PROGRAM REPORT

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Patient Support and Palliative Care Training in Sub-Saharan Africa

Takeda

Submitted as part of Access Accelerated

Access Observatory

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

The information contained in this report is in the public domain and should be cited as: Takeda, Palliative Care Training in sub-Saharan Africa (2020), Access Observatory, Boston, US 2020 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Palliative Care Training in sub-Saharan Africa

2 Diseases program aims to address

- Cancer (General)

3 Beneficiary population

- Age Group: All ages
- Gender: All genders
- Special Populations: Low income, rural, urban, patients families

4 Countries

- Kenya

5 Program start date

September 1, 2017

6 Anticipated program completion date

Not specified

7 Contact person

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8 Program summary

To equip healthcare professionals (HCPs) and community healthcare workers (CHW) with the knowledge and skills to provide the best possible patient support and palliative care services to cancer patients in Kenya, Takeda works with local partners, led by Amref Health Africa and in collaboration with the Kenya Hospice and Palliative Care Association (KEHPCA) to identify gaps and opportunities in providing patient support and palliative care training for cancer care. This training is also supported by the Kenyan Ministry of Health.

With the rate of cancer in Kenya rising, the need for enhanced patient support and palliative care is increasingly important to ensure the best possible support to patients and their families. Takeda and its partners significantly enhanced and converted the National Curriculum on patient support and palliative care into 26 digital learning modules, which have been used to train hundreds of healthcare professionals and community health workers, translating into improved care for over 100,000 patients and family members.

Training is facilitated through Amref's pre-existing, proven mobile health (m-health) LEAP platform, which is a scalable and integrated interactive learning solution that offers continuous training opportunities, peer collaboration and real time evaluation reports.

The program also incorporates another innovative solution, the Mobile Jamii Afya Link (m-JALi) to enable community health workers to accurately and efficiently collect and manage patient data at the household, community and medical facility level. Health care professionals pay a minimal fee for the digital learning modules in order to make the program sustainable at a local level, fund the training of community health workers, and enable expansion of the program.

Takeda recognises the urgency and need to advance cancer training in sub-Saharan Africa. In order to do this effectively and sustainably, we have brought together a number of existing initiatives into the National Integrated Cancer Care Curriculum, which includes the Palliative Care Training in sub-Saharan Africa.

URL: https://accessaccelerated.org/initiative/palliative-care-training-sub-saharan-africa/

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	Takeda and its partners, with the support of the Kenyan Ministry of Health, and in collaboration with international and local experts, significantly enhanced and converted the National Curriculum on patient support and palliative care into 26 digital learning modules.
Training	The content developed has been used to train hundreds of healthcare professionals and community health workers, translating into improved care for over 100,000 patients and family members. Training is facilitated through Amref's pre-existing, proven mobile health (m-health) LEAP platform, which is a scalable and integrated interactive learning solution that offers continuous training opportunities, peer collaboration and real time evaluation reports.
Technology	Training is facilitated through Amref's pre-existing, proven mobile health (m-health) LEAP platform, which is a scalable and integrated interactive learning solution that offers continuous training opportunities, peer collaboration and real time evaluation reports. The program makes use of another innovative solution – Mobile Jamii Afya Link (m-JALi) to enable community health workers to accurately and efficiently collect and manage patient data at the household, community and medical facility level.

10 Strategy by country

STRATEGY	COUNTRY
Health Service Strengthening	Kenya

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Takeda	Planning, monitoring and evaluating the program in partnership with AMREF Health Africa, and funding the program.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
AMREF Health Africa	Developing and converting the national curriculum on palliative care into e and m-learning modules for training mid-level healthcare professionals and community health workers, and improving data collection and management using the M-JALI system. AMREF have partnered in turn with Kenya Hospice and Palliative Care Association (KEHPCA), the American Cancer Society (ACS), and county-based palliative care associations across sub-Saharan Africa. http://amref.org/	Voluntary
Kenya Hospice and Palliative Care Association (KEHPCA)	Support in developing and distributing the training content, as well as providing ongoing support.	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
AMREF Health Africa	Kenya
Kenya Hospice and Palliative Care Association (KEHPCA)	Kenya

Companies, Partners & Stakeholders

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Government	• Engaged with the Kenyan government to obtain approval • Ongoing engagement throughout the initiative to discuss revisions of the national patient support and palliative care guidelines, alignment to health policies, training certification, consolidation of data and patient support requirements. • This program aligned with the strategies and targets of the Ministry of Health in Kenya and of other sub-Saharan Africa countries to empower their health workforce and all training content included evidence-informed case studies aligned to national guidelines.	Infrastructure: No Human Resources: Yes Funding: No Monitoring or Oversight: Yes Other resource: Yes
Non-governmental organization (NGO)	AMREF Health Africa: Takeda has been working with AMREF on several programs addressing barriers in oncology care in Kenya and the sub-Saharan Africa region.	Infrastructure: No Human Resources: Yes Funding: Yes Monitoring or Oversight: Yes Other resource: Yes

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Africa is facing a staggering NCD disease burden which is expected to increase dramatically in the coming decades. There is an urgent need for high-quality and culturally-relevant patient support and palliative care services in the public healthcare system across sub-Saharan Africa, especially for cancer patients.
In Kenya, cancers as a disease group are the third-leading cause of death after infectious and cardiovascular disease. There are an estimated 37,000 new cases of cancer and 28,000 cancer deaths per anum.[1] There is a deep lack of knowlegde of the treatments and prognosis for those suffering with cancer, especially across rural areas in Kenya.
Non-communicable diseases account for more than 50% of total hospital admissions and over 55% of hospital deaths in Kenya.[2]
Most of these patients will benefit from patient support and palliative care services, but due to the general shortage of medical staff and limited knowledge, little such care is available.

a How needs were assessed

Needs were identified through our local partners / stakeholders.

b Formal needs assessment conducted

Yes

16 Social inequity addressed

Patient support and palliative care has been neglected for many years and this program helps ensure that patients living with cancer, especially in rural areas, and their families, will receive appropriate care and support.

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	National government was engaged through our partners, who sought their approval to proceed with this project. engagement with Government was ongoing throughout the development of content. Our partners aligned with the visions of the Ministry of Health in Kenya and other sub-Saharan African countries to empower their health workforce and all training content included evidence informed case studies aligned to National guidelines.
Standard treatment guidelines	Yes	Our partners aligned with the visions of the Ministry of Health in Kenya and other sub-Saharan African countries to empower their health workforce and all training content included evidence informed case studies aligned to National guidelines.

Local Context, Equity & Sustainability

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

Training is facilitated through Amref's pre-existing, proven mobile health (m-health) LEAP platform, which is a scalable and integrated interactive learning solution that offers continuous training opportunities, peer collaboration and real time evaluation reports.
Once the content is developed, this requires limited resources thus avoiding diverting resources away from other public health priorities.

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

No.

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

Sustainability of the initiative:

- Takeda recognised the urgency and need to advance cancer training in sub-Saharan Africa, and that in order to do this effectively and sustainably, has brought together a number of its existing initiatives into the National Integrated Cancer Care Curriculum
- The Patient Support and Palliative Care Training Initiative has therefore been incorporated into the National Integrated Cancer Care Curriculum.

Additional Program Information

24 Additional program information

No additional information provided.

a Potential conflict of interest discussed with government entity

No

25 Access Accelerated Initiative participant

Yes.

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

Yes.

Resources

1 Kenya National Cancer Control Strategy 2010

2 Kenya National Strategy for the Prevention and Control of Non Communicable Diseases 2015-20203 - National Mental Health Survey – 2009.

Program Indicators

PROGRAM NAME

Palliative Care Training in sub-Saharan Africa

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

	INDICATOR	TYPE	STRATEGY	2017	2018	2019
1	Number of people trained	Output	Health Service Strengthening	---	831 people	---
2	Health provider knowledge change after training	Outcome	Health Service Strengthening	---	12%	---

INDICATOR **Number of people trained**

STRATEGY HEALTH SERVICE STRENGTHENING

1

	ITEM	DESCRIPTION
	Definition	Number of trainees
	Method of measurement	Counting of people who completed all training requirements CALCULATION: Sum of the number of people trained
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: AMREF Health Africa	Training participants (primary health care workers and community health workers) sign their name on an attendance sheet that records attendance, cadre, additional demographic details (such as gender, etc.) which are signed by participants.	Ongoing
31	Data processing	Company, Implementing partner: AMREF Health Africa	A member of the implementing partner team reviews the number of attendees per training session and sums up the total number of people who attended each type of training over the past one year.	Ongoing
32	Data validation		Takeda conducts ad-hoc site visits and therefore is unable to validate the data. However, Takeda interrogates the submitted data in project management meetings.	

33 Challenges in data collection and steps to address challenges

None.

INDICATOR	2017	2018	2019
1 Number of people trained	---	831 people	---

Comments:

2018: This represents data reported by Amref. 831 healthcare workers received palliative care training through the LEAP digital platform of AMREF Health Africa. Of the 831 healthcare workers, these may be disaggregated by SEX Males trained = 218 Females trained = 613 Type of HEALTHCARE WORKER 625 were Community Healthcare Workers (CHWs) that are resident in 6 counties 206 were Community Health Extension Workers (CHEWs) that are resident in 18 counties.The CHEWs are Healthcare Professionals that are attached to a health

INDICATOR

Health provider knowledge change after training

2

STRATEGY HEALTH SERVICE STRENGTHENING

	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 provider skills and knowledge occurs through a written, oral, or observational assessment that providers have to undergo before and after the training. The percentage change in score after the training is calculated. CALCULATION : ~~Number of providers who pass the assessment~~ x100% Number of providers trained
28	Data source	Routine Program Data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company, Implementing partner: AMREF Health Africa	A pre- and post- knowledge test questionnaire is completed by each training participant. The questionnaires is marked by a member of the local team based on the correct answers provided by the specialists. The scores are then recorded.	Ongoing
31	Data processing	Company, Implementing partner: AMREF Health Africa	The staff responsible for the program review the post-training survey scores and note 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.	Every three months
32	Data validation		Takeda does not validate data - however we interrogate reports provided by Implementing Partner in quarterly review meetings.	

33 Challenges in data collection and steps to address challenges

None.

INDICATOR	2017	2018	2019
2 Health provider knowledge change after training	---	12%	---

Comments:

2018: Post-t score: 71, pre-t score: 63. This data is reported by Amref and represents the average pre-training and post-training test scores reported for all 831 healthcare providers (I.e. Community Healthcare Workers (CHWs) and Community Health Extension Workers (CHEWs). (71-63)*100/63 = 13 percent knowledge change This may be disaggregated by: Type of HEALTHWORKER CHW 14% knowledge change CHW Pre-training test mean score 73% CHW Post-training test mean score 83% CHEW 12% knowledge change CHEW Pre-training test mean score 52.25% CHEW Post-training mean score 58.34%.

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.