

APRIL 2020

---

# Merck Community Awareness Program

Merck KGaA, Darmstadt, Germany

Submitted as part of Access Accelerated

# Contents

---

<b>Program Description</b>	<b>3</b>
Program Overview	4
Program Strategies & Activities	5
Companies, Partners & Stakeholders	6
Local Context, Equity & Sustainability	7
Additional Program Information	9
<b>Resources</b>	<b>10</b>
<b>Program Indicators</b>	<b>11</b>
List of indicator data	12
Communication materials in use	13
<b>Appendix</b>	<b>14</b>

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](http://www.accessobservatory.org)

The information contained in this report is in the public domain and should be cited as: Merck KGaA, Merck Community Awareness Program (2020), Access Observatory Boston, US 2020 (online) available from [www.accessobservatory.org](http://www.accessobservatory.org)

# Program Description

# Program Overview

---

## 1 Program Name

Merck Community Awareness Program

## 2 Diseases program aims to address

- Cardiovascular disease (Hypertension)
- Cancer (General)

## 3 Beneficiary population

- General population

## 4 Countries

- Kenya
- Uganda
- Tanzania
- Mozambique
- Angola
- Indonesia
- India
- Ghana
- Ethiopia
- South Africa

## 5 Program start date

January 1, 2012

## 6 Anticipated program completion date

Completion date not specified.

## 7 Contact person

Yasmine Rouai (Yasmine.rouai@emdserono.com)

## 8 Program summary

The Merck Community Awareness Program ensures easy access to knowledge about diseases like cancer, hypertension and diabetes by providing educational materials in local languages. These materials include are developed with information from relevant medical information. In addition, a broad social media campaign for prevention and early detection including videos and posters amplifies the outreach of our life saving messages. Cancer awareness videos on youtube in English, French, Portuguese and local languages such as Marathi (India), Bahasa (Indonesia), Kiswahili and Hindi have been developed. The Program aims to reach patients and professionals with the right healthcare messages on the relevant channels. A wide range of education campaigns have been implemented through partnerships with local decision makers, including public institutions and governments, ministries of health, and teams of interdisciplinary experts.<sup>1</sup>

Program URL: [https://www.merck-foundation.com/MF\\_Ourprograms?id=a2tw000000NDxgAAG](https://www.merck-foundation.com/MF_Ourprograms?id=a2tw000000NDxgAAG)

# Program Strategies & Activities

---

## 9 Strategies and activities

### Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	The Merck Community Awareness Program creates videos and other media campaigns on cancer and diabetes education.

## 10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	[No response provided]

# Companies, Partners & Stakeholders

---

## 11 Company roles

COMPANY	ROLE
Merck KGaA	Create informational materials and disseminates them over social channels.

## 12 Funding and implementing partners

There are no partners supporting this program at this time.

## 13 Funding and implementing partners by country

[No response provided]

## 14 Stakeholders

[No response provided]

# Local Context, Equity & Sustainability

---

## 15 Local health needs addressed by program

Non-communicable diseases (NCDs) are the leading cause of mortality worldwide and have been shown to have a disproportionate impact on health in developing countries.<sup>2</sup> Over 80% of cancer and diabetes related deaths occur in developing countries.<sup>2</sup> Approximately 12 million people in Africa suffer from diabetes and this number is expected to double by 2035. 76% of deaths due to diabetes are among people under 60 years of age.<sup>3</sup> The Merck Community Awareness Program creates more awareness around diabetes and cancer and helps facilitate early detection and management of NCDs. The best way to fight a disease is to prevent it. But to do so, people need to know more about their health. That is the reason why knowledge and education are essential for an efficient healthcare system. But in underserved regions, spreading information across communities is a big challenge. To reach patients and professionals with the right healthcare messages on the relevant channels, Merck Foundation has joined hands with its partners to harness the power of social media to raise awareness on cancer early detection and prevention. By partnering with decision makers from institutions and governments, ministries of health and team of interdisciplinary experts, a wide range of initiatives has been kicked off.<sup>1</sup>

### a How needs were assessed

[No response provided]

### b Formal needs assessment conducted

[No response provided]

## 16 Social inequity addressed

The program ensures easy access to knowledge about diseases like cancer and diabetes with educational material in local languages. This helps to reduce the global inequity in access to health information on non-communicable diseases between low and high income countries.

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

By partnering with decision makers from institutions and governments, ministries of health and team of interdisciplinary experts, a wide range of initiatives has been kicked off. Community awareness videos and informational materials are produced in local languages and adapted to local practices.

## 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.

# 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.]

25 Access Accelerated Initiative participant

Yes.

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

Yes.

# Resources

1. Merck Foundation. Merck Community Awareness. [https://www.merck-foundation.com/MF\\_CA\\_InitiativeDetail?id=a30w000000KN-M7AAO&showAll=true](https://www.merck-foundation.com/MF_CA_InitiativeDetail?id=a30w000000KN-M7AAO&showAll=true)
2. Islam SMS, Purnat TD, Phuong NTA, Mwingira U, Schacht K, Fröschl G. Non-Communicable Diseases (NCDs) in developing countries: a symposium report. *Globalization and Health*. 2014;10:81. doi:10.1186/s12992-014-0081-9.
3. International Diabetes Federation. *IDF Diabetes Atlas: 6th Edition*.; 2013: 09.

# Program Indicators

PROGRAM NAME

# Merck Community Awareness Program

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

INDICATOR	TYPE	STRATEGY	2016-2018
1 Communication materials in use	Output	Community Awareness and Linkage to Care	5 tools

INDICATOR **Communication materials in use**

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

ITEM	DESCRIPTION
Definition	Number of communication materials introduced and in use by the program
Method of measurement	Counting the number of communication materials created and in use by the program  CALCULATION Sum of communication materials created by the program
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Company	The materials are on the website we create.	Once per year
31 Data processing	Company	We create communication materials and post them so they are accessible. Annually, we count the number of communication materials that we created and posted to the website.	Once per year
32 Data validation		[No response provided.]	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR

2016-2018

1 Communication materials in use	5 tools
----------------------------------	---------

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 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 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 program meets or exceeds local standards

Is there anything else that you would like to report on how your program meets or exceeds local standards?

### 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.



