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Sanofi Mental Health Program (FAST – Fight Against STigma) – South Africa

Sanofi

Submitted as part of Access Accelerated

Access Observatory

Contents

Program Description

Program Overview

1 Program Name

Sanofi mental health program (FAST – Fight Against STigma) – South Africa

2 Diseases program aims to address

Mental and Neurological Disorders: Depression, Schizophrenia, Bipolar disorder, Mental & Neurological disorders (General), dementia

3 Beneficiary population

- Age: All ages
- Gender: All genders
- Special populations: People with low income, Rural populations
- Notes: As this program is targeting medical officers and nurse practitioners from public healthcare facilities in rural and peri-urban areas, it will mainly serve low income populations from these areas

4 Countries

- South Africa

5 Program start date

February 1 2019

6 Anticipated program completion date

February 1, 2020

7 Contact person

[No response provided]

8 Program summary

Despite a high prevalence of mental disorders, with 30% of South Africans suffering from a mental illness during their life[1], South Africa lacks the required mental health specialized workforce to manage mental health challenges: there are only approximately 1 psychiatrist per 66,000 people in South Africa[2].

To address these challenges, Sanofi has partnered with the South African National Department of Health, the Foundation for Professional Development (a private provider of higher education) and the World Association of Social Psychiatry to upskill and empower primary health care practitioners (HCPs – medical officers and nurse practitioners) to diagnose and manage people with mental disorders

This one-year program is based on a blended mental health care training approach combining a 3-day face to face workshop with 4 months of e-learning. The ambition is to upskill across the 9 provinces of South Africa 1,000 HCPs that practice in rural or peri-urban public health facilities.

Trained HCPs are also linked via the Vula mobile app (https://www.vulamobile.com/) to public sector specialists at hospitals to allow mHealth consultations and up-referrals when required.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Blended mental health care training approach combining a 3-day face to face workshop with 4 months of e-learning to upskill 1,000 primary HCPs who practice in rural or peri-urban public health facilities across the 9 provinces of South Africa.
Technology	Mobile application to facilitate mHealth consultations and up-referrals.

10 Strategy by country

STRATEGY	COUNTRY
Health Service Strengthening	South Africa

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Sanofi	To provide funding to the Foundation for Professional Development for the purposes of implementing the program. To monitor the implementation of the program.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
South African National Department of Health	To provide endorsement. To facilitate enrolment of primary HCPs http://www.health.gov.za/	Public
World Association for Social Psychiatry	To provide scientific support and endorsement http://www.waspsocialpsychiatry.com/	Voluntary
Foundation for Professional Development	To develop, plan, implement, monitor and evaluate the program in collaboration with other partners. To prepare content of e-learning activities with the input from mental health experts. To enroll primary HCPs and organize face-to-face training workshops. To conduct the program with all due care and diligence and in strict compliance with all applicable laws, rules and regulations, administrative requirements, codes of practice, good ethical business practices and applicable anti-bribery legislation. https://www.foundation.co.za/	Private

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
South African National Departmnet of Health	South Africa
World Association for Social Psychiatry	South Africa
Foundation for Professional Development	South Africa

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Government	Several meetings were held between the National Department Of Health (NDOH) and Sanofi to align on identified gaps and potential ways for Sanofi to partner with NDOH to bridge the gap in mental health care in South Africa. Subsequently, meetings have been organized between the Foundation for Professional Development and Provincial Department of Health Staff and Regional Training Centers, to ensure buy-in from Provincial management.	Infrastructure: No Human Resources: Yes Funding: Yes Monitoring or Oversight: Yes Other resources: Yes

Local Context, Equity & Sustainability

15 Local health needs addressed by program

South Africa has been facing serious mental health care challenges, with a high prevalence of mental disorders and inadequate provision of mental health care.

The lifetime prevalence of common mental disorders has been estimated in the South African Stress and Health (SASH) Study to be 30.3%, with anxiety disorders being the most frequent (15.8%), followed by substance use disorders (13.3%) and mood disorders (9.8%)[1]. Mental Health Care Services are under-resourced, both in terms of human resources with only 1.52 psychiatrist per 100,000 people (vs 10.54 in the US and 14.63 in the UK), and financial resources with only 3% of the total health budget spent on mental health and the vast majority on psychiatric hospitals[2].

As a result, only 25% of South Africans living with a mental condition access services[3].

As highlighted in the Human Rights Commission Report on the state of mental health care in South Africa following the Life Esidimeni tragedy where more than 144 people died in the process of de-institutionalisation: "although the Mental Health Policy Framework and Strategic Plan (2013 - 2020) emphasizes the value of a primary healthcare approach in reducing the treatment gap, the provision of mental health services seems to focus on care in psychiatric hospitals." [4]Many barriers to providing mental health services were pointed out in this report. The lack of knowledgeable and skilled human resources to provide efficient and empathetic stigma-free services especially in under-resourced rural areas was highlighted. The majority of psychiatrists practise in private, urban and peri-urban areas; public rural primary healthcare (PRPHC) sector is severely under-resourced from a psychiatrist point of view, with only 0.03 psychiatrist per 100 000 population in PRPHC setting[5].

Several meetings were held between the National Department Of Health (NDOH) and Sanofi to align on identified gaps and potential ways for Sanofi to partner with NDOH to bridge the gap in mental health care in South Africa

The priority being to train and empower primary healthcare professionals working in rural or peri-urban public health facilities, which is in line with the strategy of "decentralized integrated primary mental health services, which include community-based care, PHC clinic care, and district hospital level care" from the National Mental Health Policy Framework & Strategic Plan 2013 – 2020, the Foundation for Professional Development (FPD) a South African based Private Institution of Higher Education, with a 21-year track record in health systems strengthening, clinical capacity, leadership and management development, became an obvious partner.

a How needs were assessed

The needs were assessed through the review of recently published papers and reports, several meetings with the National Department of Health as well as interviews with local experts, South African psychiatrists.

b Formal needs assessment conducted

Yes

16 Social inequity addressed

By training medical officers and nurse practitioners working in public healthcare facilities in rural and peri-urban areas, the program aims to address both the social and geographical inequities existing in South Africa for people with mental disorders who cannot afford to go through the private health system where most of the psychiatrists practice, and/or live in rural or peri-urban areas, where there are very few psychiatrists.

Local Context, Equity & Sustainability

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	The National Mental Health Policy Framework & Strategic Plan 2013 – 2020 is based on "decentralized integrated primary mental health services, which include community-based care, PHC clinic care, and district hospital level care". Hence the need to train and empower primary healthcare professionals working in rural or peri-urban public health facilities.
Standard treatment guidelines	Yes	The training curriculum and content have been developed by local experts in line with local treatment guidelines and The Mental Health Care Act.

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

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

No

23 Sustainability plan

E-learning platform has been built and is hosted by a well established South African based Higher Education Provider : the Foundation for Professional Development. It has been accredited with 30 CPD credits being allocated to the 17 modules (equivalent to the annual requirement for a Medical Officer). This e-learning platform will remain available to be used by the National Department of Health to roll-out this training program to a broader audience.

Additional Program Information

24 Additional program information

[No response provided]

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. Herman A et al. The South African Stress and Health (SASH) study: 12- month and lifetime prevalence of common mental disorders. S Afr Med J 2009; 99: 339-344.

2. WHO – Mental Health Atlas 2017 – Country profile https://www.who.int/mental_health/evidence/atlas/profiles-2017/ZAF.pdf?ua=1

3. Seedat, S., et al. Twelve-month treatment of psychiatric disorders in the South African Stress and Health Study (World Mental Health Survey Initiative). Soc Psychiatry Psychiatr Epidemiol, 2008; 43(11), 889-897. doi:10.1007/s00127-008-0399-9.

4. South African Human Rights Commission Report – National Investigative Hearing into the Status of Mental Health Care in South Africa – 2019.

5. De Kock JH, Pillay BJ. A situation analysis of psychiatrists in South Africa's rural primary healthcare settings. Afr J Prm Health Care Fam Med. 2017;9(1), a1335. https://doi.org/ 10.4102/phcfm.v9i1.1335

Program Indicators

PROGRAM NAME

Sanofi mental health program (FAST – Fight Against STigma) – South Africa

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

	INDICATOR	TYPE	STRATEGY	2019
1	Value of resources	Input	All Program Strategies	$ 472,648
2	Staff time	Input	All Program Strategies	168:1664 hours
3	Number of training workshops	Output	Health Service Strengthening	36 workshops
4	Number of people trained	Output	Health Service Strengthening	1,120 people
5	Percentage of professionals trained out of total number targeted	Output	Health Service delivery	1120:1000 people
6	Number of healthcare professionals trained on-line	Output	Health Service Strengthening	432 people
7	Health provider knowledge	Outcome	Community Awareness and Linkage to Care	328:337 people
8	Change in health provider confidence in performing activities	Outcome	Health Service Strengthening	2.72 confidence ratings
9	Number of Vula App mental health users	Output	Health Service Strengthening	160 people
10	Number of Vula Mental health consultations	Outcome	Health Service Strengthening	2,630 consultations /referrals
11	Change in health provider confidence in managing conditions	Outcome	Health Service Strengthening	2.55 confidence ratings

	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 Partner: Foundation for Professional Development	A member of the local project team (implementing partner) submits invoices to finance and accounting to be paid. Finance makes the payments and keeps records of payments.	Ongoing
31	Data processing	[No response pro-vided'	A member of the project team produces a financial report based on the program administrative and accounting records. The expenses for the year are summed at the end of the year.	Once per year
32	Data validation		Random audits of invoices might be conducted to validate financial records.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019
1 Value of resources	$ 472,648

Comments: 2019: Average exchange rate in 2019: USD 1.00 = ZAR 14.4496.

	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
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company: Sanofi	Various Sanofi employees involved in the management and monitoring of this project track the number of hours they spend working on this project.	Ongoing
31	Data processing	Company: Sanofi	Time spent on the program by company staff is evaluated on a quarterly basis, so that data can be consolidated and annual Full Time Equivalent (FTE) estimated.	Every three months
32	Data validation		We do not conduct any further validation of our internal human resources records.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019
2 Staff time	168:1664 hours

Comments: 2019: Numerator:168 Denominator: 1664.

	ITEM	DESCRIPTION
	Definition	Number of face-to-face training workshops held
	Method of measurement	Counting of face-to-face trainign workshops conducted Calculation: Sum of the number of workshops held
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: Foundation for Professional Development	A member of the local team (implementing partner) will record every time a training workshop takes place and will detail the date, location, province, and number of attendees.	Ongoing
31	Data processing	Implementing partner: Foundation for Professional Development	A member of the local team (implementing partner) sums the data.	Every month
32	Data validation		We do not conduct any further validation of these data.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019
3 Number of training workshops	36 workshops

Comments: N/A.

Number of people trained

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 partner: Foundation for Professional Development	A member of the local team (implementing partner) asks each medical officer and each nurse practitioner attending a training workshop to sign their name on an attendance form. Data are collected at the time of each training.	Ongoing
31 Data processing	Implementing partner: Foundation for Professional Development	A member of the local team (implementing partner) reviews the attendance forms every month, and compiles the total number of medical offciers and nurse pratictioners who have attended a training workshop.	Every month
32 Data validation		A company member has attended some training sessions, overseen data collection and has checked for any mismatch with observed training sessions.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019
4 Number of people trained	1,220 people

Comments: 337 Medical Officers, 689 nurses and 91 "Other HCPs" (majority psychologists) attended the training workshops.

Percentage of professionals trained out of total number targeted

STRATEGY   HEALTH SERVICE DELIVERY

ITEM	DESCRIPTION
Definition	Percentage of professionals that completed the required requisites of the training out of total number of professionals targeted
Method of measurement	Sum of professionals who completed all training requirements divided by the total number of professionals targeted by the program to be trained

CALCULATION

$$\frac{\text{Number of professionals trained in a defined period}}{\text{Total number of professionals targeted by the program to be trained}} \times 100$$

	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partner: Foundation for Professional Development	A member of the local team (implementing partner) asks each medical officer and each nurse practitioner attending a training workshop to sign their name on an attendance form. Data are collected at the time of each training workshop.	Ongoing
31	Data processing	Implementing partner: Foundation for Professional Development, Company: Sanofi	A member of the local team (implementing partner) reviews the attendance forms every month, and compiles the total number of medical offciers and nurse pratictioners who have attended a training workshop. A member of my company sums the number of healthcare professionals who completed the training workshop cumulatively, since the start of the program, and divides it by the total number of healthcare professionals targeted by the program to be trained.	Every month
32	Data validation		We do not conduct any further validation of these data.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019
5 Percentage of professionals trained out of total number targeted	1120:1000 people

Comments: Numerator:1120 Denominator: 1000. More professionals were trained than were initially targeted (112%).

Number of healthcare professionals trained on-line

6

	ITEM	DESCRIPTION
	Definition	Number of healthcare professionals who have completed the on-line training
	Method of measurement	Counting of people who completed the on-line training Calculation: Sum of the number of people trained on-line.
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	[No response provided]	Each medical officer and nurse practitioner will have to register on-line to start the e-learning part of the training program.	Ongoing
31	Data processing	Implementing partner: Foundation for Professional Development	A member of the local team (implementing partner) will collate information form the e-learning system database regarding the number of people who have registered and completed the on-line training.	Every month
32	Data validation		We do not conduct any further validation of these data.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019
6 Number of healthcare professionals trained on-line	432 people

Comments: Although in total 432 HCPs completed all 18 modules of the online training, each of these 18 modules was completed by between 457 and 523 HCPs.

ITEM	DESCRIPTION
Definition	Percentage of providers that pass the assessment examining their skills or knowledge. The exam should be designed to assess the possession of the skills and knowledge to be able to comply with predefined standards
Method of measurement	The assessment of possession of skills and knowledge occurs through a written, oral, or observational assessment that all providers have to undergo CALCULATION $$\frac{\text{Number of providers who pass the assessment}}{\text{Number of providers trained}} \times 100$$
28 Data source	Non-routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: Foundation for Professional Development	A knowledge questionnaire will be completed by each trainee at the end of each training module, and a score (%) will be attributed based on the number of correct answers as established by the implemneting partner and specialist involved in developing the training content.	One-time event
31 Data processing	Implementing partner: Foundation for Professional Development	For each training module, the implementing partner compiles the various scores for the participants and reports on the average scores, as well as on the number of participants who have passed the test, 70% being the cut-off value to pass.	Every month
32 Data validation		We do not conduct any further validation of these data.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019
7 Health provider knowledge	328:337 people

Comments: Numerator:328 Denominator: 337. Across the entire project of the 1 120 participants trained, 540 (48.2%) participants enrolled in the online component. Of those who enrolled, by the end of December 2019 just over sixty percent, 337 (62.4%) completed all 18 modules of the online course, and 328 (97.3%) passed (score > 70%).

ITEM	DESCRIPTION
Definition	Change in healthcare professionals' confidence in performing various clinical activities and in managing various conditions
Method of measurement	The level of confidence for performing various clinical activities and for managing various conditions (score of 1 to 10) is assessed through a questionnaire pre-training, and then again post-training Calculation: The difference between pre and post courseconfidence ratings is calculated
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	[No response provided]	A questionnaire including 11 questions regarding their perceived skills in performing psychiatric clinical activities will be completed by each trainee at the beginning and at the end of their training. (score from 1 = not at all confident to 10 = extremely confident). The 11 activities for which trainee are asked "please rate your confidence in performing/ conducting the following" are the following: Conducting a psychiatric interview, Conducting a psychiatric evaluation, Conducting a mental status examination, Screening for common mental health conditions such as depression or anxiety, Conducting blood investigations in mental health, Conducting drug/ substance screening, Classifying psychiatric conditions with the DSM-5, Psychiatric rating scales (e.g. Brief Psychiatric Rating Scale), Post-test HIV counselling, Prescribing psychiatric medications, Emergency treatment without consent, Placing a patient under involuntary care and treatment.	Ongoing

Change in health provider confidence in performing activities

8

STRATEGY   HEALTH SERVICE STRENGTHENING

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
31	Data processing	Implementing partner: Foundation for Professional Development	Averages scores are being calculated by the imple-menting partner for each question pre and post training. The difference between the average post training and pre training is calculated to report on the % change.	Every month
32	Data validation		We do not conduct any further validation of these data.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019
8 Change in health provider confidence in performing activities	2.72 confidence ratings

Comments: 2019: Average confidence ratings increased from 5.32 pre-training to 8.04 post-training, a 51% relative increase.

Number of Vula App mental health users

9

	ITEM	DESCRIPTION
	Definition	Number of trained healthcare professionals who have registered to use the Vula Mobile App
	Method of measurement	Counting of people who have registered to use the mental health section of Vula Mobile App and are using it
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Vula Company	Every trained healthcare professionals is invited to get registered on the Vula Mobila app to get easy access to psychiatrist. Vula Company will report on the number of users.	Ongoing
31	Data processing	Vula Company	A member of Vula Company sums the number of cumulative registered users (trained healthcare professionals) and provides report to my company.	Every three months
32	Data validation		We do not conduct any further validation of these data.	

33 **Challenges in data collection and steps to address challenges**

[No response provided]

INDICATOR	2019
9 Number of Vula App mental health users	160 people

Comments:

2019: There have been 160 registered Vula psychiatry users in 2019, with between 27 and 52 users/month actively using the app and referring to psychiatry practices.

	ITEM	DESCRIPTION
	Definition	Number of patients for whom there has been, via the Vula mobile app, mHealth consultations and up-referrals for psychiatric care
	Method of measurement	Counting of patients who have benefited of psychiatric mHealth consultations or up-referrals, via the Vula mobile app
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Vula Company	Every psychiatric mHealth consultation or up-referral is registered by Vula.	Ongoing
31	Data processing	Vula Company	A member of Vula Company sums the number of cumulative psychiatric mHealth consultation and up-referrals.	Every three months
32	Data validation		We do not conduct any further validation of these data.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019
10 Number of Vula mental health consultations	2,360 consultations/referrals

Comments: N/A.

Change in health provider confidence in managing conditions

STRATEGY   HEALTH SERVICE STRENGTHENING

ITEM	DESCRIPTION
Definition	Change in healthcare professionals' confidence in managing conditions
Method of measurement	The level of confidence for managing various conditions (score of 1 to 10) is assessed through a questionnaire pre-training, and then again post-training. CALCULATION : The difference between pre and post course confidence ratings is calculated.
28　Data source	Non-routine program data
29　Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30　Data collection	Implementing partner: Foundation for Professional Development	A questionnaire including 30 questions about training participants confidence in managing various mental disorders will be completed by each trainee at the beginning and at the end of their training. (score from 1 = not at all confident to 10 = extremely confident).The 30 mental health conditions for which trainees are asked "please rate your confidence in managing/ treating the following mental health cases" are the following: Disturbances of consciousness, Disturbances of attention, Disturbances in suggestibility, Disturbances in motor behaviour, Disturbances in thinking, Disturbances in speech, Disturbances of perception, Disturbances of memory, Disturbances in intelligence, Neurocognitive disorders, Neurocognitive disorders secondary to HIV infection, Schizophrenic disorders, Psychotic disorders, Depressive disorders, Bipolar disorders, Anxiety disorders, Suicidal ideation/ risk of suicide, Obsessive-compulsive disorders, Trauma and stress-related disorders, Personality disorders, Somatic symptom disorder, Functional neurological symptom disorder, Dissociative disorders, Disruptive, impulse-control and conduct disorders, Violent patients, Substance related and addictive disorders, Feeding and eating disorders, Psychiatric disorders in elderly people, Psychiatric disorders in children, Psychiatric emergencies	Ongoing

Change in health provider confidence in managing conditions

11

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
31	Data processing	Implementing partner: Foundation for Professional Development	Average scores are being calculated by the implemneting partner for each question pre and post training. The difference between the average post training and pre training is calculated to report on the % change.	Ongoing
32	Data validation		We do not conduct any further validation of these data.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2019
11 Change in Health Provider Confidence in managing conditions	2.55 confidence ratings

Comments: 2019: Average confidence ratings increased from 5.32 pre-training to 7.87 post-training, a 48% relative increase.

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).

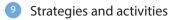**5**   Program Start Date

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 is avoided

Please explain how the program avoids diverting resources away from other public health priorities? (e.g. local human resources involved in program implementation diverted from other programs or activities).

19　Program provides health technologies

Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)

20　Health technology(ies) are part of local standard treatment guidelines

Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not,

what was the local need for these technologies?

21 Health technologies are covered by local health insurance schemes

Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

22 Program provides medicines listed on the National Essential Medicines List

Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

23 Sustainability plan

If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

ADDITIONAL PROGRAM INFORMATION

24 Additional program information

Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

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.