PROGRAM REPORT

APRIL 2020

Ngao Ya Afya

Sanofi

Submitted as part of Access Accelerated

Access Observatory

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

Program Description

Program Overview

1 Program Name

Ngao Ya Afya

2 Diseases program aims to address

- Diabetes: Type 2
- Hypertension

3 Beneficiary population

- Age group: Adults 18+
- Gender: All genders
- Special Populations: Low and middle income

4 Countries

- Kenya

5 Program start date

November 6, 2018

6 Anticipated program completion date

December 31, 2020

7 Contact person

Grégory Lamory - gregory.lamory@sanofi.com

8 Program summary

PharmAccess Foundation, CarePay and Sanofi launched Ngao Ya Afya, an innovative patient-focused solution in Kenya, to enhance access to affordable and quality diabetes and hypertension care. Ngao ya Afya is delivered via M-TIBA, a mobile healthcare platform that connects patients, payers and providers through a mobile health wallet, which can be used by anyone with access to a simple mobile phone. The wallet allows people to save money and receive insurance or other entitlements, ring-fenced for healthcare that can be spent in connected clinics. M-TIBA enables direct and targeted reach of large groups of patients with entitlements at virtually no transaction costs. The platform generates an unprecedented amount of data along the care process that creates transparency on costs and outcomes of care, at an individual patient level. These data can be used to provide smart, real-time feedback to patients, providers and payers and improve the value of care. Developed by PharmAccess, CarePay and Safaricom, M-TIBA was launched in December 2015 and currently has over 1 million users and connected 450 clinics.

Through Ngao Ya Afya, registered patients in participating clinics are empowered to take charge of their own health through:

- Access to care: a mobile benefit giving access to discounted diabetes and hypertension consultations, medical tests and discounted Sanofi medicines through M-TIBA
- Self-management tools to help patients track and manage their condition including lifestyle and adherence support and incentives, remote communication with physicians.

Value of care is further improved through M-TIBA data informed decision-making tools that assist doctors toprovide quality care.

Moreover, screening for hypertension and diabetes are proposed in the clinics that are part of the program and training for healthcare professionals on most recent guidelines is also carried out. The program is a pilot.

More information on M-TIBA can be found at https://m-tiba.co.ke/

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Educational materials on diabetes and hypertension.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Provide training to all nurses and physicians in program clinics on most recent national Kenyan treatment guidelines on cardiovascular disease management and diabetes from the Kenya Ministry of Health.
Technology	Provide technology in form of population management tools to be used to track andtriage patients and also to monitor home-based measurements.

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	Patients are proposed to be screened for hypertension and diabetes in selected clinics part of the program.
Diagnosis	If further to the screening, patients are diagnosed with hypertension or/and diabetes, they will be proposed to join the program.
Treatment	Physicians will prescribe medicines to their patients. As part of the program, Sanofi medicines will be available at discounted price.
Retention	In order to retain patients, care will be supported by the use of an app to measure diabetes and/or hypertension indicators and ease interaction with the physician, especially for most remote persons.

Strategy 4: Financing

ACTIVITY	DESCRIPTION
Funding	The objective of the program is to demonstrate that it is cost-effective and that public and/or private payer can take over to scale it up. The program provides discounted diabetes and hypertension consultations and-medical tests.

Program Strategies & Activities

9 Strategies and activities, cont.

Strategy 5: Price Scheme

ACTIVITY	DESCRIPTION
Pricing	Sanofi products will be available in the selected clinics at a discounted price. They will be available to patients upon prescription by his/her physician.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Kenya
Health Service Strengthening	Kenya
Health Service Delivery	Kenya
Financing	Kenya
Price Scheme	Kenya

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Sanofi	Sanofi contributed to the design of the program; it funds access to discounted medical consultations and tests; it provides diabetes and hypertension treatments at a discounted price.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
PharmAccess Foundation	PharmAccess Foundation is an entrepreneurial organization with a digital agenda dedicated to connecting more people to better healthcare in Africa. It contributed to the design of the program and is the implementing partner on the field. It is one of the partners who developed the M-TIBA mobile wallet that is at the heart of the program and the program takes in some M-TIBA affiliated clinics. Locally, PharmAccess' teams selected the clinics and informed and trained physicians about the program. They supported the enrollment of patients in selected clinics (provide information on program to thepatients, etc.) www.pharmaccess.org	Voluntary
CarePay	CarePay is a Kenyan company that administers conditional healthcare payments between funders, patients and healthcare providers. Through the M-TIBA wallet, CarePay directs funds from public and private funders directly to the patients into a 'health wallet' on their mobile phone. CarePay deisgned the Ngao Ya Afya specific wallet and is managing it. www.carepay.co.ke	Private

13 Funding and implementing partners by country

PARTNER	COUNTRY
PharmAccess	Kenya
CarePay	Kenya

Companies, Partners & Stakeholders

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Government	National Hospital Insurance Fund was involved during the market study phase. Ministry of Health was invited to give an address at the launch event.	Infrastructure: No Human Resources: No Funding: No Monitoring or Oversight: No Other resource: No
Non-governmental organization (NGO)	Engagement with organisations was made during the market research phase to better understand burden of disease and medical needs for patients with diabetes and hypertension. This includes patient organizations for instance. Also NCD Allinace Kenya gave a keynote speech during the launch event of Ngao Ya Afya.	Infrastructure: No Human Resources: No Funding: No Monitoring or Oversight: No Other resource: No
Faith Based Organizations	Engagement with faith-based organizations was made during the market research phase to better understand burden of disease and medical needs for patients with diabetes and hypertension.	Infrastructure: [No response provided] Human Resources: No Funding: No Monitoring or Oversight: No Other resource: No
Commercial Sector	Several private payers have been engaged through the market study and will be involved in discussing outcomes of the pilot and how Ngao Ya Afya can eventually be taken up in insurance programs. Commercial pharmaceutical suppliers have also been involved during the market study phase.	Infrastructure: No Human Resources: No Funding: No Monitoring or Oversight: No Other resource: No
Local hospitals/ health facilities	Clinics in public and private sector and experts on hypertension and diabetes care from local university hospitals were involved in the market study to learn more about barriers to care and how Ngao Ya Afya model can fit in.	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

Diabetes and hypertension are on the rise. The Global Health Observatory data estimates that hypertension will cause 7.5 million deaths globally which accounts for 12.8% of total deaths. Sadly, prevalence of hypertension is highest in Africa region, accounting for 46% prevalence across both sexes. In Kenya, the 2014 Kenya Demographic Health Survey estimated a prevalence of 14% while the STEPwise survey in 2015 showed a 23% prevalence. Diabetes on the other hand is also an emergency in slow motion. According to International Diabetes Federation (IDF, 2015), diabetes global prevalence stands at 8.8% accounting for 415 million diagnosed with diabetes; 75% of these cases are in low and middle-income countries while prevalence in Kenya stands at 3-5% owing to increased urbanization rates, increased inactivity, and low fruit and vegetable intake among other behavioural risk factors. It became clear that there is a huge unmet need for diabetes and hypertension management in Kenya. More than half of the patients are unaware of their condition (diabetes 59%; hypertension 52%) while a dismal 6-7% are on treatment and on target. Juxtaposed in this situation is a cost of care that is largely unaffordable to majority of Kenyans as they highly depend on out of pocket (OOP) payments since only 20% of them have a form of insurance that covers chronic diseases. Ngao Ya Afya relies on the use of M-TIBA, a mobile phone wallet now used by more than 1 million persons in Kenya. In general, mobile phone penetration in Kenya is 95.1% according to the latest statistics from the Communications Authority of Kenya (July 2018).

a How needs were assessed

A market research was conducted by PharmAccess Foundation and the Kenya Healthcare Federation.

b Formal needs assessment conducted

Yes.

16 Social inequity addressed

The program aims to provide better access to diabetes and hypertension care for the low and middle income population by addressing affordability and by providing tools to facilitate care retention.

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	Yes	All physicians are provided with the national treatment guidelines and all patient information is based on national guidelines.
Quality and safety requirements	Yes	All clinics involved in the program are assessed for quality care and only involved if they adhere to sufficient SafeCare standards. SafeCare is a PharmAccess-run quality program and SafeCare criteria currently feed into government run quality assessment programs as well.
Remuneration scales and hiring practices	No	N/A.

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

Resources for the program only come from the partners, mainly Sanofi and PharmAccess Foundation.

Local Context, Equity & Sustainability

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

TYPE	COMMERCIAL NAME	INTERNATIONAL NON-PROPRIETARY NAME AND/OR INN
Device	---	Glucometer
Device	---	Blood pressure monitors
Device	---	Mobile application to enter home measurement and receive lifestyle advice
Medicine	Amaryl	Glimepiride
Medicine	Amaryl M	Glimepiride and Metformin
Medicine	Daonil	Glibenclamide
Medicine	Lantus	Glargine
Medicine	Amendin	Amiodipine
Medicine	Aprovasc	Amfodipine and Irbesartan
Medicine	Aprovel	Irbesartan
Medicine	Co-Aprovel	Irbesartan and Hydrochlorothiazide

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

Yes. Glibenclamide, Glimepiride, Metformin, Amlodipine, Hydrochlorothiazide, Irbesartan.

21 Health technologies are covered by local health insurance schemes

No. The objective is to address the growing health burden of diabetes and hypertension.

22 Program provides medicines listed on the National Essential Medicines List

Yes. Glibenclamide, Metformin, Amlodipine, Hydrochlorotiazide.

23 Sustainability plan

One of the purposes of the program is to demonstrate it is cost-effective in order to pass it over to public or private payers to fund the system.

Payers were interviewed during the market research and the discussions will continue over the pilot.

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.

Resources

1 WHO Global Health Observatory (GHO) data. NCD mortality and morbidity. Accessed from www.who.int/gho/ncd/mortality_morbidity/en/

2 More information about the program and study protocol can be found at: Rockers PC, Wirtz VJ, Vian T, Onyango MA, Ashigbie PG, Laing R. Study protocol for a cluster-randomised controlled trial of an NCD access to medicines initiative: evaluation of Novartis Access in Kenya. BMJ open. 2016 Nov 1;6(11):e013386. Accessed from bmjopen.bmj.com/content/6/11/e013386

3 Evaluation of Novartis Access: An (NCD) medicine access initiative. Accessed from sites.bu.edu/evaluatingaccess-novartisaccess/

Program Indicators

PROGRAM NAME

Ngao Ya Afya

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

	INDICATOR	TYPE	STRATEGY	2018	2019
1	Number of patients diagnosed	Output	Health Service Delivery	---	798 people
2	Tools in use	Output	Health Service Strengthening	---	3 tools
3	Number of people trained	Output	Health Service Strengthening	---	60 people
4	Number of patients reached with pricing scheme	Output	Price Scheme	---	675 people
5	Number of patients on treatment	Outcome	Financing	---	367 people

INDICATOR **Number of patients diagnosed** 1

STRATEGY HEALTH SERVICE DELIVERY

	ITEM	DESCRIPTION
	Definition	Number of patients that were diagnosed with disease through the program
	Method of measurement	Counting of people who were diagnosed with disease through the program Calculation: Sum of the number of people diagnosed with disease
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: PharmAccess Foundation	Screening is conducted at the community level or at the clinic. Those who are diagnosed positive are informed about the program and enrolled upon consenting. Existing patients at the participating clinics are also informed about the program and enrolled upon consenting. Every enrollee of the program is signed up with their mobile phone on M-tiba. They acquire access to a wallet on their mobile phone with which they can purchase discounted services at clinics for diabetes and hypertension care. All enrollees in the program have access to the pricing scheme. The enrollees also acquire access to self-management services where they are able to self-monitor as they receive coaching and education on management of hypertension and diabetes.	Ongoing
31	Data processing	Implementing partners: PharmAccess Foundation, CarePay	Data is extracted by CarePay from the m-tiba platform, and a data dump is provided every night to the server of PharmAccess Foundation. Data managers of PharmAccess clean the data and analyze it.	Ongoing
32	Data validation		No process on Sanofi's side to validate the quality of the data.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2018	2019
1 Number of patients diagnosed	---	798 people

Comments: 2019: The estimated number of people diagnosed based on screening sessions at the clinic is 798, out of 9750 screened people. Some of the patients included in the program were already known as diabetic or hypertension patients.

INDICATOR **Tools in use**

STRATEGY HEALTH SERVICE STRENGTHENING

2

	ITEM	DESCRIPTION
	Definition	Number of tools (e.g., mHealth, EMR, etc.) introduced and in use by the program (please distinguish from "Management Procedures in Use" indicator)
	Method of measurement	Counting the number of tools created and in use by the program Calculation: Sum of number of tools created by the program
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: PharmAccess Foundation, CarePay, Baobab Circle.	There are 3 tools created by the project: - 1/ M-TIBA, a digital financial health wallet on a mobile phone that is used to save and receive money and pay for healthcare treatment at clinics - 2/ Afya Pap app, a tool used to enter measurement of glucose and blood pressure + healthy lifestyle messaging - 3/ Measurement devices: glucose meters and blood pressure meters 1/ Data is processed real-time and shared on a daily basis with implementing partner 2/ Data is collected by Afya Pap on measurement on a daily basis 3/ Data is dispered to PharmAccess through M-TIBA	More than once per month
31	Data processing	Implementing partners: PharmAccess Foundation, CarePay, Baobab Circle.	1/ Automated process through M-TIBA to collect data 2/ Automated process through the use of Afya Pap app 3/ [No response provided]	Other, nonspecified
32	Data validation		Tools are owned by implementing partners. We have reviewed data collection processes and protocols with our partners.	

INDICATOR **Tools in use**

STRATEGY HEALTH SERVICE STRENGTHENING

2

33 Challenges in data collection and steps to address challenges

Since processes are automated, data collection is working well and is reliable.

INDICATOR	2018	2019
2 Tools in use	---	3 tools

Comments:

2019: 1. M-TIBA: The M-TIBA platform promotes prepayment for healthcare by allowing users to send, receive, save and pay for medical services using their mobile phones. 2. Afya Pap: At Baobab Circle, we understand that individuals with chronic illnesses each have their own personal challenges. Afya Pap uses AI and behavioural science to help our users change their habits, reduce the financial burden of managing their conditions, and improve their health. https://www.baobabcircle.com/ 3. Medical devices: BP measuring devices and glucose meters and strips are provided to patients for measurement and share information on their health data through Afya Pap.

INDICATOR **Number of people trained**

STRATEGY HEALTH SERVICE STRENGTHENING

3

	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 partner: PharmAccess Foundation	During onboarding of a clinic in the program, a survey is filled out by the clinic called Quick scan, in this survey the number of staff members of a clinics is provided by an employee of PharmAccess, when interviewing staff at the clinic. This data is collected online on an ipad in a system called iProvide. During the program, all staff members of the participating clinics are trained on Hypertension and Diabetes guidelines.	Less than once per year
31	Data processing	Implementing partner: PharmAccess Foundation	All survey data of a quick scan is collected digitally and stored in a system called iProvide, data is cleaned by data managers at PharmAccess Foundation. The number of staff members per clinic is extracted from this data source.	Once per year
32	Data validation		An employee of pharmaccess is present at the clinic when interviewing the clinic on number of staff members and can therefore do a sensiblele check on the accuracy of this answer. The quick scan is repeated on an annual basis.	

33 Challenges in data collection and steps to address challenges

We do not hold an attendance sheet for each training, however all staff members are invited and the quick scan is performed annually therefore number of staff members should be accurate.

INDICATOR	2018	2019
3 Number of people trained	---	60 people

Comments:

2019: 60 staff (nurses, doctors, laboratorians, pharmacists) in the clinics were trained on diabetes guidelines and hypertension medical treatment guidelines in 5 clinics.

INDICATOR

Number of patients reached with pricing scheme

4

STRATEGY PRICE SCHEME

	ITEM	DESCRIPTION
	Definition	Number of individuals that received medicines included in the price scheme
	Method of measurement	Counting the number of individuals that received medicines included in the price scheme Calculation: Sum of the number of individuals that received medicines included in the price scheme
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: PharmAccess Foundation	Every enrollee of the program is signed up with their mobile phone on M-tiba. They acquire access to a wallet on their mobile phone with which they can purchase discounted services at clinics for chronic care. All enrollees in the program have access to the pricing scheme.	Ongoing
31	Data processing	Implementing partner: PharmAccess Foundation	Data is extracted by CarePay from the m-tiba platform, and a data dump is provided every night to the server of PharmAccess Foundation. Data managers of PharmAccess clean the data and analyze it.	[No response provided]
32	Data validation		An employee of PharmAccess checks whether there are missing data fields or not. And frequent live tests are done to check whether the system is accurately reflecting the data.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2018	2019
4 Number of patients reached with pricing scheme	---	675 people

Comments:

2019: There are currently 675 patients who have access to discounted prices through M-TIBA health wallet for diabetes and/or hypertension treatments. They also have access to self-measurement tools and self-measurement devices and the cost to access Afya pap app is also covered.

INDICATOR **Number of patients on treatment** 5

STRATEGY PRICE SCHEME

	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: PharmAccess Foundation, CarePay	Doctors enter the claims digitally in the clinics that patients visit into the provider portal of the M-TIBA system. It includes drugs, tests, consultations, investigation procedures, related prices as data is collected real time and sent to PharmAccess overnight every day.	Ongoing
31	Data processing	Implementing partners: PharmAccess Foundation, CarePay	The data that is entered by clinics into the M-TIBA system is sent overnight to PharmAccess by CarePay. Data staff of PharmAccess reviews the data that they receive daily and clean it before they store it on the server of PharmAccess. If there are any unclarities, there will be some reviews between PharmAccess and CarePay, together with agents on the field in the clinics.	Ongoing
32	Data validation		The functionalities of the M-TIBA platform where the data is collected have been reviewed by Sanofi.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2018	2019
5 Number of patients on treatment	---	367 people

Comments:

2019: There are currently 367 patients (out of 675) who have accessed to the clinics and are on treatment for diabetes and/or hypertension.

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.

Company-submitted Situation Analysis

1. Market analysis on hypertension and diabetes care models in Kenya. June 2018.

URL: https://bit.ly/needs_ngao