PROGRAM REPORT

APRIL 2020

R&D Access to Medicines Employee Fellowship Program

Knowledge Sharing to Strengthen Capacity in LMICs

Takeda

Access Observatory

Contents

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

Program Description

Program Overview

1 Program Name

R&D Access to Medicines Employee Fellowship Program: Knowledge Sharing to Strengthen Healthcare Capacity in LMICs

2 Diseases program aims to address

- Cancer (General)
- Mental & Neurological Disorders (General)

3 Beneficiary population

- Age: All ages
- Gender: All genders
- Special Populations: People with low income

4 Countries

- Kenya
- Tanzania
- Rwanda
- Haiti

5 Program start date

November 1, 2016

6 Anticipated program completion date

December 31, 2021

7 Contact person

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8 Program summary

Takeda launched its R&D Access to Medicines (AtM) Employee Fellowship Program in late 2016. The objective of the program is to provide a platform for knowledge sharing to expand the scientific and technical capabilities of local healthcare systems and workers in low- and middle-income (LMICs) countries, particularly in cancer and mental health. With the complexities and interconnected nature of cancer and mental illness in LMICs, the additional technical and scientific training and mentoring provided through the Fellowship program aims to improve local cancer and mental health care and ultimately patient survival and well-being.

The Fellowship program is unique in that it builds sustainable scientific and technical capacity in LMICs through long-term, group and meaningful 1-on-1 knowledge sharing, mentoring and engagement from

R&D employees to local counterparts. The Fellowship program enters into two to five-year agreementswith select NGO partners who have experience working with the medical and scientific communities in

LMICs. R&D employee volunteers with specific technical skills and experience are matched to a project objective and contribute both virtually and face-to-face through 'project teams' that are led by the NGOpartner and local healthcare workers. Together they work to address local gaps or capacity needs. Thismodel ensures that the knowledge can be adapted to best suit the local needs and situation and provides R&D employees the opportunity to work towards more long-term sustainable solutions.

Specific objectives of the cancer and mental health capacity building projects include:

1) enhanced disease awareness and education

2) improved pharmacy and diagnostic capabilities

3) improved epidemiology, data management and data analysis capabilities

4) enhanced research capabilities to adapt and evolve care delivery

5) development of sustainable treatment models and protocols.

Program Overview

8 Program summary, cont.

The capacity building project teams meet virtually once every two weeks (Takeda R&D employees only) and monthly as a full project team, including NGO partners and local healthcare stakeholders. R&D employees also connect routinely 1-on-1 with their local counterparts through email and phone calls as needed. On-site visits are also held twice a year and focus on implementation of plans devised during the virtual meetings. This includes group trainings, assessments of previous work implemented and adjustments to plans based on local observations and understanding.

By participating in the Fellowship and capacity building projects, Takeda R&D employees share their skills, experience and technical expertise to support and build healthcare capacity in areas such as clinical care, epidemiology, training, R&D project management and supply chain. It also enables them to enhance their own understanding of local needs, perspectives and access to medicine which can inform new ideas and medicines that will meet the needs of patients in LMICs.

Since its inception in the latter part of 2016, 100 R&D employees have contributed their skills through the knowledge sharing Fellowship program, which is proving to be sustainable in multiple ways:

1) once local stakeholders are fully trained and implementing in their specific area, they can serve as technical experts to train others at their centre as well as at other sites across the country and region (e.g. through local/regional conferences), 2) the technical and scientific knowledge acquired can be used to obtain research grant funding from country level and international granting organizations which also help to retain medical/scientific talent locally, 3) improvements in data collection and analysis can be used to impact health policy and funding decisions at the regional and national levels.

Currently, Takeda has Fellowships operating in Haiti, Kenya, Rwanda and Tanzania where multiple NGO and local healthcare partners are collaborating to expand technical and scientific training and mentoring which are critical to building capacity to address complex NCDs such as cancer and mental health. The partnerships with NGOs operate under project-specific governance structures, and each project has its own goals, objectives and deliverables. Progress towards these is measured in agreement with Takeda's NGO partners.

Partners currently involved in the fellowships include:

- AMPATH Kenya - The Academic Model Providing Access to Healthcare: https://www.ampathkenya.org/
- Moi Teaching and Referral Hospital: www.mtrh.go.ke
- FCCT – Foundation for Cancer Care Tanzania: https://tanzaniacancercare.org/
- KCMC – Kilimanjaro Christian Medical Center: www.kcmc.ac.tz
- Partners in Health (PIH)/ Partners in Health Haiti (Zanmi Lasante): www.pih.org
- Healthcare Partners for Access (HPA): http://www.healthcarepartnersforaccess.org/
- Bio Ventures for Global Health (BVGH): www.bvgh.org
- Rwanda Military Hospital (RMH): http://rwandamilitaryhospital.rw/index.php?id=23

Takeda R&D Access to Medicines (AtM) Employee Fellowship Program, is recognized as an Industry Best Practice by the Access to Medicines Foundation for its design and longer-term impact which ensures sustainability and value delivery for patients and communities.

- AtM Index Industry Best Practice: https://accesstomedicinefoundation.org/access-to-medicine-index/best- innovative-practices/r-d-employee-fellowship-program-engages-in-longer-term-projects?company=662&page=1

- Takeda LinkedIn Video: https://www.linkedin.com/feed/update/urn:li:activity:6560141458429534208

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Virtual and 1-on-1 knowledge sharing, mentoring and training in partnership with NGOs, academia, local hospitals and healthcare workers. The program expands the scientific, technical and health capabilities of local healthcare systems in partnership with NGOs, academia and local hospitals and healthcare workers. Engagement and knowledge sharing is over a 2-5 year period and tailored to best suit the local need and situation, in order to ensure sustainable impact.
Funding	Funding the knowledge sharing fellowships.

10 Strategy by country

[No response provided]

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Takeda	Takeda R&D employees share their scientific and technical expertise virtually and on-site with NGOs and local healthcare workers to support cancer and mental health care capacity building. In addition, Takeda R&D provides funding to support various aspects of the capacity building projects until technical skills and knowledge are fully transferred to the local healthcare institution/workers and the projects become sustainable.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
KCMC – Kilimanjaro Christian Medical Center	Identify local unmet needs and gaps in cancer and mental health care capacity. Lead and participate on project teams comprised of Takeda R&D employees, NGO partners, academia and local healthcare workers. Implement capacity building projects and sustainability plans locally and coordinate and communicate with local stakeholders including Ministry of Health. www.kcmc.ac.tz	Voluntary
Healthcare Partners for Access (HPA)	Identify local unmet needs and gaps in cancer and mental health care capacity. Lead and participate on project teams comprised of Takeda R&D employees, NGO partners, academia and local healthcare workers. Implement capacity building projects and sustainability plans locally and coordinate and communicate with local stakeholders including Ministry of Health. http://www.healthcarepartnersforaccess.org/	Voluntary
Bio Ventures Global Health (BVGH)	Identify local unmet needs and gaps in cancer and mental health care capacity. Lead and participate on project teams comprised of Takeda R&D employees, NGO partners, academia and local healthcare workers. Implement capacity building projects and sustainability plans locally and coordinate and communicate with local stakeholders including Ministry of Health. https://bvgh.org/	Voluntary
Rwanda Military Hospital (RMH)	Identify local unmet needs and gaps in cancer and mental health care capacity. Lead and participate on project teams comprised of Takeda R&D employees, NGO partners, academia and local healthcare workers. Implement capacity building projects and sustainability plans locally and coordinate and communicate with local stakeholders including Ministry of Health. http://rwandamilitaryhospital.rw/index.php? id=23	Public
AMPATH Kenya - The Academic Model Providing Access to Healthcare	Identify local unmet needs and gaps in cancer and mental health care capacity. Lead and participate on project teams comprised of Takeda R&D employees, NGO partners, academia and local healthcare workers. Implement capacity building projects and sustainability plans locally and coordinate and communicate with local stakeholders including Ministry of Health. https://www.ampathkenya.org/	Voluntary

Companies, Partners & Stakeholders

12 Funding and implementing partners, cont.

PARTNER	ROLE/URL	SECTOR
Moi Teaching and Referral Hospital	Identify local unmet needs and gaps in cancer and mental health care capacity. Lead and participate on project teams comprised of Takeda R&D employees, NGO partners, academia and local healthcare workers. Implement capacity building projects and sustainability plans locally and coordinate and communicate with local stakeholders including Ministry of Health. www.mtrh.go.ke	Public
FCCT – Foundation for Cancer Care Tanzania	Identify local unmet needs and gaps in cancer and mental health care capacity. Lead and participate on project teams comprised of Takeda R&D employees, NGO partners, academia and local healthcare workers. Implement capacity building projects and sustainability plans locally and coordinate and communicate with local stakeholders including Ministry of Health. https://tanzaniacancercare.org/	Voluntary
Partners in Health (PIH)/ Partners in Health Haiti (Zanmi Lasante)	Identify local unmet needs and gaps in cancer and mental health care capacity. Lead and participate on project teams comprised of Takeda R&D employees, NGO partners, academia and local healthcare workers. Implement capacity building projects and sustainability plans locally and coordinate and communicate with local stakeholders including Ministry of Health. www.pih.org	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
AMPATH Kenya - The Academic Model Providing Access to Healthcare	Kenya
FCCT – Foundation for Cancer Care Tanzania	Tanzania
KCMC – Kilimanjaro Christian Medical Center	Kenya
Moi Teaching and Referral Hospital	Kenya
Partners in Health (PIH)/ Partners in Health Haiti (Zanmi Lasante)	Haiti
Rwanda Military Hospital (RMH)	Rwanda
Healthcare Partners for Access (HPA)	Haiti, Kenya, Rwanda, Tanzania
Bio Ventures Global Health (BVGH)	Haiti, Kenya, Rwanda, Tanzania

Companies, Partners & Stakeholders

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Non-governmental organization (NGO)	Healthcare workers from the hospitals and organisations are delivering this program and capacity building projects locally to address cancer and mental health care in Kenya, Tanzania, Rwanda and Haiti.	Infrastructure: No Human Resources: Yes Funding: Yes Monitoring or Oversight: Yes Other resource: No
Local Hospitals/ Health Facilities	Healthcare workers from the hospitals and organisations are delivering this program and capacity building projects locally to address cancer and mental health care in Kenya, Tanzania, Rwanda and Haiti.	Infrastructure: No Human Resources: Yes Funding: No Monitoring or Oversight: Yes Other resource: No
Other	We are working alongside and in partnership with healthcare workers from local hospitals and organisations. They are delivering this program and capacity building projects locally to address cancer and mental health care in Kenya, Tanzania, Rwanda and Haiti.	

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Cancer and mental illness are emerging and often an interconnected health crisis in LMICs. SSA and Haiti lack adequate cancer and mental health care infrastructure, and there is a great shortage of healthcare professionals to provide adequate care. Many of the healthcare systems and healthcare workers in LMICs require additional technical and scientific training and mentoring in order to address the complexities of cancer and mental illness health diagnosis and treatment.

Training abroad is expensive and entry is difficult, and so local solutions are needed. In order to address local unmet needs and gaps in cancer and mental health care capacity the NGO partners, academia and local healthcare workers have come together to deliver capacity projects through the development of the fellowship program, such as this one funded by Takeda.

By addressing these issues, the fellowship program is aligned with the commitment by African governments and the Haitian government to move towards attaining universal health coverage.

a How needs were assessed

NGO partners coordinate with local healthcare stakeholders, through onsite visits and discussions to identify unmet needs and gaps in cancer and mental health care capacity.

b Formal needs assessment conducted

Yes

16 Social inequity addressed

By addressing the lack of scientific, technical and health capacity in cancer and mental health, the program ultimately aims to bring about and improve skills that are in high demand but also in short supply in many LMICs, and improve overall patient survival and well-being.

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	Project teams are co-led by NGO's and local healthcare stakeholders to ensure that the capacity building initiatives address local needs, in line with local policies and practices and are implemented in a meaningful and sustainable manner. Capacity building projects are also endorsed by each country's Ministry of Health.
Quality and safety requirements	Yes	The program is co-led by NGO's and local healthcare stakeholders to ensure local quality and safety requirements are in place. Projects are also endorsed by the Ministry of Health in each country.

Local Context, Equity & Sustainability

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

We are working alongside and in partnership with healthcare workers from local hospitals and organisations. They are delivering this program and capacity building projects locally to address cancer and mental health care in Kenya, Tanzania, Rwanda and Haiti.

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

This knowledge sharing approach is sustainable in the following ways:

1) once local stakeholders are fully trained and implementing in their specific area, they can serve as technical experts to train others at their centre as well as at other sites across the country and region (e.g. through local/regional conferences).

2) the technical and scientific knowledge acquired can be used to obtain research grant funding from country level and international granting organizations which also help to retain medical/scientific talent locally.

3) improvements in data collection and analysis can be used to impact health policy and funding decisions at the regional and national levels.

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

Program Indicators

PROGRAM NAME

R&D Access to Medicines Employee Fellowship Program

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

INDICATOR		TYPE	STRATEGY	2019
1	Value of Resources	Input	All Program Strategies	---
2	Staff time	Input	All Program Strategies	---
3	Number of patients visited by Community Health Workers (CHW) / attendees at awareness	Output	Health Service Strengthening	---
4	Number of people trained	Output	Health Service Strengthening	---
5	Equipment in use	Output	Health Service Strengthening	---
6	Tools in use	Output	Health Service Strengthening	---
7	Management procedures in use	Output	Health Service Strengthening	---
8	Value of funding provided	Output	Health Service Strengthening	---

INDICATOR **Value of resources**

STRATEGY ALL PROGRAM STRATEGIES

1

	ITEM	DESCRIPTION
	Definition	Total expenditure by company to operate program, including all expenditures that can reasonably be defined as necessary to operate the program
	Method of measurement	Program administrative records or accounting or tax records provide details in the expenditures on the program in a defined period of time. Calculation: Sum of expenditures (e.g., staff, materials) on program in US$
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: AMPATH Kenya - The Academic Model Providing Access to Healthcare, Moi Teaching and Referral Hospital, FCCT – Foundation for Cancer Care Tanzania, KCMC – Kilimanjaro Christian Medical Center, Partners in Health (PIH)/ Partners in Health Haiti (Zanmi Lasante), Healthcare Partners for Access (HPA), Rwanda Military Hospital (RMH).	Our implementing partners, independent, external third party organizations keep record of the value of resources.	Ongoing
31	Data processing	Same as above	Data is reviewed by each of the implementing partners. Information is then consolidated and reviewed by Takeda's Access to Medicines Research and Development team.	Ongoing
32	Data validation		A review of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019
2 Value of resources	---

Comments: N/A

INDICATOR **Staff time**

STRATEGY ALL PROGRAM STRATEGIES

2

	ITEM	DESCRIPTION
	Definition	The ratio of the total number of paid hours during a year by the number of working hours in that period. This indicator excludes the time of volunteers or staff time for external partners
	Method of measurement	The ratio is also called Full Time Equivalent (FTE) Calculation: Sum of the number of paid hours per year/ Total number of working hours per year
28	Data source	Routine Program Data
	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: AMPATH Kenya - The Academic Model Providing Access to Healthcare, Moi Teaching and Referral Hospital, FCCT – Foundation for Cancer Care Tanzania, KCMC – Kilimanjaro Christian Medical Center, Partners in Health (PIH)/ Partners in Health Haiti (Zanmi Lasante), Healthcare Partners for Access (HPA), Bio Ventures Global Health (BVGH), Rwanda Military Hospital (RMH).	Our implementing partners, independent, external third party organizations keep record of the staff and volunteer time.	Ongoing
31	Data processing	Same as above	Data is reviewed by each of the implementing partners. Information is then consolidated and reviewed by Takeda's Access to Medicines Research and Development team.	Ongoing
32	Data validation		A review of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019
2 Staff time	---

Comments: N/A

INDICATOR

Number of patients visited by community health workers (CHW)/attendees at awareness events

3

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	The number of patients visited through outreach activities by community health workers trained through the program
	Method of measurement	Implementing partner collects the number of CHW visits and reports annually Calculation: The sum of the number of patients visited by community health workers
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: AMPATH Kenya - The Academic Model Providing Access to Healthcare, Moi Teaching and Referral Hospital, FCCT – Foundation for Cancer Care Tanzania, KCMC – Kilimanjaro Christian Medical Center, Partners in Health (PIH)/ Partners in Health Haiti (Zanmi Lasante), Healthcare Partners for Access (HPA), Bio Ventures Global Health (BVGH), Rwanda Military Hospital (RMH).	Our implementing partners, independent, external third party organizations keep record of the number of patients visited by Community Health Worker / attendees at awareness events.	Ongoing
31	Data processing	Same as above	Data is reviewed by each of the implementing partners. Information is then consolidated and reviewed by Takeda's Access to Medicines Research and Development team.	Ongoing
32	Data validation		A review of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges.

[No response provided]

INDICATOR	2019
3 Number of patients visited by CHW/attendees at awareness events	---

INDICATOR **Number of people trained**

STRATEGY HEALTH SERVICE STRENGTHENING

4

	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: AMPATH Kenya - The Academic Model Providing Access to Healthcare, Moi Teaching and Referral Hospital, FCCT – Foundation for Cancer Care Tanzania, KCMC – Kilimanjaro Christian Medical Center, Partners in Health (PIH)/ Partners in Health Haiti (Zanmi Lasante), Healthcare Partners for Access (HPA), Bio Ventures Global Health (BVGH), Rwanda Military Hospital (RMH).	Our implementing partners, independent, external third party organizations keep record of the number of people trained (CHWs, HCPs, scientific / technical staff).	Ongoing
31	Data processing	Same as above, and company: Takeda.	Data is reviewed by each of the implementing partners. Information is then consolidated and reviewed by Takeda's Access to Medicines Research and Development team.	Ongoing
32	Data validation		A review of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges.

[No response provided]

INDICATOR	2019
4 Number of people trained	---

Comments: N/A.

INDICATOR **Equipment in use**

STRATEGY HEALTH SERVICE STRENGTHENING

5

	ITEM	DESCRIPTION
	Definition	Number of equipment donated or supplied and in use
	Method of measurement	The number of equipment which are in use Calculation: Sum of the numerical count of equipment in use
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: AMPATH Kenya - The Academic Model Providing Access to Healthcare, Moi Teaching and Referral Hospital, FCCT – Foundation for Cancer Care Tanzania, KCMC – Kilimanjaro Christian Medical Center, Partners in Health (PIH)/ Partners in Health Haiti (Zanmi Lasante), Healthcare Partners for Access (HPA), Bio Ventures Global Health (BVGH), Rwanda Military Hospital (RMH).	Our implementing partners, independent, external third party organizations keep record of the equipment in use.	Ongoing
31	Data processing	Same as above	Data is reviewed by each of the implementing partners. Information is then consolidated and reviewed by Takeda's Access to Medicines Research and Development team.	Ongoing
32	Data validation		A review of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges.

[No response provided]

INDICATOR	2019
5 Equipment in use	---

Comments: N/A.

INDICATOR **Tools in use**

STRATEGY HEALTH SERVICE STRENGTHENING

6

	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 reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: AMPATH Kenya - The Academic Model Providing Access to Healthcare, Moi Teaching and Referral Hospital, FCCT – Foundation for Cancer Care Tanzania, KCMC – Kilimanjaro Christian Medical Center, Partners in Health (PIH)/ Partners in Health Haiti (Zanmi Lasante), Healthcare Partners for Access (HPA), Bio Ventures Global Health (BVGH), Rwanda Military Hospital (RMH).	Our implementing partners, independent, external third party organizations keep record of the tools in use.	Ongoing
31	Data processing	Same as above	Data is reviewed by each of the implementing partners. Information is then consolidated and reviewed by Takeda's Access to Medicines Research and Development team.	Ongoing
32	Data validation		A review of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges.

[No response provided]

INDICATOR	2019
6 Tools in use	---

Comments: N/A.

INDICATOR **Management procedures in use**

STRATEGY HEALTH SERVICE STRENGTHENING

7

	ITEM	DESCRIPTION
	Definition	Number of management procedures development and implemented through the program activity e.g. appointment systems for patients (please distinguish from "Tools in Use" indicator)
	Method of measurement	Counting of the number of management procedures in use that have been developed and implemented through the program activity. The management procedures in use can be obtained from the facility supervisor or documents on standard operating procedures Calculation: Sum of the number of management procedures in use that have been developed and implemented through the program activity
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: AMPATH Kenya - The Academic Model Providing Access to Healthcare, Moi Teaching and Referral Hospital, FCCT – Foundation for Cancer Care Tanzania, KCMC – Kilimanjaro Christian Medical Center, Partners in Health (PIH)/ Partners in Health Haiti (Zanmi Lasante), Healthcare Partners for Access (HPA), Bio Ventures Global Health (BVGH), Rwanda Military Hospital (RMH).	Our implementing partners, independent, external third party organizations provides information on management procedures in use.	Ongoing
31	Data processing	Same as above	Data is reviewed by each of the implementing partners. Information is then consolidated and reviewed by Takeda's Access to Medicines Research and Development team.	Ongoing
32	Data validation		A review of our implementing partner is performed annually / every two	

33 Challenges in data collection and steps to address challenges.

[No response provided]

INDICATOR	2019
7 Management procedures in use	---

Comments: N/A.

INDICATOR **Value of funding provided**

STRATEGY HEALTH SERVICE STRENGTHENING

8

	ITEM	DESCRIPTION
	Definition	Total amount of awards disbursed by the company for a specific activity which form part of the program. This is distinct from the total amount invested in the program (see Input Expenditure)
	Method of measurement	Total amount of money disbursed through funding activities Calculation: Sum of the total amount of money disbursed to implementing partner
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: AMPATH Kenya - The Academic Model Providing Access to Healthcare, Moi Teaching and Referral Hospital, FCCT – Foundation for Cancer Care Tanzania, KCMC – Kilimanjaro Christian Medical Center, Partners in Health (PIH)/ Partners in Health Haiti (Zanmi Lasante), Healthcare Partners for Access (HPA), Bio Ventures Global Health (BVGH), Rwanda Military Hospital (RMH).	Our implementing partners, independent, external third party organizations keep record of the value of funding provided.	Ongoing
31	Data processing	Same as above	Data is reviewed by each of the implementing partners. Information is then consolidated and reviewed by Takeda's Access to Medicines Research and Development team.	Ongoing
32	Data validation		A review of our implementing partner is performed annually / every two years.	

33 Challenges in data collection and steps to address challenges.

[No response provided]

INDICATOR	2019
8 Value of funding provided	---

Comments: N/A.

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.