PROGRAM REPORT

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Merck Cancer Access Program

Merck KGaA, Darmstadt, Germany

Submitted as part of Access Accelerated

Access Observatory

Contents

The information in this report has been submitted by the company concerned to the Access Observatory as part of its commitment to Access Accelerated. The information will be updated regularly. For more information about the Access Observatory go to www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Merck Cancer Access Program

2 Diseases program aims to address

- Cancer (general)

3 Beneficiary population

- General population

4 Countries

- Kenya
- Uganda
- Tanzania
- Ethiopia
- South Africa
- Zambia
- Liberia
- Namibia
- Botswana
- Ghana
- Sierra Leone
- Egypt
- India

5 Program start date

January 1, 2015

6 Anticipated program completion date

Completion date not specified.

7 Contact person

Yasmine Rouai (Yasmine.rouai@emdserono.com)

8 Program summary

Beyond the lack of financial resources in Africa and other resource limited regions, the scarcity of trained health care personnel capable to exercise cancer prevention, make early diagnosis, and manage care at all levels of health systems, is an even bigger challenge.[1] To address this challenge, the Merck Cancer Access Program was started by the Merck Foundation, a philanthropic subsidiary organization of Merck.[2] The Program consists of three initiatives to improve cancer care at all relevant levels in numerous low and middle income countries, predominantly in Sub-Saharan Africa. The objectives are to build medical capacity and support the implementation and development of specialized healthcare solutions. This is augmented by community awareness campaigns to contribute to the reduction of cancer incidences and improve survival rates.

The three specific initiatives are:

1. Merck Africa Oncology Fellowship Program: focusing on building additional capacity through medical education and training. By partnering with academia and ministries of health, Merck Foundation is providing one, two and three-year oncology fellowship programs to increase the limited number of oncologists and improve access to quality cancer care in Africa and other resource limited regions. So far, doctors from Uganda, Zambia, Ethiopia, Namibia, Tanzania, Ghana, Sierra Leone, South Africa and Kenya have enrolled in the Merck Africa Oncology Fellowship Program in partnership with the University of Nairobi, Kenya, Tata Memorial Centre, India and Alexandria University, Egypt.[1]

2. Merck More Than a Patient: empowering female cancer survivors to reclaim their lives through activities for reintegration into society. "Merck More than a Patient" in partnership with "Women For Cancer" support women cancer survivors to establish their own small business so that they can lead an independent and productive life.[1]

3. Merck Community Awareness: to bolster the previous initiatives, community prevention & early diagnosis awareness campaigns are conducted through medical camps and social media, to share accurate cancer information to help in tackling myths, misconception and stigma.

Program URL: https://www.merck-foundation.com/MF_Ourprograms?id=a2tw0000000NDxbAAG

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Through medical camps and social media, accurate cancer information is shared to help in tackling myths, misconception and stigma.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Partnerships with local organizations on the ground to provide training.
Funding	Funding to sponsor a number of oncology fellowships to train specialized healthcare workers.

10 Strategy by country

[No response provided]

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Merck & Co., Inc.	The Merck Foundation aims to significantly increase the limited number of qualified oncologists across the continent. By partnering with global oncology societies, Academia, ministries of health across the continent, in providing one, two and three year oncology fellowship programs held in Tata Memorial Hospital -India, University of Nairobi – Kenya and Alexandria University in Egypt.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
University of Nairobi	The institution serves as an oncology training site. www.uonbi.ac.ke	Public
Tata Memorial Hospital	The institution serves as an oncology training site. tmc.gov.in/	Public
Alexandria University in Egypt	The institution serves as an oncology training site. www.alexu.edu.eg/index.php/en/	Public

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
Alexandria University in Egypt	[No response provided]
Tata Memorial Hospital	[No response provided]
University of Nairobi	[No response provided]

14 Stakeholders

[No response provided]

Local Context, Equity & Sustainability

15 Local health needs addressed by program

The program is part of Merck Foundation's commitment to improve patient's access to care all over the world. Cancer is a leading cause of the growing global burden of disease attributed to non-communicable diseases.[3] It has a detrimental socioeconomic impact, with a particular regressive effect on low and middle income countries, which lack basic resources and health system infrastructure.[4] The deficiencies span the whole continuum of care, from cancer screening to early diagnosis, treatment and palliative care.[5] In Sub- Saharan Africa, as in other resource limited regions, the few cancer services available and the lack of awareness of early signs and symptoms of cancer, cause most patients to seek care at late stages.[5] The diverse access issues, compounded by the lack of education on the disease, often leads patients to consult traditional treatments first, leaving palliative care as the only option left when they reach appropriate health services. Yet, palliative care is generally inadequate as well, either because of access barriers to essential treatments (e.g. morphine) or because of the lack of strong evidence-based clinical practice. The latter, is explained by the lack of oncologists and specialized nurses in low and middle income countries, in addition to the weak training programs in medical curricula. Consequently, most specialists must go abroad to train themselves, many of whom do not return.[4]

a How needs were assessed

[No response provided]

b Formal needs assessment conducted

[No response provided]

16 Social inequity addressed

Oncology treatments are generally expensive and poorly accessible, which is more pronounced in low and middle income countries that have a lack of financial and human resources.[4] It is expected that by increasing the number of trained oncologists in Africa and other countries, the social inequity, which feeds upon the socioeconomic impacts of cancer, can be reduced. By having a larger offer of providers, this would mean that more patients would have the chance to be treated by a skilled physician, not only limited to those at higher socioeconomic levels. Likewise, a stronger health workforce in low and middle income countries, aligned to cancer awareness and education campaigns could contribute to ease the gap of economic development in an aggregate manner. This is particularly urgent as the burden of non-communicable diseases is expected to grow disproportionately faster for the low and middle income countries, with the potential to cause more devastating socioeconomic effects that can further increase the existing inequity gaps.[6,7]

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

In Africa, the lack of financial means is not the only challenge, but a scarcity of trained health care personnel capable to tackle the prevention, early diagnosis and management of cancer at all levels of the health care systems is even a bigger challenge. Oncology and palliative training is usually weak in medical school curricula, meaning that doctors and nurses have to go to other countries to specialize.[4] Through this program, resources are given for select local providers who are aware of local culture, policies and practices to go abroad and train themselves, with the incentive to return to their home countries once their studies are completed.[1] It is envisioned that this can help bridge the knowledge gap that exists in high quality and culturally appropriate cancer care practice. The training that they receive at the three hospitals in Kenya, India and Egypt is in line with be international guidelines on education of oncologist and certified by the respective national authorities.

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

[No response provided.]

Local Context, Equity & Sustainability

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

N/A.

23 Sustainability plan

[No response provided.]

Additional Program Information

24 Additional program information

[No response provided.]

a Potential conflict of interest discussed with government entity

[No response provided.]

25 Access Accelerated Initiative participant

Yes.

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

Yes.

Resources

1. Merck Cancer Access Program. Merck Website. https://www.merck-foundation.com/MF_CA_Home
2. Merck Foundation Website. https://www.merck-foundation.com/MF_MainPage
3. Mathers et al. The global burden of disease 2000. http://www.who.int/healthinfo/paper50.pdf
4. Sharma V, Kerr SH, Kawar Z, Kerr DJ. Challenges of cancer control in developing countries: current status and future perspective. Future Oncology. 2011 Oct;7(10):1213-22.
5. Jamison et al. Disease Control Priorities in Developing Countries. http://www.who.int/management/referralhospitals.pdf
6. Boutayeb A, Boutayeb S. The burden of non communicable diseases in developing countries. International journal for equity in health. 2005 Jan 14;4(1):2. https://equityhealthj.biomedcentral.com/articles/10.1186/1475-9276-4-2
7. Bloom D et al. The global economic burden of noncommunicable diseases. Program on the Global Demography of Aging; 2012 Jan. https://econpapers.repec.org/paper/gdmwpaper/8712.htm

Program Indicators

PROGRAM NAME

Merck Cancer Access Program

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

INDICATOR		TYPE	STRATEGY	2017	2018	2016-2018
1	Value of funding provided	Output	Community Awareness and Linkage to Care	---	---	---
2	Percentage of professionals trained out of total number	Output	Health Service Strengthening	100%	100%	100%

INDICATOR

Value of funding provided

1

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

	ITEM	DESCRIPTION
	Definition	Total amount of awards disbursed by the company for a specific activity which form part of the program. This is distinct from the total amount invested in the program (see Input expenditure)
	Method of measurement	Total amount of money disbursed through funding activities CALCULATION Sum of the total amount of money disbursed to implementing partner
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	My company supply funds for the fellows and keep a record of the funds supplied.	Once per year
31	Data processing	Company	Annually, we sum the total funds supplied to fellows based on our records.	Once per year
32	Data validation		[No response provided.]	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018	2019
1 Value of funding provided	---	---	---

Comments: N/A

INDICATOR

Percentage of professionals trained out of total number targeted

2

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Percentage of professionals that completed the required requisites of the training out of total number of professionals targeted
	Method of measurement	Sum of professionals who completed all training requirements divided by the total number of professionals targeted by the program to be trained CALCULATION Number of professionals trained in a defined period ——————————— Total number of professionals targeted by the program to be trained
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	The oncology fellowship training occurs in partnership with the University of Nairobi, Kenya, Tata Memorial Centre, India and Alexandria University, Egypt. Our partners keep record of fellows that are enrolled in training. We check in with the universities yearly. The total number of professionals targeted by the program to be trained is from our program work plan.	Once per year
31	Data processing	Company	My company calculates the percentage of health professionals trained by dividing the number of health professionals enrolled in the oncology fellowship each year by the number targeted to be trained in that year.	Once per year
32	Data validation		[No response provided.]	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018	2016-2018
2 Percentage of professionals trained out of total number targeted	100%	100%	100%

Comments:

Three Oncology Fellowship programs have been developed at Tata Memorial Centre, India (Aug. 2016); University of Nairobi, Kenya (Sept 2016) and Alexandria University, Egypt (Sept 2017).

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.