

APRIL 2020

---

# Pink Ribbon, Red Ribbon (Africa)

**Bristol Myers Squibb Foundation**

Submitted as part of Access Accelerated

# Contents

---

<b>Program Description</b>	<b>3</b>
Program Overview	4
Program Strategies & Activities	6
Companies, Partners & Stakeholders	7
Local Context, Equity & Sustainability	11
Additional Program Information	13
<b>Resources</b>	<b>14</b>
<b>Program Indicators</b>	<b>15</b>
<b>Program documents</b>	<b>16</b>
<b>Appendix</b>	<b>18</b>

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

The information contained in this report is in the public domain and should be cited as: Bristol-Myers Squibb, Pink Ribbon, Red Ribbon (Africa) (2020), Access Observatory Boston, US 2020 (online) available from [www.accessobservatory.org](http://www.accessobservatory.org)

# Program Description

# Program Overview

---

## 1 Program Name

Pink Ribbon, Red Ribbon (Africa)

## 2 Diseases program aims to address

- Cancer (Breast, Cervical)

## 3 Beneficiary population

- General Population
- Other (BMSF funding is towards hard to reach and indigent patients)

## 4 Countries

- Ethiopia
- Tanzania

## 5 Program start date

July 3, 2013

## 6 Anticipated program completion date

Completion date not specified.

## 7 Contact person

Michael Seiders (Michael.Seiders@bms.com)

Phangisile Mtshali (Phangisile.Mtshali@bms.com)

## 8 Program summary

Pink Ribbon Red Ribbon (PRRR) is an innovative partnership leveraging public and private investments to combat cervical and breast cancer in Sub-Saharan Africa and Latin America. It is an independent affiliate of the George W. Bush Institute, a global partnership of national governments, non-governmental (NGO) and multilateral organizations, foundations, and corporations with a shared goal of reducing deaths from cervical cancer and breast cancer in low- and middle-income countries.

The PRRR aim to accomplish the following goals:

- Reduce deaths from cervical cancer by 25 percent among women screened and treated in partner countries;
- Achieve at least 80 percent coverage of vaccination against the human papillomavirus (HPV), which causes most cases of cervical cancer;
- Screen at least 80 percent of the appropriate target populations for pre invasive cervical cancer, and treat those found with lesions;
- Increase awareness of, and reduce stigma about, breast and cervical cancer, and promote the early detection of the disease; and
- Create and test innovative approaches to sustainability, financing, service delivery, and laboratory and data systems that can be scaled up and used globally.

The PRRR envision a future where no woman is denied opportunity because she cannot access life-saving cancer care. A future where all women, regardless of where they live, can thrive and contribute to their communities.

The activities of PRRR include:

- Educating communities about breast and cervical cancer
- Vaccinating girls against human papilloma virus (HPV)

(continued on next page)

## 8 Program summary cont.

- Screening women for breast and cervical cancer
- Treating women for cervical pre-cancer with low cost methods such as cryotherapy
- Increasing access to diagnostics, products and treatments, and providing care and support, including transportation
- Training and equipping public and private providers to screen and treat cervical and breast cancer

In 2016, 316,652 women have been screened for cervical cancer, 119,192 girls have received all doses of the HPV vaccination and 22,039 women have been treated with cryotherapy or LEEP for cervical cancer. The PRRR collaboration is a locally developed and driven initiative which has a global view. The Ministries of Health own and direct the project from identifying project scope and geography to hosting personnel that is seconded. In all countries initial planning meeting were held with multi-sectoral stakeholders. Bi-Monthly tele-conferences are held with each country and annual meetings for all countries are also a part of joint planning, monitoring and reporting. The Bristol-Myers Squibb Foundation (BMSF) has collaborated with PRRR as a platform to build on investments and gains made in the fight against HIV and AIDS.

# Program Strategies & Activities

## 9 Strategies and activities

### Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Raise awareness of breast and cervical cancer prevention, screening and treatment, and reduce stigma.

### Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Training and equipping public and private providers to screen and treat cervical and breast cancer.

### Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	Screening women for breast and cervical cancer.
Diagnosis	PRRR funds transportation and processing of biopsy samples.
Treatment	Treating women for cervical pre-cancer with low cost methods such as cryotherapy.
Other:	Vaccinating girls against human papilloma virus (HPV).

## 10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Ethiopia, Tanzania
Health Service Strengthening	Ethiopia, Tanzania
Health Service Delivery	Ethiopia, Tanzania

# Companies, Partners & Stakeholders

## 11 Company roles

COMPANY	ROLE
Bristol Myers Squibb	<p>Pink Ribbon Red Ribbon (PRRR) member and co-sponsor of program.</p> <p>BMSF is focused on community based activities and support activities of non-governmental organisations while other PRRR partners focused on other segments of the continuum of care. BMSF funding is also directed to community based research, capacity building and patient education and navigation to cancer services. Active Programs in Tanzania and Ethiopia.</p>
GlaxoSmithKline	PRRR Member in Ethiopia and Tanzania and/or other countries.
Merck & Co., Inc.	PRRR Member in Ethiopia and Tanzania and/or other countries.

## 12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Bristol-Myers Squibb Foundation	<p>Partner and co-funder.</p> <p><a href="https://www.bms.com/about-us/responsibility/bristol-myers-squibb-foundation.html">https://www.bms.com/about-us/responsibility/bristol-myers-squibb-foundation.html</a></p>	Private
CUAMM Tanzania	<p>Doctors with Africa CUAMM has been working in Tanzania since 1968. During several years of intervention, the organisation had to fight against HIV/AIDS, malaria and malnutrition. Today the project "Mothers and children first" aims to guarantee free access to health services for future mothers and their babies.</p> <p><a href="http://www.mediciconlafrica.org/en/who-we-are/our-history/tanzania-our-history/">http://www.mediciconlafrica.org/en/who-we-are/our-history/tanzania-our-history/</a></p>	Voluntary

# Companies, Partners & Stakeholders

## 12 Funding and implementing partners, cont.

AMREF	<p>AMREF Health Africa in Ethiopia partners with the Federal Ministry of Health, the Regional Health Bureaus and the Woreda Health Offices, as well as local and international health and development organizations. AMREF works within the Government of Ethiopia's Health Sector Transformation Plan (HSTP), with a focus on ensuring health equity by serving women and children and reaching the most disadvantaged, inaccessible communities, including Ethiopia's pastoralists and semi-pastoralist communities. The programs support health change at the community level while creating stronger health systems at the regional and national levels. Aligning health-focused programs with the government's priorities and the community's needs helps to ensure the changes are sustainable. AMREF is not part of PRRR, however is supported by BMS Foundation to provide cervical see and treat interventions and breast cancer screening and services in two regions of Ethiopia. However, AMREF shared learnings with other PRRR partners in the country and participate in many for a led by the Ministry of Health.</p> <p><a href="http://amref.org/ethiopia/">http://amref.org/ethiopia/</a></p>	Voluntary
CORDAID	<p>CORDAID mobilizes global networks, resources and knowledge to tackle root causes of conflict and fragility in some of the most conflict-affected countries. CORDAID links relief interventions to longer term development aid and adapt our interventions to levels of fragility. In five inter-connected fields of expertise CORDAID uses results based financing to create durable social impact. All interventions are community based. CORDAID matched the BMS Foundation funding dollar for dollar over and above and also served as project manager for activities in Addis Abeba and Southern Nations, Nationalities, and Peoples' Region (SNN-PR). Their involvement covers project management, capacity building, quality assurance and fundraising for sustainability of the interventions</p> <p><a href="https://www.cordaid.org/en/">https://www.cordaid.org/en/</a></p>	Voluntary
Catholic University of Allied and Health Services	<p>University partner - Tanzania. The University is an implementing partner</p> <p><a href="https://www.bugando.ac.tz/">https://www.bugando.ac.tz/</a></p>	Private
Mathiwos Wondu Ye cancer Sociary (Tanzania)	<p>Based on the analysis made, the newly revised Vision. Mission and Purpose of the Society for the strategic planning period are stated as follows. Vision- Seeing a Society fully aware of cancer. Mission-Actively engage in control of pediatric and women cancer and their risk factors. Purpose- Provide Care and support to cancer patients. Values and Principles: MWECS advocates and promotes the values and principles that address its core project activities. The society also governed with national and international Standards.</p> <p>Through BMSF Support MWECS to increase community awareness on breast and cervical cancer prevention and control; to promote awareness among policy makers and health workers about the burden of breast and cervical cancer risk factors; to strengthen early referral, treatment, care and support of breast and cervical cancers in communities; to strengthen community-based palliative care for advanced breast and cancer patients and to strengthen the implementation capacity of MWECS on women breast and cancer prevention and control activities.</p> <p><a href="http://mathycancersoc.org/wp/">http://mathycancersoc.org/wp/</a></p> <p>(continued on next page)</p>	Voluntary



# Companies, Partners & Stakeholders

## 12 Funding and implementing partners, cont.

Pink Ribbon Red Ribbon	<p>Pink Ribbon Red Ribbon, an independent affiliate of the George W. Bush Institute, is a global partnership of national governments, non-governmental (NGO) and multilateral organizations, foundations, and corporations with a shared goal of reducing deaths from cervical cancer and breast cancer in low- and middle-income countries. Pink Ribbon Red Ribbon coordinates the program implementation.</p> <p><a href="http://pinkribbonredribbon.org/about-us-2/">http://pinkribbonredribbon.org/about-us-2/</a></p>	Private
The Medical Women Association of Tanzania (MEWATA)	<p>The Medical Women Association of Tanzania (MEWATA) is affiliated to the Medical Women International Association and Medical Association of Tanzania. MEWATA is comprised of Tanzania women who are medical and dental practitioners registered by Tanganyika Medical Council (Medical Council of Tanganyika). Medical Women Association of Tanzania (MEWATA) was founded in 1987 and registered as a voluntary NGO in 1989. The Association has over 300 members. The vision of MEWATA is "Healthy Tanzanian population accessing quality health services that are affordable and sustainable through efficient and effective support systems. MEWATA mission is "to advocate for and facilitate provisions of quality health services among women, young people, children and men through existing social systems and capacity building among health professionals." For over a decade MEWATA has been running annual Breast Cancer screening mass campaigns. Through PRRR, BMSF supported MEWATA to increase the frequency of their mass screening campaigns to three a year targeting more regions and also to incorporate an integrate cervical cancer screening, NCD screening and TB screening in their mass campaigns. The program also had a component of advocating with retinal parliaments for NCD and specifically cancer intervention budgets.</p> <p><a href="http://www.mewata.org/">http://www.mewata.org/</a></p>	Voluntary`
Saint Kizito Hospital	<p>St. Kizito Hospital is a Catholic District Hospital in Morogoro, Tanzania. Theorugh BMSF support they were included in the PRRR collaboration as they initiated integrated NCD screening and care improving access to medicines as well as running outreach screening services for top four NCDs. St Kizito was assited to initiate and extend their VIAC services, provide LEEP services at their hospital, which made their relevance to PRRR important as they share learnings from other PRRR partners.</p> <p>[No URL provided]</p>	Private

# Companies, Partners & Stakeholders

## 13 Funding and implementing partners by country

PARTNER	COUNTRY
Bristol Myers Squibb Foundation	Ethiopia, Tanzania
CUAMM Tanzania	Thailand
AMREF	Ethiopia
CORDAID	Tanzania
Catholic University of Allied and Health Services	Tanzania
Mathiwo Wondu Ye cancer Sociary (Tanzania)	Tanzania
Pink Ribbon Red Ribbon	Ethiopia, Tanzania
Saint Kizito Hospital	Tanzania
The Medical Women Association of Tanzania (MEWATA)	Tanzania

## 14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	Ministries of Health
Non-governmental organization (NGO)	Non- Profit civil societies, Medical associations, Cancer patient advocacy organisations, Cancer Societies
Faith Based Organizations	Health focused faith Based Organisations and those that have service facilities
Commercial Sector	Pharma, Diagnostics companies, telecommunication companies (for ease of money transfer to facilitate transport for patients)
Local Hospitals	Primary Clinics ( for the see and treat approach), District hospitals for LEEP and surgical services, Oncology centers
Local Universities	Public Health research and additional and back up training

# Local Context, Equity & Sustainability

---

## 15 Local health needs addressed by program

Cervical cancer is the most common women's cancer in sub-Saharan Africa and is the fourth-most common cancer in women, with about 485,000 new cases and 236,000 deaths in 2013 alone. More than 85% of the global burden of cervical cancer occurs in developing countries, and 80-90% of women in sub-Saharan Africa have never had a pelvic exam. Cervical cancer is five times more common among women who are HIV-positive. By 2030, cervical cancer is expected to claim nearly half a million lives per year, with over 95% of deaths concentrated in low- and middle-income countries.<sup>1,2</sup>

Pink Ribbon Red Ribbon (PRRR) supported countries have low access to pathology services because most patients cannot afford the cost of transporting their samples or paying the processing fees. Additionally, hospitals have few trained personnel in cervical and breast cancer, no testing reagents, and unstandardized reporting practices. There are weak linkages between patients and test results for further clinical management and poor communications between referral and receiving labs.

BMS Foundation's Secure The Future initiative is part of the collaboration in Tanzania and Ethiopia. It brings a special focus on Community based Activities, Patient support, Psychosocial support, and technical assistance to improve efficiency and effectiveness of partners.

### a How needs were assessed

[No response provided]

### b Formal needs assessment conducted

[No response provided]

## 16 Social inequity addressed

Pink Ribbon Red Ribbon (PRRR) supported countries have low access to pathology services because most patients cannot afford the cost of transporting their samples or paying the processing fees. Additionally, hospitals have few trained personnel in cervical and breast cancer, no testing reagents, and unstandardized reporting practices. There are weak linkages between patients and test results for further clinical management and poor communications between referral and receiving labs. This lack of access to care results in a high burden of disease and poor outcomes for low resourced communities. The program thus helps to address the inequitable access to cervical and breast cancer screening, diagnosis and management between high and low income groups in Ethiopia and Tanzania. It also addresses the inequity in access to breast and cervical cancer screening and diagnosis between Ethiopia and Tanzania, and high income countries.

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

Pink Ribbon Red Ribbon work with national governments to support their planning, policy development, and program implementation related to breast and cervical cancer. All the program activities including community breast and cervical cancer education, human papilloma virus (HPV) vaccination and screening for breast and cervical cancer are implemented in accordance with local laws and practices.

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

[No response provided]

# Local Context, Equity & Sustainability

---

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

No

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

No further information at this time.

# Additional Program Information

---

24 Additional program information

No further information at this time

a Potential conflict of interest discussed with government entity

[No response provided]

25 Access Accelerated Initiative participant

Yes

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

Yes

# Resources

1. WHO. International Agency for Research on Cancer. Cervical Cancer. Estimated Incidence, Mortality and Prevalence Worldwide in 2012. [http://globocan.iarc.fr/Pages/fact\\_sheets\\_cancer.aspx](http://globocan.iarc.fr/Pages/fact_sheets_cancer.aspx)
2. NIH Fact Sheets – Cervical Cancer. <https://report.nih.gov/nihfactsheets/viewfactsheet.aspx?csid=76>

# Program Indicators

Not yet available for this program

# Program Documents



# Program Documents

1. Guidelines for valuing contributions to the Pink Ribbon, Red Ribbon Partnership. Janaury 2018. Available at: <https://bit.ly/pinkribbonredribbon3>
2. Pink Ribbon Red Ribbon 2017 End of Year Report. Available at: <https://bit.ly/pinkribbonredribbon1>
3. Pink Ribbon Red Ribbon Country Programs: Quarterly Performance Report. 2017. Available at: <https://bit.ly/pinkribbonredribbon2>

# 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 is 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?

**25** Access Accelerated Initiative participant

Is this program part of the Access Accelerated Initiative? (Yes/No)

**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.

**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

- Responsible party: For this indicator, please indicate the party/parties responsible for data collection.
- Data collection — Description: Please briefly describe the data source and collection procedure in detail.
- Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

**31** Data processing

- Responsible party: Please indicate all parties that conduct any processing of this data.
- 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.
- 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.

