

APRIL 2020

Secure the Future- UThukela District, KwaZulu-Natal, South Africa

Bristol-Myers Squibb Foundation

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: Bristol-Myers Squibb, Secure the Future - UThukela District, KwaZulu-Natal, South Africa(2020), Access Observatory Boston, US 2020 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Secure the Future - UThukela District, KwaZulu-Natal, South Africa

2 Diseases program aims to address

- Cancer (Breast; Cervical; Cancer, General; Lung)

3 Beneficiary population

- Children (under 5yrs)
- Youth (5-18yrs)
- General population
- HIV positive individuals

4 Countries

- South Africa

5 Program start date

September 01, 2017

6 Anticipated program completion date

August 31, 2020

7 Contact person

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8 Program summary

Secure the Future – UThukela District, KwaZulu-Natal, South Africa is a collaboration between Bristol-Myers Squibb (BMS), the Mpilonhle Sanctuary Organization (MSO) and other partners that aims to address the reality of the HIV/AIDS epidemic in the local population in South Africa. The primary goal of the program is to reduce the mortality and morbidity of common cancers, human immunodeficiency virus (HIV), tuberculosis (TB) and other non-communicable diseases (NCDs) in people aging and growing with HIV by supporting clinics to scale up awareness, screening and treatment services in an integrated chronic care model. The MSO collaborates with government, non-profit organizations, community-based organizations and tribal authorities to provide community-based interventions. The MSO supports HIV positive individuals by providing continuum of care and household support, food security and income generation. Program activities include

1. Training of community health care workers and traditional healers on the integration of HIV, sexually transmitted infections (STI), tuberculosis (TB) and cancer.
2. Door to door health education and awareness campaigns.
3. Health service provision in hard to reach communities using mobile health care facilities.
4. Cervical cancer screenings including Visual Inspection using Acetic Acid (VIA), clinical breast examinations and screening for other non-communicable diseases (NCDs).
5. Support for patients support groups.
6. Establishment and support of adherence clubs.
7. Diagnostic procedures using Colposcopy and Punch biopsy for clients with abnormal screening results.
8. Treatment for precancerous lesions using Cryotherapy and LEEP method.
9. Support Department of Health (DOH) in initiating, supporting and sustaining Adolescents and Youth Friendly Services (AYFS) and Programs.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Planning	We sit with the DOH and plan events, outreach programs as per project workplan and demand.
Communication	Conduct door to door health education and awareness campaigns. Print and distribute cancer awareness and advocacy materials. Conduct focus groups discussions. Follow up of patients and reminding patients of appointments. Patients with abnormal results are referred to facilities with referral letters for further management.
Technology	We'll use the local radio station and local newspapers. We will also develop Facebook, Twitter and Instagram pages.
Mobilization	Support HIV patient support groups. Support adherence club, focus groups discussion, Men's Imbizo and mass campaigns.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	BMS Foundation works with the DOH and plan events, outreach programs as per project work plan and demand.
Training	Train community health workers on HIV, TB and Cancer.
Infrastructure	Strengthening of security in the Colposcopy rooms by installing burglar guards and lockable cupboards for equipment.
Technology	Colposcopy machines. Tablets for data collection and patient follow up. Use of NHLS website to access results. Rightmax system for management of funds
Management	Financial Management, Human Resource Management, Transport management and Project management.

Program Strategies & Activities

9 Strategies and activities, cont.

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	Screen patients using Pap smears, VIA, breast cancer screening and NCD's.
Diagnosis	Emmaus Hospital, Ladysmith Hospital, Estcourt Hospital and St. Chads Community Health Centre – Colposcopy and Biopsy.
Treatment	Cryotherapy and LLETZ
Retention	Patients are traced by the CCG's if they didn't honor their appointments. They are called and reminded of their appointments.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	South Africa
Health Service Strengthening	South Africa
Health Service Delivery	South Africa

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Bristol-Myers Squibb	Sponsor and funder.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
World Health Organization (WHO)	Advisory global health role. http://www.who.int/en/	Public
Bhekuzulu Self Sustaining Project (BSSP)	Bhekuzulu Self Sustaining Project (BSSP) implements the activities of the program including HIV and cancer community awareness campaigns and trainings of community health care workers and traditional healers. Also provides support to Adherence clubs, Focus Groups, Support Groups. Cervical cancer screening, Clinical breast examination and NCD's. https://bhekuzulu.wordpress.com/	Voluntary
Emmaus Hospital	Emmaus is one of several partner hospitals and community health centers providing: Doctors to be trained and support the program for the sustainability of the program. ROLES: They provide rooms for diagnostic procedures, linen and some consumables. They also provide patient stationery, CSSD FOR Autoclaving. Stores department provides engraving and monitoring of equipment. Telephones for internal access. http://www.kznhealth.gov.za/emmaushospital.htm	Public
Estcourt Hospital	Estcourt Hospital is one of several partner hospitals and community health centers providing: Doctors to be trained and support the program for the sustainability of the program. ROLES: They provide rooms for diagnostic procedures, linen and some consumables. They also provide patient stationery, CSSD FOR Autoclaving. Stores department provides engraving and monitoring of equipment. Telephones for internal access. http://www.kznhealth.gov.za/estcourthospital.htm	Public
KwaZulu-Natal Department of Health	The program is implemented in the facilities identified by DOH. The Memorandum of Agreement (MOA) is approved by the Province. Pre-program plenary meetings were conducted together with DOH. http://www.kznhealth.gov.za/	Public

Companies, Partners & Stakeholders

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Ladysmith Hospital	<p>Lady Smith Hospital is one of several hospitals / Community centers providing: Doctors to be trained in order to support the program for the sustainability of the program. ROLES: They provide rooms for diagnostic procedures, linen and some consumables. They also provide patient stationery, CSSD FOR Autoclaving. Stores department provides engraving and monitoring of equipment. Telephones for internal access. Telephone access internal.</p> <p>http://www.kznhealth.gov.za/ladysmithhospital.htm</p>	Public
Mpilonhle Sanctuary Organization (MSO)	<p>The MSO implements the activities of the program including HIV and cancer community awareness campaigns and trainings of community health care workers and traditional healers. Also provides support to Adherence clubs, Focus Groups, Support Groups. Cervical cancer screening, Clinical breast examination and NCD's.</p> <p>https://mpilonhle.wordpress.com/</p>	Voluntary
National Health Laboratory Services (NHLS)	<p>The National Health Laboratory Service (NHLS) is the largest diagnostic pathology service in South Africa with the responsibility of supporting the national and provincial health departments in the delivery of healthcare. The NHLS provides laboratory and related public health services through a national network of laboratories. They have also provided us access to the Lab track system to access results.</p> <p>http://www.righttocare.org/</p>	Public
Right To Care	<p>Manages the funding from BMS Foundation. Provides Capacity building. Provides equipment and consumables. Monitoring and evaluation of the project.</p> <p>http://www.righttocare.org</p>	Voluntary
Saint Chads Community Health Center	<p>Saint Chads is one of several partner hospitals and community health centers providing: Doctors to be trained and support the program for the sustainability of the program. ROLES: They provide rooms for diagnostic procedures, linen and some consumables. They also provide patient stationery, CSSD FOR Autoclaving. Stores department provides engraving and monitoring of equipment. Telephones for internal access.</p> <p>http://www.kznhealth.gov.za/StChads.htm</p>	Public
Uthukela District Health Office	<p>The program is implemented in the facilities identified by DOH. Meeting and training venues are provided by DOH Transport for DOH staff is provided by DOH. DOH supplies some consumables from their supply chain. Pre-program plenary meetings were conducted together with DOH. Data is shared with DOH and facilities. These roles are fulfilled by the Uthukela District Health Office and Kwazulu-Natal Department of Health.</p> <p>http://www.kznhealth.gov.za/uthukela.htm</p>	Public

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
World Health Organization (WHO)	South Africa
Bhekuzulu Self Sustaining Project (BSSP)	South Africa
Emmaus Hospital	South Africa
Estcourt Hospital	South Africa
KwaZulu-Natal Department of Health	South Africa
Ladysmith Hospital	South Africa
Mpilonhle Sanctuary Organization (MSO)	South Africa
National Health Laboratory Services (NHLS).	South Africa
Right To Care	South Africa
Saint Chads Community Health Center	South Africa
Uthukela District Health Office	South Africa

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	Provincial Departments of Health(DOH) - The program is implemented in the facilities identified by DOH.The Memorandum of Agreement (MOA) is approved by the Province. Pre-program plenary meetings were conducted together with DOH.
Non-government organization (NGO)	Mpilonhle Sanctuary Organization (MSO) and Bhekuzulu Self Sustaining Project (BSSP): Implementing partners for training, and community mobilization activities and provide financial support.
Faith Based Organization	Mobilization, provide education and screenings
Commercial Sector	Rendering services from employees
Local Hospitals/Health Facilities	Hospitals and Diagnostic Centers Emmaus Hospital, Ladysmith Hospital, Estcourt Hospital and St. Chads Community Health Centre – Colposcopy and Biopsy.
Local universities	Implementing partners have a relationship with The Higher Education and Training HIV/AIDS Program (HEAIDS) with the implementation of the program by ensuring the students eligible for screening are screened.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Given the declining HIV/AIDS mortality rates and longer life expectancy due to the up-scaling of anti-retroviral treatment (ART) with its concomitant metabolic complications, evidence has shown that HIV-infected adults on ART have a much higher risk of developing other chronic illnesses such as cardiovascular diseases, diabetes, chronic obstructive lung diseases as well as kidney disease. Other HIV/AIDS comorbid diseases on the increase include common female cancers such as cervical and breast cancer as well mental illness and substance abuse. Two thirds of premature deaths (between 30-70 years of age) are linked to exposure to NCD risk factors such as smoking, alcohol, poor diet, physical inactivity and poor healthcare services.

Since the advent of ART, HIV-infected women are no longer dying from opportunistic infections, but are living long enough to develop and die from cervical and breast cancer. In South Africa, breast cancer and cervical cancer remain the most common cancers amongst women. According to the HPV Information Centre, the estimated number of new cases of cervical cancer in South Africa is over 7,000 per annum with an age-standardized rate of 31.7/100,000. The estimated number of deaths among women in South Africa from cervical cancer is approximately over 4200 each year. This higher prevalence of cervical cancer and pre-cancer disease is also due to co-infection of patients with HIV and the human papillomavirus (HPV), which is the causal agent for cervical cancer. It is estimated that 60-80% of HIV-infected women in sub-Saharan Africa are infected with HPV, placing them at substantially increased risk for cervical cancer. The risk of cervical cancer in HIV-infected women has been found to be three times higher than in HIV-uninfected women globally.

This calls for a scale up of efforts to reduce the risk of invasive cervical cancer through screening programs targeting HIV positive women with the ultimate goal of expanding the services to HIV uninfected women. On the other hand, 50% of HIV transmission takes place among those aged 15–24 and 5 000–6000 young people become infected every day because of poor access to health services and commodities, early sexual debut, sexual coercion and violence, growing up without parents and abuse. For those on ART, adherence may further be compromised due to partial or non-disclosure by their parents or caregivers, usually a grandparent, as well as lack of psychosocial support. Awareness and education programs for adolescents and young adults on risk factors for sexually transmitted infections (STIs), common cancers and the effects of smoking and alcohol use are sub-optimal in South Africa.^{1,2}

a How needs were assessed
[No response provided]

b Formal needs assessment conducted
[No response provided]

16 Social inequity addressed

The program aims to reduce the mortality and morbidity of common cancers, human immunodeficiency virus (HIV), tuberculosis (TB) and other non-communicable diseases (NCDs) in people aging and growing with HIV in the UThukela District, KwaZulu Natal. The spread of HIV can be attributed to multiple factors including poverty, inequality and social instability, high levels of sexually transmitted infections, the low status of women, sexual violence, high mobility (particularly migrant labour), limited and uneven access to quality medical care, and a history of poor leadership in the response to the epidemic. The hardship for those infected and their families is exacerbated by stigma and denial related to suspected infection which causes many people to delay or refuse testing and not availing treatment till the disease has progressed radically. This program helps to reduce the inequity in access to care between HIV and non-HIV patients.

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

This program collaborates with government and non-profit organizations to address the burden of cancer in HIV/AIDS patients using available local resources. In collaboration with the local partners, all program activities have been developed and implemented in accordance with local policies, practices and laws. In cases where no local guidelines exist, international standards have been used to guide the work.

Local Context, Equity & Sustainability

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

- Introduce community dialogues on common cancers screening and NCD's.
- Training of non-health care workers on above conditions.
- Training and mentoring of nurses on Pap smear, VIA and Cryotherapy.
- Training of doctors on Colposcopy and LLETZ.
- Improved appointment and follow up communication for patients. We've decreased significantly on lost to follow up.
- Improved Colposcopy services by 150% in the period of 3 months.

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

[No response provided]

20 Health technologies are part of local standard treatment guidelines

N/A.

21 Health technologies are covered by local health insurance schemes

N/A.

22 Program provides medicines listed on the National Essential Medicines List

N/A.

23 Sustainability plan

- Train and mentor nurses and doctors of DOH within Uthukela District.
- Equipment will be donated to the DOH at the end of the project. We'll introduce the DOH to the suppliers of the equipment for maintenance and servicing.
- Hand over report and data.

Additional Program Information

24 Additional program information

The project involvement in the Operation Sukuma Sakhe programs by rendering the education and screening services. The premier's office sent a representative who requested the program to be implemented at Provincial level.

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. Bruni L, Barrionuevo-Rosas L, Albero G, Serrano B, Mena M, Gómez D, Muñoz J, Bosch FX, de Sanjosé S. ICO Information Centre on HPV and Cancer (HPV Information Centre). Human Papillomavirus and Related Diseases in South Africa. Summary Report 27 July 2017. <http://www.hpvcentre.net/statistics/reports/ZAF.pdf>
2. National Cancer Institute. HIV Infection and Cancer Risk. <https://www.cancer.gov/about-cancer/causes-prevention/risk/infectious-agents/hiv-fact-sheet>

Program Indicators

Not yet available for this program

Appendix

This program report is based on the information gathered from the Access Observatory questionnaire below.

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:

Please identify the disease(s) that your program aims to address (select all that apply).

3 Beneficiary population

Please identify the beneficiary population of this program (select all that apply).

4 Countries

Please select all countries that this program is being implemented in (select all that apply).

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person

On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).

8 Program summary

Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities

Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?

10 Strategy by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles

Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?

12 Funding and implementing partners

Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization's goals and objectives.)

a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team's responsibilities for the program, with reference to the program strategies and activities. (response required for each partner selected).

b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner. (Public Sector is defined as government; Private Sector is defined

as A business unit established, owned, and operated by private individuals for profit, instead of by or for any government or its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.)

c. Please provide the URL to the partner organizations' webpages

13 Funding and implementing partners by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have 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

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

31 Data processing

- Responsible party: Please indicate all parties that conduct any processing of this data.
- Data processing— Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.
- Data processing — Frequency: What is the frequency with which this data is processed?

32 Data validation

Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

33 Challenges in data collection and steps to address challenges

Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.

