PROGRAM REPORT

APRIL 2020

Novartis Access

Novartis

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 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

Novartis Access

2 Diseases program aims to address

- General Non-Communicable Disease Care (Health System): Non-communicable disease care, general
- Diabetes: Type 2
- Respiratory Diseases: Asthma, COPD
- Cardiovascular Disease: Hypertension, Cardiovascular disease, general
- Cancer: Breast

3 Beneficiary population

- Women
- Men
- Elderly (>65yrs)
- People with low income
- Marginalized/indigenous people
- Rural Populations
- Marginalized people refers to humanitarian populations that are especially vulnerable in protracted conflict situations

4 Countries

- Kenya
- Uganda
- Nigeria
- Pakistan
- El Salvador
- Cameroon
- Ethiopia

5 Program start date

September 30, 2015

6 Anticipated program completion date

Completion date not specified.

7 Contact person

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8 Program summary

Novartis Access was launched in 2015 with the aim of improving access to medicines for non-communicable diseases (NCDs) in lower-income countries. The Novartis Access portfolio is offered as a basket of medicines for non-communicable diseases to governments, non-governmental organizations (NGOs) and other institutional customers in lower-income countries at a price of USD 1 per treatment per month. Depending on public subsidy levels, patients in participating countries may either receive Novartis Access medicines free of charge or purchase them at a low price to manage their chronic condition long-term. For those who need to purchase their treatments, we are working with our partners to minimize markups.

The products included in the Novartis Access portfolio have been selected based on three criteria: significant health needs, medical relevance, and lack of local access programs. The portfolio aims to offer various treatment options, including well-proven and standard first-line treatments as well as some of the latest treatment choices for hypertension, type 2 diabetes, asthma, and breast cancer, among others. Fourteen out of the 15 portfolio medicines are either on or belong to a class on the World Health Organization's Model List of Essential Medicines and are among the most commonly prescribed medicines. The treatments in the portfolio offer the same quality and supply security as medicines sold in developed countries. In addition, they have all been qualified for use in tropical climates.

Beyond the portfolio, Novartis Access offers capacity building activities to support healthcare systems in preventing, diagnosing and treating NCDs.

Novartis Access is being rolled out in sub-Saharan Africa, Southeast Asia, Central America and Commonwealth of Independent States (CIS), but we are also testing a new approach in some countries in Asia and Africa.

Novartis Access is part of Novartis Social Business, a unit offering novel commercial solutions to support public health needs and increase patient reach to fight infectious as well as NCDs in lower income countries.

To learn more about Novartis Access, visit our website: www.socialbusiness.novartis.com.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Novartis supports MOHs, FBOs, and NGOs to create NCD health education materials targeted for community level education, community healthcare workers, and global health stakeholders on the risk factors, prevention, and management of chronic diseases.
Technology	Novartis supports implementation of digital health technologies that enable community members to receive education on NCDs, information about their own health and management plans, and additional information to empower their health seeking behavior.
Mobilization	Novartis supports MOHs, FBOs, and NGOs, to conduct community mobilization events that include education, screening, and basic diagnostic services for NCDs. Bringing these aspects to the community level is intended to increase the number of people seeking NCD care. In addition to mobilization events taking place at or near health facilities, mobilization events can also take place in non-health settings such as markets, community events, and at households.
Funding	Novartis provides funding for activities in community awareness and linkages to care through grants and partnerships agreements with implementing partners, such as NGOs, and FBOs.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Novartis supports implementing partners such as NGOs, FBOs, and MOHs to train cohorts of healthcare providers on updated standard treatment guidelines or task sharing guidelines for NCDs. In oncology specifically, Novartis supports training pathologists and laboratory technicians to increase capacity and quality of diagnostics for breast cancer. Additionally implementing NGO partners also provide training on the safe use and handling of Chemotherapy. In diabetes, hypertension, asthma, and heart disease, NGOs focus on training healthcare providers in sub hospital level in order to build capacity to treat NCDs in facilities closer to patient communities. Implementing partners also train community healthcare workers in NCD education and counseling to ensure linkages between communities to facility.
Technology	Novartis supports providing appropriate technology to facilities and for the use of healthcare providers when it enables improved diagnosis and monitoring for NCD patients. In oncology specifically, Novartis supported partners to provide machines to pathology laboratories.
Funding	Novartis provides funding for activities in health service strengthening through grants and partnerships agreements with implementing partners, such as NGOs, and FBOs.

Program Strategies & Activities

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	Novartis supports implementing partners such as MOHs, NGOs and FBOs to conduct screenings that take place at the community level as well as at facilties.
Diagnosis	Novartis supports implementing partners such as MOHs, NGOs and FBOs to conduct diagnosis at facility level, for example on specified NCD clinic days.
Treatment	Novartis provides access to treatment through public, NGO and FBO channels that procure and distribute medicines to the facilities that serve NCD patients directly through the Novartis Access offering. Patients are able to access subsidized or free medicines depending on local policies.

Strategy 4: Price Scheme

ACTIVITY	DESCRIPTION
Pricing	Novartis utilizes a differential pricing model, in which the Novartis Access portfolio price is targeted for customers serving low income patients, which is typically the public sector and non-for-profit health services.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Kenya, Ethiopia, Uganda, Cameroon, Nigeria
Health Service Strengthening	Kenya, Ethiopia, Uganda, Cameroon, Nigeria
Health Service Delivery	Kenya, Ethiopia, Uganda, Cameroon, Nigeria
Price Scheme	Kenya, Ethiopia, Uganda, Cameroon, Nigeria, Rwanda, El Salvador, Pakistan

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Novartis	Novartis is implementing this program.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Kenya Red Cross	The Kenya Red Cross Society provides services for the refugee populations in Kenya, comprised of emergency response, clean water and sanitation, education, health and human development, food security, and environmental restoration. As a capacity building partner of the Novartis Access program, the KRCS provides health education and training to the communities and healthcare providers of the refugee camps in Kenya, Dadaab and Kakuma. In addition, their services often serve low income vulnerable host communities as well throughout Kenya. www.redcross.or.ke/landing	Voluntary
Christian Health Association of Kenya	Christian Health Association of Kenya (CHAK) is a faith based organization providing healthcare and services to low income communities in Kenya. They are conducting provider training and community sensitization programs on diabetes and hypertension. They are also facilitating support programs to diabetic patients which aim to develop "expert patients" that are empowered to manage their diseases. www.chak.or.ke	Voluntary
Kenya Conference of Catholic Bishops	Kenya Conference of Catholic Bishops (KCCB) is a faith-based organization that managed health facilities that provide health services and care to low income communities in Kenya. They are training providers in the national guidelines for diabetes, hypertension, and cardio vascular disease. They are able to provide affordable medicines to the patients they serve through their facilities. www.kccb.or.ke	Voluntary

Companies, Partners & Stakeholders

12 Funding and implementing partners, cont.

PARTNER	ROLE/URL	SECTOR
World Heart Federation	The World Heart Federation is training an Emerging Leaders cohort on Access to Medicines for heart disease. They select 25 leaders from across the world and train them to be advocate and change makers in their home countries on issues of access to medicines and care for NCDs such as heart disease. They provide virtual as well as in person training for leaders, as well as providing seed funding for pilot projects that Leaders design. With Novartis Access financial and in-kind support, WHF is training a cohort of Emerging Leaders on the topic of access to medicines for heart disease which is intended to elevate the importance of NCD medicines across low income countries. www.world-heart-federation.org/world-heart-federation-emerging-leaders-drive-improved-global-access-essential-cvd-medicines	Voluntary
American Society for Clinical Pathology	ASCP will be conducting laboratory strengthening to increase the capacity for immunohistochemistry testing in hospitals in Tanzania and Ethiopia. www.ascp.org/content	Voluntary
Boston University	Boston University School of Public Health is conducting an independent impact evaluation of Novartis Access in Kenya. They have designed the quantitative and qualitative methodology to measure the impact on affordability and availability. They work with a local research group, IPA, to collect data at the facility and household level, in 8 counties in Kenya. sites.bu.edu/evaluatingaccess-novartisaccess/	Voluntary
Cameroon Baptist Convention Health Services	Cameroon Baptist Convention (CBC) is a faith-based organization providing health care and services to poor communities in Cameroon. They are conducting a "Know your numbers" campaign to screen community members for risk factors of NCDs and provide disease awareness in 7 health districts in Cameroon. www.cbchealthservices.org	Voluntary
American Cancer Society (ACS)	American Cancer Society is implementing the ChemoSafe project which aims to train healthcare providers on the safe handling and use of chemotherapy. They are providing this training to hospitals in Ethiopia, Tanzania, and Uganda. www.cancer.org	Voluntary

Companies, Partners & Stakeholders

12 Funding and implementing partners, cont.

PARTNER	ROLE/URL	SECTOR
Tropical Health and Education Trust (THET)	Tropical Health and Education Trust based in the UK with presence across Africa and Asia. THET partners with health institutions and universities in countries to deliver health worker training programs and build clinical and research capacity. In Novartis Access, THET partners with the Federal Ministry of Health of Ethiopia and local partners to deliver NCD clinical training and task sharing guidelines to cohorts of health extension workers, nurses, and healthcare providers at sub national hospital level in order to decentralize NCD care available to communities. https://www.thet.org/about-us/what-we-do/	Voluntary
Society for Family Health (SFH)	Society for Family health is an Nigerian NGO. Through partnership with the private and public sectors, SFH adopts social marketing and behavior change communication to improve access to essential health information, services, and products to motivate the adoption of healthy behaviors. On NCDs, SFH training propriety patent medicine vendors (PPMVs) in Nigeria to deliver NCD education and counseling. PPMVs are often the first point of contact for community members when seeking healthcare. SFH is also training healthcare workers at their associated facilities to ensure patients encounter quality care when referred for risk factors. https://www.sfhnigeria.org/about-sfh/	Voluntary
Medtronic Labs	Medtronic Labs designs healthcare delivery service models with and for underserved communities that integrate digital and product technologies across the patient care continuum. Medtronic Lab, in partnership with Novartis Social Business, is implementing an end-to-end NCD care model utilizing a digital platform called Empower Health, that aims to improve care by equipping community health workers, healthcare providers at facilities, and pharmacists with tools to manage patient interactions and care. https://europe.medtronic.com/xd-en/about/citizenship/adding-value-to-society/medtronic-labs/about.html	Private
Uganda Protestant Medical Bureau (UPMB)	Uganda Protestant Medical Bureau UPMB is a faith based organization providing healthcare and services to low income communities through their network of facilities in Uganda. Novartis works with UPMB to deliver community education and mobilize communities to for screening events. UPMB also build capacity with their healthcare providers in partnership with the Uganda MOH by training healthcare providers on updated NCD guidelines. https://www.devex.com/organizations/uganda-protestant-medical-bureau-upmb-127304	Public

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
American Cancer Society (ACS)	Tanzania, Ethiopia, Uganda
American Society for Clinical Pathology	Uganda, Rwanda, Ethiopia
Boston University	Kenya
Cameroon Baptist Convention Health Services	Cameroon
Christian Health Association of Kenya	Kenya
Kenya Conference of Catholic Bishops	Kenya
Kenya Red Cross	Kenya
Medtronic Labs	Kenya
Tropical Health and Education Trust (THET)	Ethiopia
Uganda Protestant Medical Bureau (UPMB)	Uganda

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	In all countries that Novartis Access is present in, there is a Memorandum of Understanding (MOU) signed with governments to demonstrate support for this program for low income patients in country.
Non-governmental organization (NGO)	Novartis provides in-kind and financial support to NGOs that provide health systems strengthening that reduces the barriers to health for low income patients.
Faith Based Organizations	Novartis provides in-kind and financial support to FBOs that provide health systems strengthening that reduces the barriers to health for low income patients.
Commercial Sector	Novartis aligns with distributors and wholesalers to ensure that the Novartis Access pricing for medicines maintained within a certain margin for public health customers and patients.
Local Hospitals/Health Facilities	Through NGO, FBO, and Government partners Novartis provides support for training healthcare workers in local health facilities.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

The burden of non-communicable diseases (NCDs) like cardiovascular diseases, cancers, diabetes and chronic lung diseases is increasing disproportionally among lower income countries. In 2015, an estimated 30.7 million people died from NCDs in low- and middle-income countries representing over three quarters of global NCD deaths. Combined with the existing challenge of managing infectious diseases, these countries are now confronted with a double disease burden[1].

The products included in the Novartis Access portfolio have been selected to improve access to NCD medicines in lower income countries based on three criteria: significant health needs, medical relevance, and lack of local access programs. The portfolio aims to offer various treatment options, including well-proven and standard first-line treatments as well as some of the latest treatment choices. Fourteen out of the 15 portfolio medicines are either on or belong to a class on the World Health Organization's Model List of Essential Medicines and are among the most commonly prescribed medicines. The treatments in the portfolio offer the same quality and supply security as medicines sold in developed countries. In addition, they have all been qualified for use in tropical climates.

Beyond the portfolio, Novartis Access offers capacity building activities to support healthcare systems in preventing, diagnosing and treating NCDs. Novartis works with government and local stakeholders to identify where we and implementing partners can support strengthening health systems.

a How needs were assessed

An impact evaluation of Novartis Access conducted in Kenya collected baseline information about the affordability and availability of essential NCD medicines in 2016-2020. The baseline information collected in 2016-2017 informed program implementation directly in Kenya from 2017. The learnings were also applied to implementation of Novartis Access in additional countries.

b Formal needs assessment conducted

[No response provided]

16 Social inequity addressed

The NCD portfolio and the $1 pricing is intended for low income patients. Therefore, the strong partnerships with government, faith based organizations (FBOs), and NGOs are critical to ensuring that Novartis reaches those patients. With the understanding that low income patients face additional barriers to health, not just the price of medicines, Novartis supports NGOs and FBOs that can provide education and health services for low income patients.

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

The program was designed to work within existing health systems, primarily through public sector channels, and the non-profit channels that provide complementary
services for low income patients.

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 response provided]

20 Health technology(ies) 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

The Novartis Access portfolio has sustainability built in, as it is not a donation of medicines. Rather the portfolio has been designed to cover the cost of providing medicines through cross subsidization and minimal margins.

Additional Program Information

24 Additional program information

Additional information about Novartis Access can be found in the 2018 Novartis Social Business report, found here: https://www.novartis.com/sites/www.novartis.com/files/novartis-social-business-report-2018.pdf

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 WHO Global Health Observatory (GHO) data. NCD mortality and morbidity.

Accessed from www.who.int/gho/ncd/mortality_morbidity/en/

Program Indicators

PROGRAM NAME

Novartis Access

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

INDICATOR		TYPE	STRATEGY	2016	2017	2018	2019
1	Staff time	Input	All Program Strategies	14:1 people	25:1 people	---	---
2	Value of resources	Input	All Program Strategies	$11,237,000	---	---	---
3	Population exposed to community communication activies	Output	Community Awareness and Linkage to Care		19,731 people	127,888 people	791,582 people
4	Population screened	Output	Health Service Delivery		6,201 people	44,628 people	265,240 people
5	Number of people trained	Output	Health Service Strengthening		241 people	534 people	1,562 people
6	Buildings/equipment in use	Output	Health Service Strengthening		—	3 equipments	6 equipments
7	Volume of medicines sold	Output	Price Scheme	57,889 packs, monthly treatment	270,651 packs, monthly treatment	2,274,700 packs, monthly treatment	2,158,484 packs, monthly treatment
8	Availability of medicines at outlets	Outcome	Price Scheme		0.13%	1.3%	27%
9	Health provider knowledge	Outcome	Health Service Strengthening		18%	---	---
10	Number of patients on treatment after community awareness and linkages to care program	Output	Health Service Delivery		509 people		24,334 people
11	Number of patients diagnosed after community awareness and linkages to care program	Outcome	Health Service Delivery		509 people	3,114 people	21,382 people

INDICATOR **Staff time**

STRATEGY ALL PROGRAM STRATEGIES

1

	ITEM	DESCRIPTION
	Definition	The ratio of the total number of paid hours during a year by the number of working hours in that period. This indicator excludes the time of volunteers or staff time for external partners.
	Method of measurement	The ratio is also called Full Time Equivalent (FTE). CALCULATION Sum of the number of paid hours per year Total number of working hours per year
28	Data source	Non-routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	Staff time will be calculated based on number of FTE positions and contractors. This is also reported in our certified Annual Reports.	Once per year
31	Data processing	Company	We request from human resources (HR) confirmation of full time equivalent (FTE) and contractors dedicated to Novartis Access business units.	Once per year
32	Data validation		No validation of internal HR records.	

33 Challenges in data collection and steps to address challenges

We will only count FTEs reporting to the Novartis Access business unit in calculating staff time. We will not count proportions of time from contributors outside the business unit. Therefore we may underestimate staff time.

INDICATOR	2016	2017	2018	2019
1 Staff time	14:1 people	25:1 people	---	---

Comments: 2016: 14:1 people.

2017: Novartis Access had 25 people working full time, 40 hours a week, for all working weeks in 2017.

INDICATOR **Value of resources**

STRATEGY ALL PROGRAM STRATEGIES

2

	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	Company	Data are collected from finance and accounting department. We will count Total Functional Costs (TFC) as value of resources. TFC is comprised of grants, communications, and operational costs.	Ongoing
31	Data processing	Company	A member of partnerships team submits invoices to finance and accounting to be paid. Finance provides report of operating expenditures every 6 months. These can be summed for a final number to be reported per year.	Every 6 months
32	Data validation		No additional validation process of internal financial processes.	

33 Challenges in data collection and steps to address challenges

Total functional costs are calculated for the total business unit. In 2016, Novartis Access existed as a business unit. In 2017, Novartis Social Business encompassed the Novartis Access approach as well as other approaches from Novartis such as the Malaria Initiative and Healthy Families. Operationally, there is no clear separation in functional costs as the unit is align on objectives, strategy, and implementation. Therefore we will not report 2017 data to maintain the definition of "value of resources" for 2016.

INDICATOR	2016	2017	2018	2019
2 Value of resources	$11,237,000	---	---	—

Comments: N/A

INDICATOR

Population exposed to community communication activities

3

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

	ITEM	DESCRIPTION
	Definition	Number of population reached through a community awareness campaign.
	Method of measurement	Counting of participants that attend campaign meetings or reached by media messaged disseminated. CALCULATION Number of people/participants in the target audience segment participated/attended the community awareness campaign recorded in a given period of time.
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: Cameroon Baptist Convention Health Services, Kenya Red Cross, Christian Health Association of Kenya, Medtronic Labs, Society for Family Health (SFH), Uganda Protestant Medical Bureau, Tropical Health and Education Trust (THET).	The implementing partners makes a head count of number of participants that attend varying types of community meetings — for example, a community leaders meeting, or a health volunteers meeting, or a general community meeting and records it.	Ongoing
31	Data processing	Implementing partner: Cameroon Baptist Convention Health Services, Kenya Red Cross, Christian Health Association of Kenya, Medtronic Labs, Society for Family Health (SFH), Uganda Protestant Medical Bureau, Tropical Health and Education Trust (THET).	The implementing partners sum the number of people that participated in the community meetings over a one year period.	Once per year
32	Data validation		We don't validate data collection processes, however we do conduct site visits to see the holistic implementation of the program once per year.	

33 Challenges in data collection and steps to address challenges

Community awareness efforts are not identical across partners. Some efforts are more targeted towards a defined stakeholder group like community leaders, while others are more general. The definition of community is encompassing, but not identical across partners.

INDICATOR	2017	2018	2019
3 Population exposed to community communication activities	19,731 people	127,888 people	791,582 people

Comments: 2017: Comprised of aggregate numbers from two implementing partners, Kenya Red Cross Society and Cameroon Baptist Convention Health Services, and Christian Health Association of Kenya. 2019: Aggregated from THET, CHAK, MSH/MDT, UPMB, Walimu, and AWH partnerships, which are active in Ethiopia, Kenya, Uganda, and Cambodia.

INDICATOR **Population screened**

STRATEGY HEALTH SERVICE DELIVERY

4

	ITEM	DESCRIPTION
	Definition	Number of individuals screened for disease as a result of the screening test or procedure being provided by the program. Screening activities could include any screening procedures (mammogram, cholesterol measurement, colonoscopy, etc.) delivered directly to a specified population, by the program. Screening activities are often preventive in nature and aim to look for diseases or conditions prior to symptoms developing.
	Method of measurement	Counting of people who were screened for disease in the program. CALCULATION Sum of the number of people screened
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: Cameroon Baptist Convention Health Services, Kenya Red Cross, Christian Health Association of Kenya, Medtronic Labs, Society for Family Health (SFH), Uganda Protestant Medical Bureau, Tropical Health and Education Trust (THET).	A member of the local team counts how many people are screened with blood pressure and blood sugar measures on the specific day of screening	Ongoing
31	Data processing	Implementing partner: Cameroon Baptist Convention Health Services, Kenya Red Cross, Christian Health Association of Kenya, Medtronic Labs, Society for Family Health (SFH), Uganda Protestant Medical Bureau, Tropical Health and Education Trust (THET).	The implementing partner sums the number of people who participate in their screening events over the course of the year.	Once per year
32	Data validation		We do not validate the numbers reported to us. We visit each partner once per year to	

33 Challenges in data collection and steps to address challenges

Screening may vary across partners, but all partners are identifying patients need to seek further care at facilities.

INDICATOR	2017	2018	2019
4 Population screened	6,201 people	44,628 people	265,240 people

Comments: 2017: Screening numbers from reports from the Kenya Red Cross Society and Cameroon Baptist Convention Health Services. 2018: Aggregated from program data from Cameroon Baptist Convention and Christian Health Association of Kenya. 2019: Aggregated from THET, CHAK, MSH/MDT, UPMB, Walimu.

INDICATOR **Number of people trained**

STRATEGY HEALTH SERVICE STRENGTHENING

5

	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: Kenya Red Cross, Cameroon Baptist Convention Health Services, American Society for Clinical Pathology, American Cancer Society (ACS), Medtronic Labs, Society for Family Health (SFH), Uganda Protestant Medical Bureau, Tropical Health and Education Trust (THET).	Kenya Red Cross Society counts the number of people that show up to their respective training days, one for Community Health Volunteers, and one for Community Health Workers; Cameroon Baptists counts number of nurses that complete the Non Communicable Diseases training course; American Society for Clinical Pathology will count the number of lab technician that complete training; American Cancer Society will count number of health workers that complete Chemo Safe training.	Ongoing
31	Data processing	Implementing partners: Kenya Red Cross, Cameroon Baptist Convention Health Services, American Society for Clinical Pathology, American Cancer Society (ACS)	The implementing partner sums the number of people who have been trained once every year.	Once per year
32	Data validation		We do not do additional validation of reported numbers. We will visit partners to observe holistic implementation of the program.	

33 Challenges in data collection and steps to address challenges

Our partners train varying levels of health care providers. Health providers can encompass nurses, health care volunteers, laboratory techs, and doctors. This indicator should not be thought of as only doctors.

INDICATOR	2017	2018	2019
5 Number of people trained	241 people	534 people	1,562 people

Comments: 2017: This data is an aggregation of 2017 reporting from Kenya Red Cross Society, Christian Health Association of Kenya, and Cameroon Baptist Convention Health Services; 2018: Aggregated data reported from Cameroon Baptist Convention, Christian Health Association of Kenya, American Cancer Society, and American Society for Clinical Pathology

INDICATOR

Buildings/equipment in use

6

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	Number of infrastructure units (eg. Buildings) finalized and in use
	Method of measurement	The number of facilities or infrastructure units which are in use and where services are offered. CALCULATION Sum of the numerical count of facilities or infrastructure units constructed and in use.
28	Data source	Non-routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: American Society for Clinical Pathology	American Society for Clinical Pathology will count number of machines used in Immunohistochemistry testing.	—
31	Data processing	Implementing partner: American Society for Clinical Pathology	Our implementing partners do a physical count of machines procured and in use and report the number into Novartis.	Once per year
32	Data validation		We do not validate this data beyond reviewing reports submitted by our implementing partners.	

33 Challenges in data collection and steps to address challenges

We can count the number of immunohistochemistry machines procured with support from Novartis, but in later years the labs might procure more machines from other sources of funding. We are able to count machines during the implementation cycle of our project but not beyond. This data is counted once per year. We count large equipment such as IHC automated machines.

INDICATOR	2017	2018	2019
6 Buildings/equipment in use	—	3 equipment	6 equipments

Comments: 2018: This data is still forth coming from American Society for Clinical Pathology — as they are still in their implementation period. We will count machines used in laboratories.

2019: 6 IHC machines installed in 6 oncology centers.

INDICATOR **Volume of medicines sold**

STRATEGY PRICE SCHEME

7

	ITEM	DESCRIPTION
	Definition	Volume of medicines affected by the pricing scheme sold by the company.
	Method of measurement	Volume is expressed in packs of each product sold during a defined period of time. CALCULATION Sum of all volume of medicines included in the pricing scheme that was received by intended recipient.
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	The regions keep a record of the sales number and report the sales numbers into Novartis headquarters every month. The sales numbers are reported as packs of medicine sold.	Ongoing
31	Data processing	Company	Novartis's headquarter's aggregates the sales volumes every 3 months and converts them into monthly treatments sold. Monthly treatments sold is the indicator reported in the annual report.	Every three months
32	Data validation		Sales numbers are automatically processed with internal systems. We do not send anyone to physically validate stocks.	

33 Challenges in data collection and steps to address challenges

We cannot disaggregate by type of customer as some medicines are sold to distributors serving many types of customers. Pack sizes per molecule and dosage are provided.

INDICATOR	2016	2017	2018	2019
7 Volume of medicines sold	57,889 packs, monthly treatment	270,651 packs, monthly treatment	2,274,700 packs, monthly treatment	2,158,484 packs, monthly treatment

Comments: Number of monthly packs sold of Novartis Access medicines across all countries.

INDICATOR

Availability of medicines at outlets

8

STRATEGY PRICE SCHEME

	ITEM	DESCRIPTION
	Definition	Percentage of outlets with medicine related to specific program activity available at the time of visit.
	Method of measurement	Data on the availability of a certain medicine are collected from a survey of a sample of facilities. Availability is reported as the percentage of medicine outlets where a particular medicine was found on the day of the survey. Health facility reports may also include stockouts indicators but require regular independent verification. CALCULATION Number of facilities that have medicine in stock at the time of visit.
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing company: Boston University	Data is collected from a set of control and intervention health facilities as part of a cluster randomized trial. Field work for data collection is managed by Innovations for Poverty Action. Our partners make monthly phone calls to facilities to ask the availability of medicines.[2]	Ongoing
31	Data processing	Implementing company: Boston University	A team of researchers from Boston University manages and analyzes the data collected at the facilities. They compare the availability and price in the control group with that in the intervention group to estimate the impact of the program. The analysis will be published and uploaded to the program website.	Once per year
	Data validation		We do not validate the data reported.	

33 Challenges in data collection and steps to address challenges

None anticipated as the study design is leading in the evaluation space of access to medicines initiatives.

INDICATOR	2017	2018	2019
8 Availability of medicines at outlets	0.13%	1.3%	27%

Comments: 2017: BU provided data on mean % availability of Novartis Access Medicines available to purchased at the Mission for Essential Drugs and Supplies from baseline data collection.That percent was 0; 2018: Mean percent availability of Novartis Access medicines that were available at Kenya Mission for Essential Drugs and Supply. 2019: This availability indicator is based on an index of 14 medicines that are included in the Novartis Access portfolio. A randomized control trial was conducted between 2016 and 2019 to evaluate the impact of Novartis Access on the availability and affordability of essential NCD medicines. Researchers found a significant increase in availability for two molecules out of the 14 molecules, at facility level. Researchers found that Novartis Access significantly increased the availability of amlodipine (adjusted odds ratio [aOR] 2·84, 95% CI 1·10 to 7·37; p=0·031) and metformin (aOR 4·78, 95% CI 1·44 to 15·86; p=0·011) at health facilities, but did not affect the availability of portfolio medicines overall (adjusted ß [aß] 0·05, 95% CI -0·01 to 0·10; p=0·096) or their price (aß 0·48, 95% CI -1·12 to 0·72; p=0·500). A link to the Lancet article can be found: https://www.thelancet.com/journals/langlo/article/PIIS2214-109X(18)30563-1/fulltext

INDICATOR **Health provider knowledge**

STRATEGY HEALTH SERVICE STRENGTHENING

9

	ITEM	DESCRIPTION
	Definition	Percentage of providers that pass the assessment examining their skills or knowledge. The exam should be designed to assess the possession of the skills and knowledge to be able to comply with predefined standards.
	Method of measurement	The assessment of possession of skills and knowledge occurs through a written, oral, or observational assessment that all providers have to undergo. CALCULATION Number of providers who pass the assessment / Number of providers trained
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing Partner: Cameroon Baptist Convention Health Services	For Cameroon Baptist Convention Health Services (CBC) — the target population is nurses trained in non-communicable disease (NCD) management. They ask survey questions to measure how confident nurses are in their knowledge of NCD management before and after training. For other partners, they assume that health volunteers have gained knowledge of disease symptoms as they go one to provide education to other members.	Once per year
31	Data processing	Implementing Partner: Cameroon Baptist Convention Health Services	The implementing partner reviews the post-training survey scores and notes the number of participants who scored above a pre-determined pass mark. The proportion of participants who scored above the pass mark is then calculated.	Once per year
32	Data validation		We do not validate data reported to us. We holistically observe implementation of programs through a site visit.	

33 Challenges in data collection and steps to address challenges

No challenges anticipated as we accept CBC's method of comparing pre and post test survey results.

INDICATOR	2017	2018	2019
9 Health provider knowledge	18%		—

Comments: 2017: This data comes from Cameroon Baptist Convention Health Services for 2017.

INDICATOR

Number of patients on treatment after community awareness and linkages to care program

10

STRATEGY COMMUNITY AWARENESS AND LINKAGES TO CARE

	ITEM	DESCRIPTION
	Definition	Number of patients that have received treatment in an implementing partner facility after a community awareness and linkages to care campaign was conducted.
	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: Kenya Red Cross, Cameroon Baptist Convention Health Services, Chistian Health Association of Kenya, Medtronic Labs, Society for Family Health (SFH), Uganda Protestant Medical Bureau, Tropical Health and Education Trust (THET).	We are not able to do a baseline before every implementation of community awareness. Nor is it necessarily going to improve patient outcomes. Community awareness is often conducted when local stakeholders share that general awareness is low enough. We are counting number of patients that seek care after an awareness program is conducted in the facilities in which the community awareness program was conducted. Though not causal, the correlation is productive for demonstrating the value of community awareness for a disease that has low baseline awareness, as evidenced by generalizable literature.	Ongoing
31	Data processing	Implementing Partners: Kenya Red Cross, Cameroon Baptist Convention Health Services	Implementing partners that also run healthcare facilities are able to collect numbers of patients that are put onto NCD treatment subsequent to the community awareness campaign they ran in the same geographic scope and time period.	Once per year
32	Data validation		We do not validate data reported to us. We holistically observe implementation of projects with a site visit.	

33 Challenges in data collection and steps to address challenges

There is no baseline of patients on treatment before community awareness as stakeholders demonstrate that levels are low and starting any systemic or targeted community awareness will be educational.

INDICATOR	2017	2018	2019
10 Number of Patients on Treatment After Community Awareness and Linkages to Care Program	509 People		24,334 people

Comments: 2017: Data from 2017 implementation by Kenya Red Cross Society. 2019: Number of people on treatment consolidated from CHAK, THET, and UPMB partnerships.

INDICATOR

Number of patients diagnosed after community awareness and linkages to care program

11

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

	ITEM	DESCRIPTION
	Definition	Number of patients that were diagnosed with disease after an implementing partner conducted a community awareness and linkages to care 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 Partners: Kenya Red Cross, Cameroon Baptist Convention Health Services, Uganda Protestant Medical Bureau (UPMB).	Our implementing partners that run health facilities in conjunction with their community project are able to count the number of diagnosed patients in their facility after a campaign for a defined time period. They obtain this data from patient records and registers. This indicator counts number of patients diagnosed in facilities that overlap with campaigns during a defined post campaign time period.	Ongoing
31	Data processing	Implementing Partners: Kenya Red Cross, Cameroon Baptist Convention Health Services	[No response provided]	—
32	Data validation		Implementing partners review patient registries for a defined time period after a community awareness education or screening campaign in the same geographies in which capacity building campaigns were conducted.	

33 Challenges in data collection and steps to address challenges

We did not do a baseline therefore there are limitations to saying diagnoses were a result of a screening or awareness campaign.

INDICATOR	2017	2018	2019
11 Number of Patients Diagnosed After Community Awareness and Linkages to Care Program	509 people	3,114 people	21,382 people

Comments: 2017: Data from 2017 data from Kenya Red Cross Society. 2019: Diagnosis numbers consolidated from CHAK, Walimu, MSH/Medtronic, ASCP partnerships. Diagnosis are for hypertension, diabetes type 2, asthma, and breast cancer.

Program Documents

Program Documents

1. More information about the program and study protocol to pursue an impact evaluation for this program 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

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

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.