APRIL 2020

Mobile Healthcare Field Clinic Services in Myanmar

Daiichi Sankyo

Submitted as part of Access Accelerated

Access Observatory

Contents

Program Description

Program Overview

1 **Program Name**

Mobile Healthcare Field Clinic Services

2 **Diseases program aims to address**

- Cardiovascular diseases: Hypertension
- Respiratory diseases: Respiratory disease, general
- Other Non-NCD: Maternal and infants' condition, Anemia

3 **Beneficiary population**

- Age groups: Children under 5 years, Adolescents (5-14), Adults (15-64)
- Gender: All genders
- Special populations: People with low income, Rural populations

4 **Countries**

- Myanmar

5 **Program start date**

April 1, 2019

6 **Anticipated program completion date**

March 31, 2021

7 **Contact person**

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8 **Program summary**

Mobile Healthcare Field Clinic Services in Myanmar is a Daiichi Sankyo Program launched in 2019. Its goals are to reduce morbidity and mortality rates among children under 5 by tackling diarrhea and acute respiratory tract infection, and to prevent and control anemia among children under 5, adolescent girls and pregnant women. We will implement this program in 55 villages in Nyaung U district. Key program objectives include:
1) To improve community health provision through mobile clinic delivery of maternal and child health services
2) To strengthen capacities of community volunteers and health service providers at village and township levels
3) To raise awareness of community members on key intervention topics (Nutrition, WASH, SRHR and community health)
We will implement following activities for achievement of program objectives in cooperation with non-governmental organization Plan International.
- Mobile healthcare services and health checkup in women and children under 5 of age
- Antenatal care including hypertension and hyperglycemia screening among pregnant women
- Diagnosis and treatment of diarrhea, anemia and respiratory tract infections including pneumonia.
- Training of health service providers and community volunteers on nutrition, sexual and reproductive health and right (SRHR), and maternal, newborn and child health care
- Awareness-raising activities for community members regarding health, nutrition and SRHR
Plan International will conduct a progress management, assessment and reporting of the project.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Planning	Hold community engagement and planning meeting.
Communication	Conduct awareness meetings and campaigns in communities.
Mobilization	Support child, adolescent and caregiver groups.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	Hold program planning meeting.
Training	Train healthcare providers and community volunteers.

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	Conduct health checkup for children under 5 of age, pregnant women and lactating mothers, and screen for hypertension and hyperglycemia in pregnant women.
Diagnosis	Diagnose diarrhea and pneumonia in children under 5 years of age, and anemia in children under 5 of age, pregnant women and lactating mothers.
Treatment	Provide antibiotics for pneumonia, rehydration and continued feeding for diarrhea and iron, folic acid and VB1 for anemia.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Myanmar
Health Service Strengthening	Myanmar
Health Service Delivery	Myanmar

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Daiichi Sankyo	1. Planning, monitoring and evaluating the program with NGO (Plan International). 2. Provision of mobile healthcare van. 3. Funding.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Department of Public Health (DoPH)	As a technical counterpart which provide guidance as needed both in mobile health services as well as in community based activities. Basic Health Staff (BHS) in different health posts (Sub Center/ Rural Health Center/ Station Hospital) will coordinate with our staff members in project implementation. Throughout the project, it will take part as consultative and collaborative stakeholder. https://www.facebook.com/DoPHMyanmar/	Public
Plan International	Plan International has experiences in several projects related to education and health since establishing their office in Myanmar in 2012. Their roles are planning, implementing and reporting this program and coordinating other parties involved in the program. https://www.plan-international.jp/english/	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
Local Government	Myanmar
Plan International	Myanmar

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLD-
Non-governmental organization (NGO)	General Administrative Department (GAD) gives approval to intervene the project in target villages together with DoPH in township and sub township (both called district). The project held consultative and inception meetings with GAD to collect township geographic and demographic data about households in the villages, children under 18, and for other administrative and collaborative support needed throughout the project life span. GAD: http://www.gad.gov.mm/en	Infrastructure: No Human Resources: No Funding: No Monitoring or Oversight: No Other resource: No

Local Context, Equity & Sustainability

15 Local health needs addressed by program

In Myanmar, there is big disparity in access to healthcare service between urban and rural area. For example, the shortage of healthcare facilities and healthcare professionals is a serious problem in rural areas. According to a 2015- 16 Myanmar Demographic and Health Survey, the under-five mortality is substantially higher in rural area than urban area, which is 80 deaths per 1,000 live births in rural area compared with 42 deaths in urban areas. In addition, almost half of children age 6-59 months and women age 15-49 are anemic in Myanmar.

Our program provides mobile healthcare services including health checkup and treatment of diarrhea, acute respiratory tract infections and anemia for residents living in rural areas where access to healthcare is restricted. Moreover, we support for capacity building of healthcare providers, community volunteers and residents through health and nutrition training to improve health service quality and community awareness. We believe that the program can contribute to improving maternal and child health in Myanmar.

a How needs were assessed

In the process of developing project proposal, needs assessment and situation analysis were undertaken with district DoPH by holding consultative discussions and interviews with responsible key health staff in Nyaung U to ensure the project is aligned to their priorities and to ensure their buy-in from the outset.

b Formal needs assessment conducted

Yes

16 Social inequity addressed

Yes, our program address inequitable access to healthcare services in rural area in Myanmar.

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

POLICY, PRACTICE, LAW	APPLICABLE TO PROGRAM	DESCRIPTION OF HOW IT WAS TAKEN INTO CONSIDERATION
National regulations	No	N/A
Procurement procedures	No	N/A
Standard treatment guidelines	No	N/A
Quality and safety requirements	No	N/A
Remuneration scales and hiring	No	N/A

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

[No response provided.]

Local Context, Equity & Sustainability

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

Yes

TYPE	COMMERCIAL NAME	INTERNATIONAL NON-PROPRIETARY NAME (INN)
Medicine	[No response provided]	Oral rehydration
Medicine	[No response provided]	Antibiotics
Medicine	[No response provided]	Iron and folic acid

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

Yes. It is not clear if local guidelines for these treatment exist in Myanmar, but we think some medications may be included local standard treatment guidelines such as National Guidelines for Treatment.

21 Health technologies are covered by local health insurance schemes

No. There is the only type of health insurance in Myanmar, called Social Security Scheme (SSS), but the SSS has low population coverage, which is about 1.3% of total population.

22 Program provides medicines listed on the National Essential Medicines List

Yes. We plan to purchase medicines on the National Essential Medicines List.

23 Sustainability plan

Our company is going to transfer the implementation of the activities of this project to the local government at the end of the program.

Additional Program Information

24 Additional program information

[No response provided]

a Potential conflict of interest discussed with government entity

No

25 Access Accelerated Initiative participant

Yes

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

Yes

Program Indicators

Mobile Healthcare Field Clinic Services in Myanmar

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

INDICATOR	TYPE	STRATEGY	2019
1 Value of resources	Input	All Program Strategies	---
2 Staff time spent planning	Output	Community Awareness and Linkage to	---
3 Number of mobile healthcare field clinic visits	Output	Health Service Delivery	---
4 Number of people receiving health services	Output	Health Service Delivery	---
5 Number of patients on treatment	Output	Health Service Delivery	---
6 Number of people trained	Output	Health Service Strengthening	---
7 Percent of children receiving recommended breastfeeding care out of total number targeted	Output	Community Awareness and Linkage to Care	---
8 Percentage of births delivered by skilled birth provider	Outcome	Health Service Delivery	---
9 Population participating in community activities	Output	Community Awareness and Linkage to Care	---
10 Percentage of women receiving antenatal care before 16 weeks of pregnancy	Outcome	Health Service Delivery	---

	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	Implementing partner: Plan International, Company: Daichii Sankyo	Plan International and Daiichi Sankyo record all program expenditures in a timely manner as they occur.	Ongoing
31	Data processing	Implementing partner: Plan International, Company: Daichii Sankyo	Plan International and Daiichi Sankyo review the program administrative record for all expenditures of the program once a year.	Once per year
32	Data validation		A member of Daiichi Sankyo visits the local team once per year to verify administrative and financial data collection and management procedures. A member of Daiichi Sankyo audits all expenditures in the report.	

33 Challenges in data collection and steps to address challenges

At this present time, we do not have a significant problem.

INDICATOR	2019
1 Value of resources	—

Comments: N/A

ITEM		DESCRIPTION
	Definition	The total amount of time in hours that program staff dedicated to plan the program activities related to the overall strategy. This indicator excludes volunteers.
	Method of measurement	The number of program staff hours is often registered via time sheets that employees to their supervisor to account for their time spent on different activities. Calculation: Sum of the program staff hours dedicated to the planning activities related to the overall program strategy
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company: Daichii Sankyo	Members of my company working on this project track the number of hours they spend planning the project and visiting target villages.	Ongoing
31	Data processing	Company: Daichii Sankyo	A member of Daiichi Sankyo calculates the time spent on meeting and site visits once a year.	Every 6 months
32	Data validation		We do not have the process to validate the quality of the data.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2019
2 Staff time spent planning	—

Comments: N/A

Number of mobile healthcare field clinic visits

STRATEGY   HEALTH SERVICE DELIVERY

ITEM	DESCRIPTION
Definition	Number of visits to target villages
Method of measurement	Sum of outreach visits to outreach points Calculation: Sum of visits to target villages
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partners: Plan International	A member of Plan International Myanmar records mobile healthcare field clinics in a data sheet.	Ongoing
31 Data processing	Implementing partner: Plan International	A member of Plan International Myanmar confirms the data sheets and sends aggregated data to Plan International Japan every 3 months. Plan International Japan reviews it and constructs the final database of mobile clinic services.	Every three months
32 Data validation		A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members form Daiichi Sankyo and Plan International Japan have a meeting every three months to review the data.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2019
3 Number of mobile healthcare field clinics	---

Comments: N/A.

Number of people receiving health services

STRATEGY   HEALTH SERVICE DELIVERY

ITEM	DESCRIPTION
Definition	Number of people who received health check up
	Number of pregnant women who received antenatal care
	Number of pregnant women who received hypertension or hyperglycemia screening
Method of measurement	The number of people receiving heath services is recorded on a data sheet.
	Calculation:
	Sum of people received heath services
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partners: Plan International	A member of Plan International Myanmar records the number of participants or asks each person receiving health service to sign their name on the attendance data sheet.	Ongoing
31 Data processing	Implementing partner: Plan International	A member of Plan International Myanmar confirms the data sheets and sends aggregated data to Plan International Japan every 3 months. Plan International Japan reviews it and constructs the final database of attendance.	Every three months
32 Data validation		A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members form Daiichi Sankyo and Plan International Japan have a meeting every three months to review the data.	

33 **Challenges in data collection and steps to address challenges**

At this present time, we do not have a significant problem.

INDICATOR	2019
4 Number of people receiving health services	---

Comments: N/A.

ITEM		DESCRIPTION
	Definition	Number of people that received treatment through the program
	Method of measurement	Counting of people who received treatment through the program Calculation: Sum of the number of people treated
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: Plan International	A medical doctor from Plan International Myanmar diagnoses anemia, diarrhea and pneumonia and prescribes medicines for each condition. The number of patients treated is recorded on the data sheet by a member of Plan International Myanmar.	Ongoing
31	Data processing	Implementing partner: Plan International	A member of Plan International Myanmar confirms the data sheets and sends aggregated data to Plan International Japan every 3 months. Plan International Japan reviews it and constructs the final database of medication.	Every three months
32	Data validation		Daiichi Sankyo and Plan International Japan have a meeting every three months to review the data.	

33 Challenges in data collection and steps to address challenges

At this present time, we do not have a significant problem.

INDICATOR		2019
5	Number of patients on treatment	---

Comments: N/A.

INDICATOR   Number of people trained

STRATEGY   HEALTH SERVICE STRENGTHENING

6

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	Implementing partners: Plan International	A member of Plan International Myanmar records the number of trainees or asks each person participated in a training to sign his or her name on the attendance sheet. Training includes Community Infant and Young Children Feeding (IYCF) and Sexual and Reproductive Health and Rights (SRHR) for community health volunteers, and Basic Emergency Obstetric Care (BEmOC), Helping Babies Breath (HBB) and Essential Newborn Care (ENBC) for Midwives.	Ongoing
31	Data processing	Implementing partner: Plan International	A member of Plan International Myanmar confirms attendance sheets and sends aggregated data to Plan International Japan every 3 months. Plan International Japan reviews it and constructs the final database of attendance.	Every three months
32	Data validation		A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members form Daiichi Sankyo and Plan International Japan have a meeting every three months to review and construct the final database from the training attendance sheets.	

33   Challenges in data collection and steps to address challenges

At this present time, we do not have a significant problem

INDICATOR	2019
6 Number of people trained	---

Comments: N/A.

Percent of children receiving recommended breastfeeding care out of total number targeted

7

	ITEM	DESCRIPTION
	Definition	Percentage of infants who received recommended breastfeeding care
	Method of measurement	Mothers or caregivers are asked about children's breastfeeding status with the surveys. Calculation: $$\frac{\text{Number of children of target age who received recommended breastfeeding care}}{\text{Total number of children of target age}}$$
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: Plan International	A member of Plan International Myanmar conducts surveys before and after the project with an external resource such as a consultation company. The data regarding recommended breastfeeding care rate in control villages including urban area, used for comparison, are based on the Myanmar Demographic and Health Survey (2015- 2016).	After the endline survey (in 2023)
31	Data processing	Implementing partner: Plan International	Plan International Myanmar confirms and summarizes the survey results after each survey and submits them to Plan Japan, who reviews them and report to Daiichi Sankyo.	Before start and after end of project
32	Data validation		We do not have the process to validate the quality of the survey results.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR		2019
7	Percent of children receiving recommended breastfeeding care out of total number targeted	---

Comments: N/A.

Percentage of births delivered by skilled birth provider

STRATEGY   HEALTH SERVICE DELIVERY

ITEM		DESCRIPTION
	Definition	Percentage of women who gave birth with skilled birth provider
	Method of measurement	The target population is asked about delivery situation with the surveys. Calculation: $$\frac{\text{Number of women ages 15-49 who gave birth with skilled birth provider in her last live birth}}{\text{Total number of women ages 15-49 who gave birth}}$$
28	Data source	External Public Data and other source
29	Frequency of reporting	After the endline survey (in 2023)

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: Plan International	A member of Plan International Myanmar conducts surveys before and after the project with an external resource such as a consultation company. The data regarding delivery rate by skilled birth provider in control villages including urban area, used for comparison, are based on the Myanmar Demographic and Health Survey (2015- 2016).	Before start and after end of project
31	Data process-ing	Implementing partner: Plan International	A member of plan International Myanmar confirms and sum-marizes the survey result after each survey and submits them to Plan Japan, who reviews them and report to Daiichi Sankyo.	Before start and after the end of project
32	Data validation		We do not have the process to validate the quality of the survey results.	

33 Challenges in data collection and steps to address challenges

At this present time, we do not have a significant problem.

INDICATOR		2019
8	Percentage of births delivered by skilled birth attendant	—

Comments: N/A

	ITEM	DESCRIPTION
	Definition	Number of population reached through the community activities such as community education programs and awareness campaigns
	Method of measurement	Counting of participants that attend community activities Calculation : Sum of the number of people attended
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: Plan International	A member of Plan International Myanmar records the number of participants or asks each person attending a each education program or a awareness campaign to sign his or her name on the Attendance data sheet.	Ongoing
31	Data processing	Implementing partner: Plan International	A member of Plan International Myanmar confirms attendance sheets and sends aggregated data to Plan International Japan every 3 months. Plan International Japan reviews it and constructs the final database of attendance.	Every three months
32	Data validation		A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members form Daiichi Sankyo and Plan International Japan have a meeting every three months to review and construct the final database from the training attendance sheets.	

33   Challenges in data collection and steps to address challenges

At this present time, we do not have a significant problem.

INDICATOR	2019
9 Population exposed to community activities	—

Comments: N/A

Percentage of women receiving antenatal
care before 16 weeks of pregnancy

10

STRATEGY   HEALTH SERVICE DELIVERY

	ITEM	DESCRIPTION
	Definition	Percentage of pregnant women who attended antenatal care before 16 weeks of pregnancy
	Method of measurement	The target population is asked about antenatal care attendance before 16 weeks of pregnancy with the surveys.
		$$\frac{\text{Number of pregnant women who attended antenatal care before 16 weeks of pregnancy}}{\text{Total number of pregnant women}}$$
28	Data source	External Public Data
29	Frequency of reporting	After the endline survey (in 2023)

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: Plan International	A member of Plan International Myanmar conducts surveys before and after the project with an external resource such as a consultation company. The data regarding antenatal care attendance rate before 16 weeks of pregnancy in control villages including urban area, used for comparison, are based on the Myanmar Demographic and Health Survey (2015-2016).	Before start and after end of the project
31	Data processing	Implementing partner: Plan International	A member of plan International Myanmar confirms and summarizes the survey results after each survey and submits them to Plan Japan, who reviews them and report to Daiichi Sankyo.	Before start and after end of the project
32	Data validation		We do not have the process to validate the quality of the survey results.	

33 Challenges in data collection and steps to address challenges

At this present time, we do not have a significant problem.

INDICATOR   2019

10	Percentage of women receiving antenatal care before 16 weeks of pregnancy	—

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 is 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.