing partner.	This data is collected as training activities are conducted.
31	Data processing	Implementing partner: Susan G. Komen, Centro de Estudos e Pesquisa do Hospital Perola Byington, Hospital de Cancer de Barretos, Instituto Oncoguia	Komen developed a data collection tool for pre- and post-training data to verify the number of trainees completing the training. A member of the project team collects information on all scheduled participants prior the initiation of the training. A printed list with registered individuals is available at the registration table for the training and names are matched against the list at the beginning and throughout the event (if multiple days). Each training occurs at different frequencies. Once participant data is collected, the database is updated to match any edits to names and/or contact information and the list is submitted as part of the reporting process. The number of participants is calculated and inputted into the qualitative report and quantitative chart by the implementing partner. Susan G. Komen reviews the information, verifies with the implementing partner and transfers the information into a cumulative spreadsheet (GIC) that includes data fields for all implementing partners. The implementing partner will ensure that the appropriate data is collected and sent to Komen who will review the data collected, analyze, document and submit to Pfizer.	Every 6 months

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
32 Data validation		The process outlined by Susan G. Komen is as follows:	
		In this case, the sign in sheets serve as a backup for the information and through frequent phone and email communications Susan G. Komen is able to validate the information with the implementing partner. Each partner developed an evaluation plan together with Susan G. Komen to support data collection efforts and ensure mutual understanding of needs.	
		Through ongoing meetings Susan G. Komen will engage with the local partner to make sure that activities are realized as proposed. When possible, Susan G. Komen will have physical presence in trainings for monitoring purposes and to contribute to content discussions about breast self-awareness and progress in breast cancer activities in Brazil.	

33   Challenges in data collection and steps to address challenges

No challenges to report at this time.

INDICATOR	2017	2018
1 Number of people trained	120 people	98 people

Comments: N/A

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).

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.