Project ECHO for Cancer Care (South Africa)

Bristol-Myers Squibb Foundation

Submitted as part of Access Accelerated

Access Observatory

Contents

Program Description

Program Overview

1 Program Name

Project ECHO for Cancer Care (South Africa)

2 Diseases program aims to address

• Cancer (Breast; Cervical; Cancer, general)

3 Beneficiary population

• General population
• People with low income
• Rural Populations

4 Countries

• South Africa

5 Program start date

August 1, 2017

6 Anticipated program completion date

July 31, 2022

7 Contact person

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8 Program summary

Project ECHO™ (Extension for Community Healthcare Outcomes) is a life-long learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty-care and reduce health disparities. The heart of the ECHO™ model is its hub-and-spoke knowledge sharing networks, led by expert teams who use multi-point videoconferencing to conduct "virtual clinics" with community providers. In this way, community based specialists, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their communities.

Recognizing the need for primary care providers and community based cancer specialists in rural or remote settings to manage and treat their complex patients in their own communities, the Bristol-Myers Squibb Foundation is providing funding to both the ECHO Institute to apply the ECHO model to cancer in the US and South Africa, and also, through its Secure The Future program, providing funding to Kimberly District Hospital to undertake a comprehensive community cancer care project that will deploy the Project ECHO™ telementoring and collaborative care model to upskill healthcare providers in cancer care and also strengthen the continuum of care across community and hospital based providers.

Project ECHO™ enables expert specialist teams to mentor community specialists and primary care providers through "virtual clinics," which helps local clinicians learn to treat patients with complex conditions in their own communities. A community health worker program will also be developed to further expand access to appropriate care in rural areas.This initiative aims to improve the quality and performance of health workforce, strengthen the capacity of local health care systems and demonstrate the utility of the ECHO model as an efficient approach to improve access to quality health care.

Program Overview

8   Program summary cont.

There are 2 parts to Project ECHO for Cancer Care – South Africa:

1. Broad sharing, training in and utilization of the ECHO model as a tool to strengthen cancer prevention, treatment and care services in South Africa;

2. Implementation pilot of the ECHO model as a training, education and collaborative care tool in support of the goals and activities of the BMS Foundation/Secure the Future Kimberly Hospital Complex cancer project which is focused on lung, breast and cervical cancers.

Please see Secure the Future – South Africa Northern Cape - Kimberly Hospital Complex in the AA Observatory:

https://accessaccelerated.org/initiative/secure-the-future-south-africa-northern-cape/.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Training local providers through virtual clinics. The ECHO model will also be used to support training for community health workers to create greater awareness of cancer risks, screening and care in their communities.
Infrastructure	Funding for configuration of the ECHO clinic room and equipment and improved broadband access are supported by the Secure the Future – Kimberly Hospital Complex grant.
Technology	Provision of Telemedicine system.
Other: Collaborative Care	Collaborative care partnerships and ongoing relationships between hospital, university and community based healthcare providers and community health workers will be supported by the ECHO model.

10 Strategy by country

STRATEGY	COUNTRY
Health Service Strengthening	South Africa

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Bristol-Myers Squibb Foundation	BMS Foundation is a separate legal entity from Bristol-Myers Squibb. Bristol-Myers Squibb is an IFPMA member.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
MD Anderson Cancer Center	• MD Anderson Cancer Center • ECHO for Cancer Care Superhub https://www.mdanderson.org/	Private
University of New Mexico Health Sciences Centers ECHO Institute	• The ECHO Institute, The University of New Mexico • ECHO cancer partners outreach and engagement • Training and technical assistance in ECHO Model implementation • Evaluation • Sustainable financing and policy advancement https://echo.unm.edu/	Public
Kimberly District Hospital, Northern Cape, South Africa	Implementing partner of Project ECHO.	Private
Provincial Government of South Africa	Government partner. https://provincialgovernment.co.za/units/view/90/Northern-Cape/Health	Public

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
MD Anderson Cancer Center	South Africa
University of New Mexico Health Sciences Centers ECHO Institute	South Africa
Kimberly District Hospital, Northern Cape, South Africa	South Africa
Provincial Government of South Africa	South Africa

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	Project ECHO and BMS Foundation staff along with a Global Health leader from MD Anderson Cancer Center visited SA in July 2017 and conducted grand rounds and consultations with cancer leaders atn the Ministry of Health, Africa Cancer Institute, University of Wits, University of Pretoria, University of Capetown and private healthcare systems to share the model and get guidance on the local priorities for use of the ECHO model. Subsequently, outreach has also been made to European Society for Medical Oncology (ESMO) Africa, African Organization for Research and Training In Cancer (AORTIC) as well as Union for International Cancer Control (UICC). For Part 2, BMSF/Secure the Future staff co-developed the comprehensive cancer care project for the Northern Cape in partnership with local government, Kimberly Hospital Complex, Kuruman Hospital and U of Wits cancer leaders.
Local Hospitals/ Health Facilities	BMS Foundation/Secure the Future staff co-developed the comprehensive cancer care project for the Northern Cape in partnership with local government, Kimberly Hospital Complex, Kuruman Hospital and U of Wits cancer leaders.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

There are global and national disparities in cancer care access, quality and outcomes, particularly among minority populations and the poor and vulnerable.[1,2] For many patients, quality prevention, screening, treatment, palliative care, and survivorship services are either unavailable or access to them is very limited. By 2030, the global burden of cancer is expected to grow to 21.7 million new cancer cases and 13 million new cancer deaths due to the growth and aging of the population. The future burden is likely to be even larger than these estimates given the adoption of western lifestyles including smoking, poor diet, physical inactivity and fewer childbirths in economically developing countries.[3] In Sub-Saharan Africa 22.5 out of 100,000 people die from cervical cancer in contrast to 15 in North America, where cervical cancer does not even make the list of top 15 cancer sites for incidence or mortality. Similarly, 20.9 per 100,000 die from prostate cancer in Sub-Saharan Africa vs. 9.8 per 100,000 North America.[2] Given the burden of disease from cancer, much work still needs to be done to reduce overall cancer deaths and increase the knowledge of cancer prevention, screening, control, treatment, care and survivorship best practices across all segments of the healthcare workforce and the general population.[3]

Project ECHO™ (Extension for Community Healthcare Outcomes) is a life-long learning and guided practice model that revolutionizes medical education and exponentially increases workforce capacity to provide best-practice specialty-care and reduce health disparities. The heart of the ECHO™ model is its hub-and-spoke knowledge sharing networks, led by expert teams who use multi-point videoconferencing to conduct "virtual clinics" with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their communities.[4] Recognizing the need for primary care providers in rural or remote settings to manage and treat their complex patients in their own communities, the Bristol-Myers Squibb (BMS) Foundation is providing funding to both the ECHO Institute to apply its model to cancer care in the United States and South Africa, and also to Secure the Future program. Through the latter, BMS is providing funding to Kimberly District Hospital in North Cape, South Africa to undertake a comprehensive community cancer care project. Project ECHO™ will support healthcare worker training and capacity building as well as collaborative care across community and hospital healthcare settings.

a How needs were assessed

[No response provided]

b Formal needs assessment conducted

[No response provided]

16 Social inequity addressed

Project ECHO and the BMS Foundation are united in their commitment to health equity and to improving cancer health outcomes for these vulnerable populations and ensuring that the advances in the continuum of cancer prevention, treatment and care will have optimal and equitable benefit.

Recognizing the need for primary care providers in rural or remote settings to manage and treat their complex patients in their own communities, the Bristol-Myers Squibb Foundation is providing funding to both the ECHO Institute to apply its model to cancer care in South Africa and to Secure The Future-Kimberly Hospital Complex project. Through these programs, the impact is expected especially at the rural level and for most vulnerable populations. There are global and national disparities in cancer care access, quality and outcomes, particularly among minority populations and the poor and vulnerable. Project ECHO exponentially increases workforce capacity to provide best-practice specialty-care and reduce health disparities. The heart of the ECHO™ model is its hub-and-spoke knowledge sharing networks, led by expert teams who use multi-point videoconferencing to conduct "virtual clinics" with community providers. In this way, primary care doctors, nurses, and other clinicians learn to provide excellent specialty care to patients in their communities. It is expected that by heightening the local capacity of healthcare providers for cancer care, social disparities may be reduced though standardization of quality of service and health outcomes.

Local Context, Equity & Sustainability

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

For part 1 of the project relevant to all of South Africa, the national cancer control plan and the national health strategic plan 2014-2019 of the Department of Health in South Africa were taken into consideration (please see question 8 for a description of the two parts of the project).

For part 2, the ECHO implementation project in the Northern Cape and Kimberley District Hospital catchment area, took consideration of local resources as it is part of the Secure the Future – Kimberly Hospital Complex comprehensive community cancer project. The ECHO platform will support training and collaborative care across healthcare settings.

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

[No response provided.]

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

[No response provided.]

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 Project ECHO model creates greater efficiency and effectiveness in the training of healthcare professionals and workers through use of web-based and mobile technology. The implementing institutions will leverage policies and investments in training and telemedicine to sustain the model.

Additional Program Information

24 Additional program information

Lessons learned from the implementation of the ECHO model in cancer in South Africa and the United States will be shared with each other and with other ECHO cancer projects around the world.

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. ECHO.UNM. - BMS Foundation Available at: https://echo.unm.edu/bristol-myers-squibb/

2. 3BL Media. Bristol-Myers Squibb Foundation and Project Echo Partner to Change Cancer Care in the United States and Africa. Available at: https://3blmedia.com/News/Bristol-Myers-Squibb-Foundation-and-Project-Echo-Partner-Change-Cancer-Care-United-States-and

3. IFPMA Project ECHO profile. Available at: http://partnerships.ifpma.org/partnership/project-echo-extension-for-community-health-care-outcomes-for-cancer-care

4. Access Accelerated Project ECHO Profile: https://accessaccelerated.org/initiative/project-echo-cancer-care-us-south-africa/

5. Department of Health, South Africa. Health Strategic Plan 2014-2019. Available at: https://www.health-e.org.za/wp-content/uploads/2014/08/SA-DoH-Strategic-Plan-2014-to-2019.pdf

Program Indicators

Not yet available for this program

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 program meets or exceeds local standards

Is there anything else that you would like to report on how your program meets or exceeds local standards?

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.