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Pink Consulting Rooms, Colombia

Roche

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 as part of its commitment to Access Accelerated. The information will be updated regularly. For more information about the Access Observatory go to www.accessobservatory.org

The information contained in this report is in the public domain and should be cited as: Roche Perjeta Patient Support Programme (2020), Access Observatory Boston, US 2020 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Pink Consulting Rooms, Colombia

2 Diseases program aims to address

- Cancer (Breast, Cervivcal, Ovarian)

3 Beneficiary population

- Gender: Females
- Age: Adults aged 15-64
- Special populations: People with low income, Rural populations, Urban populations

4 Countries

- Colombia

5 Program start date

January 1, 2013

6 Anticipated program completion date

Completion date not specified

7 Contact person

Yasmin Moreno
Health Policy Executive (Colombia.comunicaciones@roche.com)

8 Program summary

Focused on breast cancer, Roche hoped to change the way people thought and treated breast cancer in the health system to reduce times between suspected diagnosis, confirmed diagnosis and treatment. The “Pink Consulting Rooms” enable practices with physicians who have been trained in early detection of the pathology and standardized methods for medical care. Through referral, the program also helps to identify patients at risk or with suspected cancer. In 2019 there are approximately 130 Pink Consulting Rooms in 63 cities supported by Roche Colombia.

As part of the strategy behind this initiative, some aspects ensure the achievement of the objective, such as: ensure the continuity in the activities of early detection of women’s cancer, measurement of indicators of early detection, induced demand to the program and training to the healthcare professionals in women’s cancer.

(continued on next page)

Program Overview

8 Program summary, cont.

There are four stages to implement Colombian health system capacity:

1) Improve community awareness on the disease:

since 2013, Roche has worked with different stakeholders to raise awareness about early detection of the disease.

2) Training of health care professionals:

The Mastology Colombian Association help to support training for health care professionals(HCPs) and the Radiology Colombian Association provides education to the association members on breast cancer in order to increase and specialize the knowledge. HCPs are then allocated to work in more than 130 "Women Consulting Rooms" in 63 cities. Over 260,000 women have visited the specialized clinics, of which 7,353 have been diagnosed and treated for breast cancer. Also, almost 16,000 healthcare professionals have attended lectures or participated in online training on signs and symptoms of the disease.

3) Decrease system fragmentation: The project aims to become a one-stop-shop for insurers. Moreover, in the future implementation of the program, Roche also aims to create a one-stop / one day / one medical crew for the diagnosis of the patient.

4) Improve System efficiency: The program created a data Information tool to decrease time and process along the patient journey

This project has become a gateway for many women to be diagnosed early with breast cancer, through greater coverage for a vulnerable population. It has given priority, integrity, and quality, by health professionals trained and sensitized on the pathology, within an optimal patient journey. The program is endorsed by the Mastology Colombian Association and Roche and also implemented by the Radiology Colombia Association, Local hospitals and health facilities at the local University¹.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	The program provides material regarding breast cancer in order to increase the early diagnosis.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	A team from Roche clarifies the regulatory and healthcare guidelines with authorities in order to define the project activities.
Training	The program supports the local University which provides training to new health care professionals and decision-makers on breast cancer. Moreover, the Mastology Colombian Association help to support training for HCP and the Radiology Colombian Association provides education to the association members in breast cancer in order to increase and specialized the knowledge in breast cancer.
Management	The project establishes a one-stop management shop for insurances.
Recruitment	Call to action to healthcare professionals from the basic to specialized level, supporting educational programs.

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	The Radiology Colombian association provide the screening of the patients
Diagnosis	The Radiology Colombian association provides the diagnosis of the patients.

Strategy 4: Regulation & Legislation

ACTIVITY	DESCRIPTION
Advocacy	The Pink Rooms aim to develop and provide evidence to authorities in order to implement the regulatory and health care guidelines.

Program Strategies & Activities

10 Strategy by country

STRATEGY

COUNTRY

Community Awareness and Linkage to Care	Colombia
Health Service Strengthening	Colombia
Health Service Delivery	Colombia
Regulation & Legislation	Colombia

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Roche	Support the whole strategy to promote the early diagnosis and the right treatment Sustainability. It carries the long term vision of the project to decrease Breast cancer mortality in Colombia. Ultimately, it supports and connect all the stakeholders in the program.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Radiology Colombian Association	The Radiology Colombian Association is a no-profit organization which deliver diagnostic services in Colombia. Their role in the project is to screen the patients and provide further trainings to healthcare professionals. http://www.acronline.org/Home/Acerca-de-nosotros	Voluntary
Mastology Colombian Association	Mastology Colombian Association, has embraced this strategy, and supports creating and monitoring the guidelines necessary to create new pink consulting rooms in Colombia. They are in charge of the trainings to healthcare professionals, necessary to improve the health care cancer standards. https://www.mastologiacolombia.com/	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
Radiology Colombian Association	Colombia
Mastology Colombian Association	Colombia

Companies, Partners & Stakeholders

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKE-
Government	The outcome of The Pink Consulting Rooms will ultimately help to shape government decisions on healthcare	Infrastructure: No Human Resources: No Funding: No Monitoring or Oversight: Yes Other resource: No
Local hospitals/ Health facilities	Pink consulting rooms are hosted in hospital facilities. They are in charge to host awareness activities on women’s healthcare. They increase the national cancer commitment.	Infrastructure: Yes Human Resources: Yes Funding: No Monitoring or Oversight: No Other resource: No
Local universi- ties	The pink consulting rooms promote the efficiency and the optimization of the resources thanks to the early detection of disease (cancer) approach. This initiative increases awareness not only with the healthcare professionals but also with patients with risks, promoting self-care attention by giving scientific information about the symptom, risks, and treatments. Due to this approach, it is not necessary to extend more resources, the healthcare institutions are saving money and improving its process. It is important to increase disease knowledge and expertise. It provides training to students and hires new expert professors in the subject.	Infrastructure: No Human Resources: Yes Funding: No Monitoring or Oversight: No Other resource: No

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Colombia invests 7% of its GDP on healthcare, providing coverage to approximately 95% of its 49 million residents. The country's citizens receive insurance through two main national healthcare plans: The Contribution Plan, which covers a wide assortment of technologies and diagnostic tests, and the Subsidised Plan, which primarily ensures coverage of the low-income population.

Cancer is the third most frequent cause of death in Colombia, with about 64 new cancer cases per 100.000 people each year and an annual mortality of 37.894 cases, and its incidence is on the rise. Oncology services are concentrated in the country's major urban centers, causing 20% of the population located in remote and rural areas to have little access to these services. Therefore, many rural patients are diagnosed in advanced stages of their disease, making access to treatment and its overall effectiveness challenging. In response, Colombia has prioritized oncology in its healthcare conversations about providing better drug prices, reducing access barriers, creating financial stability within healthcare infrastructure and managing biotechnological measures.

The government created the Decennial Cancer Plan 2015-2025 (Plan Decenal del Cancer), that prioritize the necessities of cancer healthcare attention. This plan has the framework to implement strategies and actions that will improve the cancer healthcare indicators. The pink consulting rooms project is aligned within the plan and helps insurers and providers to strengthen the data collection capacity, related to the patient journey, improve the capacity knowledge of healthcare professionals and increase the awareness of patients.

To assess the breast cancer diagnosis process and detect challenges and opportunities for improvement, as well as evaluate the quality of results, Roche worked with the High-Cost Account (CAC) fund to analyze processes in two large insurers in the country. A total of 242 cases were evaluated, which demonstrated the need to include HER2 testing in the diagnostic guidelines. The initiative resulted in the establishment of new guidelines for diagnostic processes in Colombia and also served to promote the creation of a group of government entities that monitor and implement changes in public policy to improve these processes^{2,3,4}.

a How needs were assessed

Needs were assessed using historical results related to late disease detection, as a consequence of lack of knowledge, low capacity to access information and bad information to the patient. The days between diagnosis and treatment were over prolonged in relation to the law.

b Formal needs assessment conducted

No.

Local Context, Equity & Sustainability

16 Social inequity addressed

This project aims to improve the equity in the access to healthcare attention, from the diagnostic to treatment. It is implemented in urban and rural places and improves the way a patient can access information and some healthcare professionals assume their role with the patient. It addresses gender and location inequalities as it is focused on women care and the Pink Consulting rooms are 130 in 63 cities across the country.

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

POLICY, PRACTICE, LAW	APPLICABLE TO PROGRAM	DESCRIPTION OF HOW IT WAS TAKEN INTO CONSIDERATION
National regulations	Yes	Decennial Cancer Plan 2015-2025 (Plan Decenal del Cancer)
Standard treatment guidelines	Yes	[No response provided]
Quality and safety requirements	Yes	[No response provided]
Remuneration scales and hiring practices	No	

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

The pink consulting rooms promote the efficiency and the optimization of the resources thanks to the early detection disease (cancer). Following, the healthcare institutions are saving money and improving its processes.

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

No

Local Context, Equity & Sustainability

20 Health technologies 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 alliances with the Mastology Association has become the best way to guarantee the sustainability of the program. All the healthcare professional associated into the organization support the implementation of new consulting rooms and have created plans to increase the expertise in the woman cancer diseases. The plan is to integrate the training programs to the official curriculums by creating new alliances with the academy. Roche will sign agreements with new scientific associations and will increase the empowerment of local hospitals responsible.

Pink consulting Rooms want to implement a new strategy: "the Impulsano One Stop Clinic" to implement the diagnosis for cancer patients. This is a new step of the program focused on the creation of a unique Consulting site, with one complete medical crew, where the diagnosis for the patient will be completed in one day.

Ultimately, Roche aims to improve the monitoring of the strategy in order to measure the impact of the program on Population health and bring evidence to the government for policy shape.

Additional Program Information

24 Additional program information

[No response provided].

a Potential conflict of interest discussed with government entity

No

25 Access Accelerated Initiative participant

Yes

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

Yes

Resources

1. Survey: Roche Annual Report 2017, <https://www.roche.com/investors/annualreport17.htm>
2. Anon, (2020). WHO Colombia Country Profile [online]. Available at: <https://www.who.int/countries/col/en/>.
3. Gco.iarc.fr. (2020). [online] Available at: <https://gco.iarc.fr/today/data/factsheets/populations/170-colombia-fact-sheets.pdf>
4. Rural population (% of total population) - Colombia. (n.d.). Retrieved from https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS?end=2018&locations=CO&name_desc=false&start=2011.

Program Indicators

PROGRAM NAME

Pink Consulting Room

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

INDICATOR	TYPE	STRATEGY	2013	2013-2019
1 Number of patients tested	Outcome	Community awareness and linkage to care	---	689,550 people
2 Number of patients on treatment	Outcome	Health service strengthening	---	9,996 people
3 Number of people trained	Output	Health service strengthening	---	16,000 people
4 Tools in use	Output	Health service strengthening	1 tool	---
5 Number of patients diagnosed	Outcome	Health service strengthening	---	9,996 people
6 Sites in use	Output	Health service strengthening	---	130 sites

INDICATOR Number of patients tested

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

ITEM	DESCRIPTION
Definition	Number of patients that have received diagnostic test through the program (please distinguish from "population screened" indicator)
Method of measurement	Counting of people who received diagnostic test through the program Calculation: Sum of the number of people tested
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: Mastology Colombian Associ-	The Mastology Colombian Radiology Association directly collect the number of patient screened awareness.	Ongoing
31 Data processing	Company: Roche	Roche sums the total number of patients screened for cancer through program activities by summing and aggregating the numbers of patients screened, which is collected by the implementing partner across the various cities in Colombia.	Once per year
32 Data validation		A member of my company visits the local team once per year or work closely with team by video conference.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR

2013-2019

1 Number of patients tested	689,550 people
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Comments: No year-specific data available.

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

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Company: Roche, and Implementing Partner: Mastology Colombian Association	The implementing partner collects the number of women treated for breast, cervical, and ovarian cancer through the program using routine data and health facility records.	Ongoing
31 Data processing	Company: Roche, and Implementing Partner: Mastology Colombian Association	The implementing partner sums the total number of women receiving treatment for cancer diagnoses identified through the program and provides the total aggregated value to Roche once per year.	Once per year
32 Data validation		A member of my company visits the local team once per year or work closely with team by video conference.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR

2013-2019

2 Number of patients on treatment	9,996 people
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Comments: No year-specific data available.

INDICATOR Number of people trained

STRATEGY HEALTH SERVICE STRENGTHENING

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: Mastology Colombian Association and Radiology Colombian Association	Members of the two implementing partner teams use attendance sheets to capture the number of health care professionals and association members completing all requirements for support training on breast cancer.	Once per year
31 Data processing	Implementing partners: Mastology Colombian Association and Radiology Colombian Association	The implementing partners sum the total number of individuals completing all breast cancer support training requirements and report the aggregate value.	Once per year
32 Data validation		A member of my company visits the local team once per year or work closely with team by video conference.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR

2013-2019

3 Number of people trained	16,000 people
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Comments: No year-specific data available.

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

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Company: Roche	The data is collected by Roche once the information technology system is provided to the project.	Once per year
31 Data processing	Company: Roche	Roche sums and reports the total number of data information tools that are created for and in use by the project.	Once per year
32 Data validation		A member from Roche Global, yearly monitor and provide support to the affiliate.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2013
4 Tools in use	1 tool

Comments: No year-specific data available.

INDICATOR Number of patients diagnosed

STRATEGY HEALTH SERVICE STRENGTHENING

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

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: Radiology Colombian Association	They collect the number of patients tested and diagnosed and register them in the information technology tool.	Once per year
31 Data processing	Company: Roche, and Implementing partner: Radiology Colombian	The implementing partners sum the total number of patients diagnosed with disease through the program and reports the aggregate value to Roche.	Once per year
32 Data validation		A member of my company visits the local team once per year or work closely with team by video conference.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR

2013-2019

5 Number of patients diagnosed	9,996 people
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Comments: No year-specific data available.

ITEM	DESCRIPTION
Definition	Number of facilities or infrastructural units where program services are offered. The facilities were not constructed by the program (see buildings in use)
Method of measurement	The number of facilities or infrastructure units where program services are offered Calculation: Sum of the numerical count of facilities or infrastructure units where program services are offered
28 Data source	Routine program data
29 Frequency of	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Company: Roche	Roche uses routine program data to collect the number of 'pink consulting rooms', i.e. specialized clinics for breast, cervical, and ovarian cancer care, that are supported and/or constructed through program activities.	Once per year
31 Data processing	Company: Roche	Roche sums the total number of 'pink consulting rooms' that were supported and/or constructed over the the course of the year.	Once per year
32 Data validation		A member of my company visits the local team once per year or work closely with team by video conference.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR 2013-2019

6 Sites in use	130 sites
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Comments: No year-specific data available.

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,

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.

