

APRIL 2020

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# Patient Assistance Program (PAP) - Ninlaro<sup>®</sup>

Takeda

Submitted as part of Access Accelerated

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

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# Program Description

# Program Overview

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## 1 Program Name

Takeda, Patient Assistance Program (PAP)  
- Ninlaro®

## 2 Diseases program aims to address

- Cancer (Multiple myeloma)

## 3 Beneficiary population

- Age Group: Adults 18 years and above.
- Gender: All genders
- Special Populations: Low income, Rural populations, Urban populations

## 4 Countries

- Thailand
- Lebanon

## 5 Program start date

August 1, 2019.

## 6 Anticipated program completion date

Completion date not specified.

## 7 Contact person

Philip Towle: philip.towle@takeda.com

## 8 Program summary

### 1) Program context and objectives

The past decade has seen major public health gains and scientific breakthroughs in the discovery of new medicines, but across the world, many people still lack access to the treatment and medicines they need, especially for very severe diseases including many forms of cancers and other NCDs.

NCDs are hard to diagnose, treat and manage and have significant affordability barriers – complex and rare diseases require highly innovative medicines, often without alternatives, and the treatment can be lifelong.

To address these affordability barriers, in 2017, we pioneered our Patient Assistance Programs (PAPs), to ensure our innovative and potentially life-saving medicines reach as many patients as possible, all around the world. We do this through innovative and collaborative financing models, which also maximise the medical benefits of treatment through personalized ongoing support.

Takeda's PAPs are a cornerstone of Takeda's Access to Medicines initiative, a global, cross-functional effort to increase sustainable access to our innovative medicines for complex and rare diseases, addressing affordability barriers.

Our PAPs for Ninlaro in Lebanon and Thailand were launched in 2019, to address affordability barriers for patients diagnosed with Multiple Myeloma.

(continued on next page)

# Program Overview

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## 8 Program summary cont.

### 2) Program activities and outcomes

Through an independent delivery partner, Axios International, we have adopted an independent and confidential means-based assessment tool to assess patients' ability to contribute to their medication costs, and then determine the appropriate individual payment scheme for each patient.

This ensures patients pay only what they can afford, and are able to complete their entire course of treatment even if they cannot pay for it in full. Through our delivery partner, we also provide personalized support including ongoing follow-up from program staff to ensure adherence to their treatment plan and their physician's recommendations - improving the quality of care and efficacy of the treatment.

Takeda's PAPs are sustainable so our innovative medicines reach as many patients as possible, and are tailored to each country to address a country's economic context and local healthcare provisions. They use different collaborative models where patients, Takeda, and at times local authorities, foundations, medical associations, charities and other parties, share the cost of treatment.

In select cases for patients with no ability to pay, we explore routes for them to access medicines included in our PAPs, through additional financial support from local medical societies, charities, and NGOs.

Improving access to our specialty care products for as many patients as possible while ensuring safety and ethical compliance requires the integrity of our programs to be robust. We have a detailed governance process for the consideration, approval, and implementation of new programs, and a dedicated governance committee responsible for reviewing and approving our collaborative financing initiatives.

### 3) Program partners and achievements:

Axios International, our independent, external third-party organization with more than 20 years of experience in PAPs handles day-to-day management of the program, patient financial eligibility assessment, promotion of the program, answering questions from and providing information to physicians and patients, and delivery and management of free-of-charge medicines.

Across all countries, Takeda's distributors support the logistics and delivery of medication within the health system.

# Program Strategies & Activities

## 9 Strategies and activities

### Strategy 1: Price Scheme

ACTIVITY	DESCRIPTION
Pricing	<p>The Patient Assistance Programs (PAPs) use an innovative, affordability-based method to increase access to Ninlaro® in a sustainable way. Through the PAPs, Takeda aim to improve both access to care and quality of care, by making it possible for eligible patients to complete their prescribed course of treatment even if they cannot afford to pay for it in full.</p> <p>The program uses a confidential Patient Finance Eligibility Tool (PFET), conducted by an independent organisation.</p> <p>The PFET is a tool through which a patients ability to pay is assessed based on an individual's real financial situation. What makes the tool innovative, is its unusual ability to segment the entire market, unlike any other patient assessment tools currently available in the market.</p>

### Strategy 2: Medicine Donation

ACTIVITY	DESCRIPTION
Donation	In select cases for patients with no ability to pay, and where appropriate and feasible, we may explore other potential routes available for them to access medicines included in our PAPs, such as donations or additional financial support from local medical societies, charities and NGOs.

## 10 Strategy by country

STRATEGY	COUNTRY
Price Scheme	Thailand
Price Scheme	Lebanon

# Companies, Partners & Stakeholders

## 11 Company roles

COMPANY	ROLE
Takeda	Increase sustainable access to our innovative medicines for complex and rare diseases, addressing affordability barriers. Planning, monitoring, and evaluating the program.

## 12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Axios International	<ul style="list-style-type: none"> <li>- Product requirement forecasting for both purchased and FOC packs</li> <li>- Day-to-day management of the program</li> <li>- Patients' application review</li> <li>- Actively promote the program to increase its awareness and provide communication support for physicians and patients who ask to learn more about the program</li> <li>- Ensure timely delivery and management of FOC drugs</li> <li>- Monitoring and Evaluation through monthly reports and analysis of program data</li> <li>- AE Reporting and reconciliations</li> </ul> <a href="https://axiosint.com/">https://axiosint.com/</a>	Private

## 13 Funding and implementing partners by country

PARTNER	COUNTRY
Axios International	Thailand
Axios International	Lebanon

# Companies, Partners & Stakeholders

## 14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Government	Takeda works closely with national and local governments on the design of programs, to ensure that they are fully aligned with local regulations for example in terms of prescription, health professional licensing, and marketing authorization for the product.	Infrastructure: No Human Resources: No Funding: No Monitoring or Oversight: No Other resource: No
Non-governmental organization (NGO)	Physicians in non-government hospital treat patients receiving Ninlaro®.	Infrastructure: No Human Resources: Yes Funding: [No response provided] Monitoring or Oversight: [No response provided] Other resource: [No response provided]
Other	In select cases for patients with no ability to pay, and where appropriate and feasible, we may explore other potential routes available for them to access medicines included in our PAPs, such as donations or additional financial support from local medical societies, charities and NGOs.	



# Local Context, Equity & Sustainability

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## 15 Local health needs addressed by program

The past decade has seen major public health gains and scientific breakthroughs in medicines discovery, but across the world, many people still lack access to the treatment and medicines they need, especially for very severe diseases including many forms of cancers and other NCDs.

To address the affordability disparities to our innovative medicines for complex and rare disease, Takeda follows a tiered pricing approach across countries and combine this with a novel, in-country affordability-based approach, the Patient Assistance Program (PAP) in low-income countries.

Takeda's PAPs are designed to be sustainable, and are tailored to each country to address a country's economic context and local health-care provisions. They use different collaborative models where patients, Takeda, and at times local authorities, foundations, medical associations, charities and other parties, share the cost of treatment.

The PAPs are embedded in our broader Access to Medicines initiatives which enhance disease awareness, diagnosis, treatment, and ongoing patient care and support, to ensure we are radically increasing access and standards of care across the entire patient journey.

### a How needs were assessed

Takeda completed a thorough affordability assessment across each of the countries where the Patient Assistance Program have been launched.

### b Formal needs assessment conducted

No

## 16 Social inequity addressed

NCDs are hard to diagnose, treat and manage and have significant affordability barriers – complex and rare diseases require highly innovative medicines, often without alternatives, and the treatment can be lifelong.

Our PAPs address these affordability barriers, to ensure our innovative and potentially life-saving medicines reach as many patients as possible, all around the world. We do this through innovative and collaborative financing models, which also maximise the medical benefits of treatment through personalized ongoing support.

# Local Context, Equity & Sustainability

## 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	Yes	Takeda works closely with national and local governments on the design of programs, to ensure that they are fully aligned with local regulations for example in terms of prescription, health professional licensing, and market authorisation of the product.
Procurement procedures	[No response provided]	
Standard treatment guidelines	Yes	Patients are made aware of the PAP by their prescribing physician. Together, a patient and physician submit the single program application form to our partner Axios International. To be eligible for the PAP, patients must be prescribed the respective medicine for a locally- approved indication.
Quality and safety requirements	Yes	Takeda works closely with national and local governments on the design of programs, to ensure that they are fully aligned with local regulations for example in terms of prescription, health professional licensing, and market authorization of the product.
Remuneration scales and hiring practices	[No response provided]	
Other, please specify	Yes	A central element of our PAPs is the individual, confidential and advanced means-based assessment tool to evaluate patients' ability to contribute to their medication costs, and then determine the appropriate individual payment scheme for each patient, a methodology developed and run today by an independent delivery partner, Axios International.

# Local Context, Equity & Sustainability

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

This is a Takeda led initiative, which is delivered with the support of an independent organisation and therefore does not divert resources away from other public health priorities.

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

**TYPE**                      **COMMERCIAL NAME**                      **INTERNATIONAL NON-PROPRIETARY NAME AND/OR INN**

TYPE	COMMERCIAL NAME	INTERNATIONAL NON-PROPRIETARY NAME AND/OR INN
Medicine	NINLARO®	ixazomib

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

No. This program is about improving access to our innovative speciality medicines for patients suffering from Multiple Myeloma.

## 21 Health technologies are covered by local health insurance schemes

Yes. In some marketes it is covered, and other markets not.

## 22 Program provides medicines listed on the National Essential Medicines List

No. This program is about improving access to our innovative speciality medicines for patients suffering from Multiple Myeloma.

## 23 Sustainability plan

- Sustainability is a key element to this program, and is indeed what it is geared around.
- Our targeted, affordability-based approach allows Takeda to optimize both the number of patients that can access treatment and the related treatment benefits in a sustainable way, by enabling patients to complete their full course of treatment, even if they cannot afford to pay for it in full.
- We believe this provides more sustainable access to medicines for eligible patients than untargeted price reductions or donations.
- To ensure program sustainability, enrolled patients will be asked to pay for what they can afford.
- In select cases for patients with no ability to pay, and where appropriate and feasible, we may also explore other potential routes available for them to access medicines included in our PAPs, such as donations or additional financial support from local medical societies, charities and NGOs.
- The performance of our PAPs are monitored and reported on continuously.
- We produce monthly country level reports to monitor the performance of each PAP to ensure that we can adjust and adapt them according to need and performance.

# Additional Program Information

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24 Additional program information

[No response provided]

a Potential conflict of interest discussed with government entity

Yes. In certain countries we have done so, and other not.

25 Access Accelerated Initiative participant

Yes

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

Yes

# Program Indicators

PROGRAM NAME

# Patient Assistance Program (PAP) - Ninlaro®

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

INDICATOR	TYPE	STRATEGY	2019
1 Number of patients reached with pricing scheme	Output	Price Scheme	9 people
2 Provider awareness of the program	Outcome	Price Scheme	22 people
3 Volume of medicines sold	Output	Price Scheme	44 milligrams
4 Volume of medicines donated	Output	Medicine Donation	36 milligrams

INDICATOR **Number of patients reached with pricing scheme**

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	Company: Takeda, and Implementing Partner: Axios International	Axios international keeps a record of the number of individuals that are benefiting from Takeda's Patient Assistance Program (PAP) - Ninlaro®. This data is then reported to Takeda's Access to Medicines office.	Every month
31 Data processing	Company: Takeda, and Implementing Partner: Axios International	Once a month, Axios International provides aggregated and anonymized data of the total number of patients benefiting from the Takeda's Patient Assistance Program (PAP) - Ninlaro® across each of the countries. This data is reported to Takeda's Access to Medicines Office. Takeda's Access to Medicines office correlate data from different sources, to validate our reporting.	Ongoing
32 Data validation		Takeda's Access to Medicines Office will review and validate the data submitted by Axios International on a monthly basis. An audit of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges

None.

INDICATOR

2019

1 Number of patients reached with pricing scheme	9 people
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Comments:

2019: The data represented is collected by our implementing partner Axios International, an independent third-party organization. 9 represents the number of patients who have been enrolled and active on Takeda's Patient Assistance Program (PAP) - Ninlaro® as of 31 Jan 2020 Disaggregation by country - Thailand 7; Lebanon 2.

INDICATOR **Provider awareness of the program**

STRATEGY PRICE SCHEME

ITEM	DESCRIPTION
Definition	Percentage of providers aware of the pricing scheme out of the total target population
Method of measurement	The data would be collected through a survey with a representative sample of providers who are part of the target group.  Calculation:  Number of providers in target audience that are aware of the pricing scheme / Total number of providers who are in the target audience
Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing Partner: Axios International	Our implementing partner Axios International an independent, external third-party organization provides detailed information on number of Physicians they have visited each month to inform them about Takeda's Patient Assistance Program (PAP) - Ninlaro®.	Ongoing
31 Data processing	Implementing Partner: Axios International	Our implementing partner Axios International an independent, external third-party organization provides detailed information on number of Physicians they have visited each month to inform them about Takeda's Patient Assistance Program (PAP) - Ninlaro®. Patients are made aware of the PAP by their prescribing physician. Together, a patient and physician complete, sign and submit a single program application form to Axios International. Axios International further track referral of patients onto the program, per physician.	Every month
32 Data validation		An internal audit of our implementing partner is performed annually / every 2 years.	

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

None.

INDICATOR

2019

2 Provider awareness of the program	22 people
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Comments: The data represented is collected by our implementing partner Axios International, an independent third-party organization. 22 providers were made aware of the NINLARO® pricing scheme in Lebanon.



## INDICATOR Volume of medicines sold

STRATEGY PRICE SCHEME

ITEM	DESCRIPTION
Definition	Milligrams of active ingredient sold to patients in pricing scheme
Method of measurement	Calculation: Total number of capsules sold during duration of treatment x Milligrams of active ingredient per capsule
Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing Partner: Axios International	<p>Takeda's Patient Assistance Program (PAP) - Ninlaro® aims to maximize treatment benefits and improve quality of care, by making it possible for eligible patients to complete their prescribed course of treatment, even if they cannot afford to pay for it in full.</p> <p>Patients participate in an independent and confidential means-based assessment using a validated tool designed and administered by Axios to determine how much help a patient needs in order to pay for their prescribed course of treatment.</p> <p>The results of the assessment are used to develop a personalized payment plan that details how many doses of Ninlaro® an eligible patient will need to pay for and how many will be covered by Takeda. The plan is valid for one year. Aggregated and anonymized data is provided to Takeda Pharmaceuticals.</p> <p>Takeda correlate data from various sources, including externally from distributors and internally from finance and supply systems against Axios International data, to validate our reporting of volume of medicines sold.</p>	Ongoing

## INDICATOR Volume of medicines sold

STRATEGY PRICE SCHEME

31 Data processing	Company: Takeda, and Implementing Partner: Axios International	<p>Takeda's Patient Assistance Program (PAP) - Ninlaro® aims to maximize treatment benefits and improve quality of care, by making it possible for eligible patients to complete their prescribed course of treatment, even if they cannot afford to pay for it in full.</p> <p>Patients participate in an independent and confidential means-based assessment using a validated tool designed and administered by Axios to determine how much help a patient needs in order to pay for their prescribed course of treatment.</p> <p>The results of the assessment are used to develop a personalized payment plan that details how many doses of Ninlaro® an eligible patient will need to pay for and how many will be covered by Takeda. The plan is valid for one year.</p> <p>Aggregated and anonymized data is provided to Takeda Pharmaceuticals. Takeda correlate data from various sources, including externally from distributors and internally from finance and supply systems against Axios International data, to validate our reporting of volume of medicines sold.</p>	Once per year
32 Data validation		An internal audit performed annually / every two years, verifies data collection and management procedures.	

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

None.

INDICATOR

2019

3 Volume of medicines sold	44 milligrams
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Comments: The data represented is collected by our implementing partner Axios International, an independent third-party organization. 44mg represents the total number of milligrams of NINLARO® (ixazomib) sold on Takeda's Patient Assistance Program (PAP) - Ninlaro®. Disaggregation by country - Thailand 36mg; Lebanon 8mg.

## INDICATOR Volume of medicines donated

STRATEGY MEDICINE DONATION

ITEM	DESCRIPTION
Definition	Milligrams of active ingredient donated to patients in pricing scheme
Method of measurement	Calculation: Total number of capsules donated x Milligrams of active ingredient per capsule
Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing Partner: Axios International	<p>Takeda's Patient Assistance Program (PAP) - Ninlaro® aims to maximize treatment benefits and improve quality of care, by making it possible for eligible patients to complete their prescribed course of treatment, even if they cannot afford to pay for it in full.</p> <p>Patients participate in an independent and confidential means-based assessment using a validated tool designed and administered by Axios International, to determine how much help a patient needs in order to pay for their prescribed course of treatment.</p> <p>The results of the assessment are used to develop a personalized payment plan that details how many capsules of Ninlaro® an eligible patient will need to pay for and how many will be covered by Takeda. The plan is valid for one year.</p> <p>Aggregated and anonymized data is provided to Takeda Pharmaceuticals. Takeda correlate data from various sources, including externally from distributors and internally from finance and supply systems against Axios International data, to validate our reporting of volume of medicines donated. Patients are made aware of the PAP by their prescribing physician. Together, a patient and physician complete, sign and submit a single program application form to Axios International.</p> <p>Axios International further track referral of patients onto the program, per physician.</p>	Ongoing

## INDICATOR Volume of medicines donated

STRATEGY MEDICINE DONATION

31 Data processing	Company: Takeda, and Implementing Partner: Axios International	<p>Takeda's Patient Assistance Program (PAP) - Ninlaro® aims to maximize treatment benefits and improve quality of care, by making it possible for eligible patients to complete their prescribed course of treatment, even if they cannot afford to pay for it in full.</p> <p>Patients participate in an independent and confidential means-based assessment using a validated tool designed and administered by Axios International, to determine how much help a patient needs in order to pay for their prescribed course of treatment.</p> <p>The results of the assessment are used to develop a personalized payment plan that details how many capsules of Ninlaro® an eligible patient will need to pay for and how many will be covered by Takeda. The plan is valid for one year.</p> <p>Aggregated and anonymized data is provided to Takeda Pharmaceuticals. Takeda correlate data from various sources, including externally from distributors and internally from finance and supply systems against Axios International data, to validate our reporting of volume of medicines donated.</p>	Once per year
32 Data validation		An internal audit of our implementing partner is performed annually / every 2 years.	

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

None.

INDICATOR

2019

4 Volume of medicines donated	36 milligrams
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Comments: The data represented is collected by our implementing partner Axios International, an independent third-party organization. 36mg represents the total number of milligrams of NINLARO® (ixazomib) DONATED on Takeda's Patient Assistance Program (PAP) - Ninlaro®. Disaggregation by country - Thailand 36mg; Lebanon 0mg.

# 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 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.

