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SPARTA

Merck Sharp & Dohme

Submitted as part of Access Accelerated

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The information in this report has been submitted by the company concerned to the Access Observatory as part of its commitment to Access Accelerated. The information will be updated regularly. For more information about the Access Observatory go to www.accessobservatory.org

The information contained in this report is in the public domain and should be cited as: Merck Sharp & Dohme, SPARTA (2020), Access Observatory Boston, US 2020 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

SPARTA

2 Diseases program aims to address

- Diabetes (Type 2)
- Cardiovascular disease (Hypertension; Cardiovascular Disease, General; Hyperlipidaemia)
- Cancer (Breast; Cervical; Lung; Melanoma)
- Respiratory disease (Asthma; COPD)
- General NCD care
- Other NCDs (Arthritis)

3 Beneficiary population

- Youth (5-18yrs)
- Women
- Men
- General population

4 Countries

- Australia
- Austria
- Belgium
- Brazil
- Germany
- Greece
- India
- Indonesia
- Ireland
- Malaysia
- Mexico
- Oman
- Philippines
- Russia
- Singapore
- Switzerland
- Taiwan
- Thailand
- United Arab Emirates
- Vietnam

5 Program start date

January 1, 2009

6 Anticipated program completion date

Completion date not specified

7 Contact person

Serpil Kovan (Serpil.kovan@merck.com)

8 Program summary

SPARTA is a unique “made-to-order” solution that provides support to both physicians and patients during their treatment journey in multiple therapeutic areas. SPARTA is a comprehensive adherence program that is available to patients on Merck Sharp & Dohme (MSD) therapy. The program aims to help patients better manage treatment for diseases such as type 2 diabetes, hypertension and osteoporosis. Patients taking MSD products are eligible to enroll in the program, through which they receive education on their therapy and disease as well as guidance on diet, exercise and lifestyle modifications that can help them achieve better health outcomes.^{1,2}

The program supports patients in a number of ways through a set of health technology platforms, tools and resources, which provide:

- Disease education with an emphasis on the importance of medication adherence to control chronic conditions.
- Reassurance and motivation, including encouraging lifestyle modifications.

In addition to telephone and in-home assistance by nurses to alleviate any concerns and regular consultations with specially-trained SPARTA representatives,² the program encompasses a variety of patient/physician touch points, such as through:

- the Website
- the Mobile app (mobile app acts as patient tool where patients can keep record of their food intake, weight, BMI, daily exercise, test result – blood pressure, HbA1c, food intake and lifestyle goals. It helps the patient keep track of their lifestyle parameters and they can show progress to their Physician).
- Nurse support through a call centre (As part of SPARTA, the market implementing the program has the opportunity to use the services of a call centre to provide medication support and lifestyle advice to registered patients. The call centre uses the SPARTA CRM to register patients, and track their adherence and well being over a period of 8 calls during a 12 month period. The calls help patients to understand about their condition, the importance of taking their medication, assists with diet and exercise information and supports the patient with questions they may have during the 12 month journey. If the patient has specific concerns they are referred back to their doctor).

Program Overview

8 Program summary cont.

- SMS and email campaigns with important health tips (This is an option given to markets implementing the program to help support their patients. A series of SMS and Email notifications are sent to the patient at varying intervals reminding them of important information such as taking their medication, going back to the doctor for a check-up, going to get their regular testing done and the importance of diet and exercise can have on their overall wellbeing.) All of these activities or resources help physicians and nurses to manage these patients by providing disease and treatment information.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	<p>SPARTA with the help of a call centre, SMS and email, communicates with patients and health care providers (HCPs) to provide valuable information on disease, lifestyle choices, chronic disease management and overall support.</p> <p>The website, mobile app, SMS and email enables mobilization of both the patient and physician. Ensuring we are able to support our customers on an ongoing basis.</p>
Technology	<p>SPARTA is a multi-faceted program that has the ability to provide a Customer Relationship Management, website, mobile app, SMS and email to its customers.</p>

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Technology	<p>The SPARTA technology helps strengthen the specific market's health service by partnering with MOH and institutions to help them track, monitor, educate and encourage medication adherence.</p>

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Treatment	<p>Once a patient has been diagnosed with a chronic condition such as diabetes, SPARTA supports the patient in understanding their disease, the value of exercising and healthy eating, and the importance of regular testing.</p>
Retention	<p>By supporting patients and educating them on the importance of complying with treatment, SPARTA helps keep patients on therapy.</p>

Program Strategies & Activities

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	[No response provided]
Health Service Strengthening	[No response provided]
Health Service Delivery	[No response provided]

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
MSD	MSD works with Ministries of Health, Private Insurance Companies, Hospitals, Physicians, Nurse Clinics and pharmacies to implement the SPARTA program. Once feedback is gained from these sources and contracts are set in place, MSD designs a program with the approval of the customer, to provide patient support that extends beyond the physician or nurse clinic.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
HCL	<p>HCL is the third party vendor responsible for the development and market adaptation of the technology. MSD has a global contract for services with HCL.</p> <p>For each market implementation, a project team from MSD works with HCL to develop the technology behind each program. Indonesia, United Arab Emirates and Oman have programs that use a call centre to provide support to patients. Each country has an individual agreement with the call centre to deliver the service. The local team pay for the service.</p> <p>https://www.hcltech.com</p>	Private

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
HCL	All countries.

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	MSD often engage with the Ministry of Health to address a local health issue eg: Diagnosing Hep C patients in Vietnam. There is a high prevalence of Hep C in the country due to the poor hygiene practices.
Local Hospitals/ Health Facilities	In this market MSD worked with three local hospitals to set up screening camps for the public. People would attend these camps, undergo the appropriate testing for HEP C and if diagnosed with the condition, would then be offered medication and close monitoring of their health. This program not only helped patients with treatment, but provides the government with vital statistics on the percentage of people with the condition and the importance of screening and treatment.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Merck Sharp & Dohme (MSD) has worked with Ministries of Health, private insurance companies, physicians and local hospitals to implement a program that meets everyone's needs. SPARTA is fully customizable, so being able to change the program for the specific audience is simple.

In the United Arab Emirates (UAE), MSD collaborated with a Private Health Insurer, Amity Health, to develop a program that provided benefit to their existing members and also served as a value-add to potential members. Amity Health didn't have the ability to track and monitor their diabetes patients on their treatment journey by reaching out and conducting calls that captured and collated the data. After many discussions between MSD and Amity Health, MSD was able to collaborate and provide them with a program that met their needs. Through the program implementation, Amity Health members who suffer from diabetes enjoy the benefit of 7 calls by a qualified nurse over a 12-month period. They are able to speak to the nurse about any concerns they may have, as well as receive disease and lifestyle education and support.

Another example is Indonesia, where MSD worked with the local Ministry of Health to help them address the rising issue of non-compliance to the HPV vaccine. MSD created a registry for school children who received their first injection and implemented an email reminder service which encouraged them and their guardians to complete the course of three injections. A similar program was implemented in Brunei which was rolled out to 6 major schools, with an 80% increase in children receiving all three doses of the vaccine.

a How needs were assessed
[No response provided]

b Formal needs assessment conducted
[No response provided]

16 Social inequity addressed

No.

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

When designing a program for a country market, the local Ministry of Health (MOH) strategy around disease management, infrastructure and support is taken into consideration to ensure that the objectives meet the need of the market/customer. In addition, the local regulations and laws shape the design of the program to ensure that all aspects are compliant with all requirements. The availability of the required infrastructure in place to implement such a program is also taken into account.

The level of education of the patient population is also considered in the design of the digital platforms to be utilized. The processes and infrastructure in place within the hospital, clinic and pharmacy for the patient and physician, are analyzed to ensure all tools are appropriate and meaningful.

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

[No response provided]

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

[No response provided]

Local Context, Equity & Sustainability

20 Health technologies are part of local standard treatment guidelines

N/A

21 Health technologies are covered by local health insurance schemes

N/A

22 Program provides medicines listed on the National Essential Medicines List

N/A

23 Sustainability plan

Sustainability is considered for each country implementation and partnership is established with the local Ministry of Health (MOH) where applicable. We work closely to align local needs to the design of the program, and train staff. Once the programs have been implemented and are successful, the local MOH can work to create their own system and transfer the program ownership from MSD to the MOH, based on their knowledge of the program and the initial design.

Additional Program Information

24 Additional program information

SPARTA is a global program with a complex technological platform that is completely customised for each individual market. No two implementations are the same. Each market has their own program requirements which address a specific need within that country. Its flexibility is the key to its global success.

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. Merck CSR Public Report 2015/2016. Health resources for patients: https://www.msdrresponsibility.com/wp-content/uploads/pdfs/health-literacy-healthcare-disparities_access-to-health_2-7-3-health-resources-for-patients.pdf
2. Merck mHealth resources: <http://www.conspectusmedia.com/clients/domus/index.html#tab2>.

Program Indicators

PROGRAM NAME

SPARTA

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

INDICATOR	TYPE	STRATEGY	2017	2018	2019
1 Population satisfaction [Number of patient satisfaction reports]	Impact	All Program Strategies	---	---	---
2 Staff time spent planning	Input	Community Awareness and Linkage to Care	---	---	---
3 Adoption of preventive health behaviors	Outcome	Community Awareness and Linkage to Care	---	---	---
4 Population exposed to community communication activities	Output	Community Awareness and Linkage to Care	---	---	---

INDICATOR **Population satisfaction (Number of patient satisfaction reports)**

STRATEGY ALL PROGRAM STRATEGIES

ITEM	DESCRIPTION
Definition	Existence of mechanism to solicit and publish user satisfaction of health services
Method of measurement	Counting the number of user satisfaction reports published CALCULATION: Sum of the number of user satisfaction reports published
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Company; Implementing partner: HCL	For call centre programs, patients complete a patient Satisfaction Survey. We can report on the results of this survey annually. The information is de-identified.	Ongoing
31 Data processing	Implementing partner: HCL	A member of the technical team analyzes the patients' responses to the patient satisfaction survey and will sets-up a report to display the results of the patient satisfaction survey. This report will be run annually.	Once per year
32 Data validation		None.	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018	2019
1 Population satisfaction [Number of patient satisfaction reports]	---	---	---

Comments: N/A

ITEM	DESCRIPTION
Definition	The total amount of time in hours that program staff dedicated to plan the program activities related to the overall strategy. This indicator excludes volunteers
Method of measurement	The number of program staff hours is often registered via time sheets that employees to their supervisor to account for their time spent on different activities CALCULATION Sum of the program staff hours dedicated to the planning activities related to the overall program strategy.
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: HCL	Each project has a project timeline which describes how many hours a person needs to complete a specific task associated with launching a program. We can gather the hours staff spend planning based on this.	Once per year
31 Data processing	Implementing partner: HCL	A member of the Merck Sharp & Dohme (MSD) technical team sends the business requirements of a program to HCL for delivery timeframes and costing. This is done at the commencement of each project. Hours spent by each staff member is included in the estimate. However each project is different and the number of actual hours spent by staff may differ from the estimate. HCL captures the actual hours spent and once a year sums up the time spent planning by members of the project team.	Once per year
32 Data validation		None.	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018	2018
2 Staff time spent planning	---	---	---

Comments: N/A

ITEM	DESCRIPTION
Definition	Percentage of population that reports carrying out preventive health behavior out of total target population
Method of measurement	The target population is asked to report on preventive health behaviors related to the program activity CALCULATION <u>Number of survey responders that report carrying out preventive health behaviors</u> Number of people surveyed
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: HCL	For call centre programs, there is a question in the call scripts which asks the patients if they have made any modifications to their health and lifestyle. We can report on the number of patients who have answered yes to this question.	Once per year
31 Data processing	Implementing partner: HCL	A member of the technical team will sum the number of patients who have answered yes to all the questions relating to changes in lifestyle and health behaviours.	Once per year
32 Data validation		None.	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018	2019
3 Adoption of preventive health behaviors	---	---	---

Comments: N/A

ITEM	DESCRIPTION
Definition	Number of population reached through a community awareness campaign
Method of measurement	Counting of participants that attend campaign meetings or reached by media messaged disseminated CALCULATION Number of people/participants in the target audience segment participated/attended the community awareness campaign recorded in a given period of time
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: HCL	SPARTA is a technology based solution that is managed by a third party vendor. The technology forms the backbone of each program implemented. With each SPARTA implementation, the technology used may change depending on the requirements. For example, if a market wants to engage patients with monthly calls then a call centre program is introduced. Alternatively, if a market wants to provide static information to patients and health care providers (HCP), then a website is implemented. The only way we can collect data is from the website, using Google Analytics to track how many patients have clicked on the disease education pages of the websites. For Call centre programs, at certain call levels, disease information is provided to the patient. We can track how patients have completed a specified call level, but we don't have any way of tracking Call centre usage.	Once per year
31 Data processing	Implementing partner: HCL	A member of the technical team tracks the number of people who click on our websites over a year.	Once per year
32 Data validation		None.	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018	2019
4 Population exposed to community communication activities	---	---	---

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 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.

