

APRIL 2020

The Blue Tree, India

Roche

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: Roche The Blue Tree - India (2020), Access Observatory Boston, US 2020 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

The Blue Tree - India

2 Diseases program aims to address

- Cancer (Breast; Cervical; Colorectal; Cancer, General; Ovarian Cancer; Non-Small Cell Lung Cancer (NSCLC); Renal Cell Cancer; Brain Cancer; Chronic Lymphocytic Leukemia)

3 Beneficiary population

- General population: all ages, all genders
- Special populations: People with low income, Rural populations

4 Countries

- India

5 Program start date

March 22, 2015

6 Anticipated program completion date

Completion date not specified.

7 Contact person

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8 Program summary

Navigating the hurdles of cancer treatment in India- The Blue Tree Cancer Patient Support Programme, India. In March 2015, Roche India launched “The Blue Tree” pan-oncology patient support initiative, designed to take care of the multiple hurdles that a patient has to go through during the course of accessing treatment. The program, through a single platform, mimics the patient journey and enables patients to overcome access hurdles, including diagnosis, reimbursement, affordability and adherence. It does so by providing services such as bio-marker test support, guidance on sources of funding, reimbursement documentation assistance, disease information, drug access support, drug delivery at home and infusion reminder calls.

The programme services can be grouped in four broad categories:

1. Disease awareness and Testing: Disease awareness material is provided to patients via the doctors in 9 languages across 5 different types of cancers (Breast, Lung, Colorectal, Ovarian and Cervical Cancer). Biomarker testing support is also provided for patients who cannot afford, or do not have access to, quality testing facilities.
2. Funding solutions: Affordability of treatment is a significant issue in India, with many patients having to pay for treatment out of pocket. To help these patients, program coordinators discuss with them alternative sources of funding including bundled health insurance, state and central government available schemes, preferential loan features of savings bank accounts, life insurance and cooperative society memberships. In case a patient is not able to obtain the treatment via these schemes, the patient is assisted by providing information about various funds made available through hospital trusts and charitable organizations.

Program Overview

8 Program summary cont.

This information helps ensure that affordability is not a barrier to treatment. If the patient is covered under one of 40+ partial reimbursement schemes, the coordinator helps them with reimbursement timelines and list of documents needed to avail reimbursement. If required, the patient is also guided to a personal loan.

3. Adherence support: This is an important factor in ensuring patients are fully and properly treated. With many on day wages, coming to a hospital for treatment can mean a loss of income. To address this, our programme coordinators reach out to the patient at set frequencies, especially before and after infusion cycles. Patients are additionally supported with our patient access programmes which are available for all key products [Avastin (Bevacizumab), Herclon (Trastuzumab), Perjeta (Pertuzumab), Kadcyra (Trastuzumab Emtansine), Gazyva (Obinutuzumab), Ristova, Xeloda, Tarceva (Erlotinib), Alcensa (Alectinib)]. In remote locations where there are medicine availability challenges, we arrange delivery to the patient's home.

4. Customized Reports: The programme also updates prescribers with summary records and service profiles of enrolled patients to ensure proper monitoring of treatment.

Patient centricity is at the core of The Blue Tree Programme and our partnerships reflect this. We work only with like-minded organisations to ensure that our solutions and access initiatives are both sustainable and consistent. The Blue Tree has partnered with multiple partners such as a call centre, distributor, bank, logistics provider, diagnostic center and many others to make this programme a reality. By August 2017, the Blue Tree had supported more than 4,200 patients in more than 300 hospital/treatment centers in India. Going forward, we aim to add more services like home infusion to address patient hurdles to continue to improve the programme.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Healthcare providers inform patients about the Blue Tree Program. Patients/patients relatives/healthcare professionals call up The Blue Tree toll free to understand and enroll in the programme.

Strategy 2: Health Service Delivery

ACTIVITY	DESCRIPTION
Diagnosis	Free diagnostic tests provided. The patients are supported with bio-marker test free of cost (HER-2 test for breast cancer) to help their doctor identify the best treatment for them.
Treatment	Medicine is delivered to the home of the patients in case they reside in areas that are far from the point of care facility.
Retention	Regular calls by our program coordinator to remind patients to adhere to treatment. The Blue Tree Tele-coordinators call the patients once a month to remind them of their infusion dates and 48 hours prior to their infusion to remind them of their infusion dates. Additionally, program coordinator also calls 48 hours post-infusion to confirm the infusion completion.

Strategy 3: Financing

ACTIVITY	DESCRIPTION
Linkage to Financing Scheme	Help patient recall/identify additional sources of funding available through India Government (Central or State) health schemes in India, charitable trust, health insurance policy etc. ICICI and Roche have a letter of understanding wherein ICICI provides personal healthcare loans for cancer patients. The patient calls The Blue Tree toll free number and based on the financial liquidity difficulties stated by patient. The Blue Tree tele-coordinator guides them through the loan option service. And with the patient's consent, they connect them to ICICI bank. Roche doesn't provide any funds to ICICI bank. There are other similar loan models, which are provided through Arogya Finance and LetsMD for the products Tecentriq and Alecensa respectively, which help patients with easy EMI options.

Program Strategies & Activities

9 Strategies and activities Cont.

Strategy 4: Price Scheme

ACTIVITY	DESCRIPTION
Pricing	The program provides medicines free to patients after certain purchases. For example, after every purchase of two vials, one vial of medicine will be provided free of cost.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	India
Health Service Delivery	India
Financing	India
Price Scheme	India

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Roche	Roche has launched The Blue Tree in 2015 and is funding and managing it through third parties. The third parties include Tech Mahindra Limited, S K Distributors, ICICI Bank, Medybiz Pharma Pvt. Ltd., Oncquest Laboratories, Cerebrus Consulting, Unique Courier, etc. The third parties are selected only after a comprehensive quality, business ethics, pharmacovigilance, safety, Information Technology & Patient Support Program due diligences are conducted. Roche oversees the programme and the third parties by measuring through specific key performance indicators by periodic reviews, monitoring, 100% audits of every process, team member training on processes, products (on-site & phone).

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Arogya Finance	Provides healthcare loans to Tecentriq patients https://arogyafinance.com/	Private
Cerebrus Consulting	Third party external auditor conducting regular audits to ensure adherence of the program to the program guidelines by implementer partner. http://cerebrus-consultants.com/	Private
ICICI Bank	Provides healthcare loans to patients. https://www.icicibank.com/	Private
LetsMD	Provides healthcare loans to Alecensa patients. https://www.letsmd.com/	Private
Medybiz Pharma Pvt. Ltd	Partner to provide patient purchased vials at patient's home or provided address of delivery. https://medybizpharma.com/	Private
Multiple hospitals (Public and Private Hospitals)	Relevant stakeholders (prescribers, assistants, pharmacists, etc.) are briefed about the programme and its offerings through The Blue Tree field coordinator. Hospital partnership helps in educating patients about the programme.	Public
Oncquest Laboratories	Diagnostic partner provides free key biomarker testing to the patients. https://www.oncquest.net/	Private
Super Specialties Pharma Warehousing Pvt. Ltd.	It is pharmaceutical warehouse by the Indian FDA authorities. The Blue Tree uses these laboratories as diagnostic partners, providing FMI testing to the patients. https://superspecialtiespharma.com/	Private

Companies, Partners & Stakeholders

12 Funding and implementing partners, cont.

PARTNER	ROLE/URL	SECTOR
S.K. Distributors	Stocking and distribution of medicines and other treatment supplies is taken care of by a distributor partner called SK distributor. https://www.facebook.com/pages/Skdistributors	Private
Tech Mahindra Limited	The Blue Tree programme is managed by a third-party vendor i.e. Tech Mahindra Limited. They help the patient navigate through the different service offerings of the program through a dedicated team of six tele-coordinators and seven field coordinators. https://www.techmahindra.com/DAVID.html	Private
Unique Courier	Logistics partner that helps in delivering medicines and other treatment supplies to the patients at their provided addresses of delivery. http://www.uniqueairexpress.com/default.aspx	Private
Vardhaman Distributors	The stocking and distribution of Alecensa medicines is taken care of by a distributor partner called Vardhaman. http://www.vardhmanhealth.com/	Private

13 Funding and implementing partners by country

PARTNER	COUNTRY
Arogya Finance	India
Cerebrus Consulting	India
ICICI Bank	India
LetsMD	India
Medybiz Pharma Pvt. Ltd	India
Multiple hospitals (Public and Private Hospitals)	India
Oncquest Laboratories	India
Super Specialties Pharma Warehousing Pvt. Ltd.	india
S.K. Distributors	India
Tech Mahindra Limited	India
Unique Courier	India
Vardham distributors	India

Companies, Partners & Stakeholders

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	<p>India being a non-direct-to-consumer advertising (DTCA) country, we rely on health care officers (HCOs) in government/public hospitals to explain the programme details to patients. As per patient’s request, the medicine provided to patient at no cost under the programme service is many a times sent to government/public hospitals. The patient goes to local hospitals/health facilities for infusion of medicines provided at no cost.</p>
Commercial Sector, please explain	<ol style="list-style-type: none"> 1.Tech Mahindra Limited: The Blue Tree program is managed by a third-party vendor i.e. Tech Mahindra Limited. They help the patient navigate through the different service offerings of the program through a dedicated team of six tele-coordinators and seven field coordinators. 2.S.K. Distributors: The Blue Tree programme works with S.K. distributors to stock and distribute medicines and treatment supplies. 3.ICICI Bank: The Blue Tree has partnered with ICICI bank to provide healthcare loans to patients . 4.Oncquest Laboratories: The Blue Tree uses Oncquest as a diagnostic partner, providing free key biomarker testing to the patients. 5.Cerebrus Consulting: The Blue Tree has engaged with a third party external auditor conducting regular audits to ensure adherence to the program guidelines by the implementer partners. 6. Unique Courier: Unique Courier is the Blue Tree’s logistics partner that helps in delivering medicines to the patients at their provided address of delivery. 7. Multiple hospitals (public and private hospitals): Relevant stake holders (prescribers, assistants, pharmacists etc.) are briefed about the program and its offerings through The Blue Tree field coordinator. Hospital partnership helps in educating patients about the program. 8. LetsMD: The Blue Tree has partnered with LetsMD to provide healthcare loans to Alecensa patients 9. Vardhaman Distributors: The Blue Tree programme works with Vardhaman distributors to stock and distribute Alecensa medicines. 10. Arogya Finance: The Blue Tree has partnered with Arogya Finance to provide healthcare loans to Tecentriq patients.
Local Hospitals/ Health Facilities, please explain	<p>Multiple hospitals (public and private hospitals): Relevant stakeholders (prescribers, assistants, pharmacists etc.) are briefed about the program and its offerings through The Blue Tree field coordinator. Hospital partnerships help in educating patients about the program. As per patient’s request, the medicine provided to the patient at no cost under the programme service is often sent to local hospitals/health facilities. The patient goes to these facilities for infusion of medicines provided at no charge.</p>

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Cancer is one of the leading causes of death in India with 1,300 patients dying each day. Two people die of cancer every minute. In India, breast cancer is the most common cancer among women, with about 1.5 lakh (150,000) new cases diagnosed in 2015 till date. HER2-positive breast cancer affects about 25 percent of women with the disease and is a particularly aggressive form of breast cancer. There are currently multiple barriers for access in India. For instance, today, there is a doctor to patient ratio of 1:2000 in India as compared to the US where it is 1:1000. Some of key barriers in India include low awareness, poor diagnosis, limited number and capabilities of primary care physicians, lack of access to standard of care, limited or non-existent treatment infrastructure, poor distribution, low adherence to treatment and finally, affordability. We recognize that healthcare costs overall are rising in India and demands on already strained healthcare systems are increasing. We are working with all partners in the healthcare system, including regulatory bodies, policy makers and healthcare professionals to find solutions that will be sustainable for all. We are, therefore, working on solutions like differential pricing and patient assistance programmes in India, which we believe will accelerate and broaden access to our medicines. Roche, on its part, is undertaking multiple initiatives to address access barriers like the Blue Tree Programme. The Blue Tree programme is a patient support program, and there is no commercial sale.^{1,2}

a How needs were assessed

[No response provided]

b Formal needs assessment conducted

[No response provided]

16 Social inequity addressed

One of the programme services named “medicine delivery at home” provides medicine delivery to patients at a location of their convenience with no added costs. This is for patients who stay far away and have limited access to treatment facility.

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

In 2015, Roche launched The Blue Tree programme for cancer patients that aims to support patients from diagnosis until the completion of their treatment. The initiative was tailored to address the multiple hurdles that a patient experiences during the course of their treatment. Through a single platform, the programme mirrors the patient journey and enables patients to overcome these access hurdles – primarily diagnosis, affordability and adherence. We recognize that healthcare costs overall are rising in India and demands on already strained healthcare systems are increasing. We are working with all partners in the healthcare system, including regulatory bodies, policymakers and healthcare professionals to find solutions that will be sustainable for all. We are, therefore, working on solutions like differential pricing and patient assistance programmes in India, which we believe will accelerate and broaden access to our medicines. In alignment to the pharmaceutical regulations in the country, all the patient support programmes in Roche India are executed by a third party vendor who has been carefully selected after due diligence on various parameters like data security, safety, quality, HIPAA compliance etc. All the patient data resides with the third party after the patient signs up the consent form to enable them to do so.

Local Context, Equity & Sustainability

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

We take a systematic and comprehensive approach to access: there is no ‘one size fits all’ solution, access is a multidimensional challenge. Diseases like cancer can require sophisticated diagnosis, specialised training and infrastructure for successful treatment. At a country level, we have a deep understanding of individual healthcare systems, and we partner with the right stakeholders to develop tailored solutions that make a sustainable difference to people’s health. Each of the initiatives we introduce has clear objectives and robust metrics to measure impact. Our programme is designed to have a long-term, sustainable impact, supporting healthcare systems, educating and building local skills and addressing affordability issues. With the Blue Tree Programme, we took a systematic and comprehensive approach, partnering with the right stakeholders to develop tailored solutions that can reduce barriers, enable access and make a difference on the ground. Today, The Blue Tree has supported more than 4,200 patients, partnered with more than 750 doctors and increased its reach to about 300 treatment centres across India. Patients on the programme have also shown a 40% increase in therapy adherence rates as compared to the adherence by patients not on the programme.

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

Yes.

TYPE	COMMERCIAL NAME	INTERNATIONAL NON-PROPRIETARY NAME
Medicine	Tecentriq	Atezolizumab
Medicine	Alecensa	Alectinib
Medicine	Avastin	Bevacizumab
Medicine	Herclon	Trastuzumab
Medicine	Kadcyla	Trastuzumab Emtansine
Medicine	Gasyva	Obinutuzumab
Medicine	Tarceva	Erlotinib
Medicine	Ristova	Rituximab
Medicine	Xeloda	Capecitabine

20 Health technologies are part of local standard treatment guidelines

No. Only 6% of the entire India population is covered under some kind of private insurance scheme, and 80% of the healthcare market in India are patients paying out of pocket. The program services are targeted at the entire population (irrespective of insurance, reimbursement or out of pocket).

Local Context, Equity & Sustainability

21 Health technologies are covered by local health insurance schemes

No. Only 6% of the entire India population is covered under some kind of private insurance scheme, and 80% of the healthcare market in India are patients paying out of pocket. The program services are targeted at the entire population (irrespective of insurance, reimbursement or out of pocket).

22 Program provides medicines listed on the National Essential Medicines List

Yes, Tecentriq and Alecensa .

23 Sustainability plan

We consider access to be an integral part of our business strategy, and it is embedded throughout the organization. As it is not an 'add-on', we don't separate out our investment. At Roche, we are committed to collaborating with public health partners, especially the government to reduce barriers and establish innovative, sustainable ways to bring effective and affordable healthcare to all patients. With 80% of Indians paying out of pocket for healthcare, and cancer currently the third highest cause of mortality among non-communicable diseases,^{3,4,5} we want to significantly contribute to the national agenda where we jointly win the fight against cancer. A priority area for Roche is breast and cervical cancer - currently the top two cancers in India as per WHO estimates.⁵

The public health system plays a significant role in enabling access. Roche through its public policy and government affairs function has initiated the process of actively evolving partnerships with the central and state governments to reduce access barriers. Roche India has partnered with the state of Madhya Pradesh to support capacity and capability building of the public healthcare system.

Roche India is currently working with the state government, which has for the first time in India decentralized cancer management to the district hospital levels, after a treatment protocol was formalized. This strategy will significantly reduce the travel distance, time and resource burden on the cancer patient. It has helped build the technical capability of medical professionals and bring in state-of-the-art global expertise.

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. Breastcancer.org. HER2 Status. <http://www.breastcancer.org/symptoms/diagnosis/her2>
2. Deo MG. Doctor population ratio for India-The reality. The Indian journal of medical research. 2013 Apr;137(4):632. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3724242/>
3. World Bank. Out-of-pocket health expenditure (% of private expenditure on health). <https://data.worldbank.org/indicator/SH.XPD.OOPC.ZS>
4. The Times of India. Indians pay 78% of medical expenses from their own pocket. <https://timesofindia.indiatimes.com/india/Indians-pay-78-of-medical-expenses-from-their-own-pocket/articleshow/7270363.cms>
5. WHO. Burden of NCDs and their risk factors in India (Excerpted from Global Status Report on NCDs -2014). http://www.searo.who.int/india/topics/noncommunicable_diseases/ncd_situation_global_report_ncds_2014.pdf

Program Indicators

PROGRAM NAME

The Blue Tree - India

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

INDICATOR	TYPE	STRATEGY	2017	2018	2019
1 Number of patients enrolled in the program	Output	Health Service Delivery	1,107 people	1,032 people	866 people
2 Number of patients supported through therapy reminders	Output	Health Service Delivery	1,107 people	1,032 people	866 people
3 Number of patients reached with pricing scheme	Output	Price Scheme	2,528 people	1,223 people	1,218 people
4 Number of patients supported with drug delivery at home	Outcome	Health Service Delivery	21 people	---	---

INDICATOR **Number of patients enrolled in the program**

STRATEGY HEALTH SERVICE DELIVERY

ITEM	DESCRIPTION
Definition	Number of patients that that have submitted all necessary documents and are thus enrolled in the program
Method of measurement	Calculation: Sum of the number of patients who have completed all enrollment requirements over the course of the year
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: Tech Mahindra Limited	Periodic program master reports with de-identified patient data, written by the service provider and validated by a third party auditor. Roche sales team informs doctors about the patient support program and its services. Doctors inform patients about the program and the services. Interested patients call The Blue Tree toll free number where the service provider gives details of the program/services and documents required for enrollment. Based on the details/documents provided by the patient, The Blue Tree phone coordinator (service provider employee) will verify the documents and enroll the patient. Once the patient is enrolled into the program, patient will be provided with services like disease information, diagnostic tests, therapy reminder calls, drugs free of cost (FOC) after they have bought a certain quantity of drugs, medicine delivery at home, home infusion and financial counselling. The service provider keeps record of the services provided using a computer software. On a periodic basis, various reports (daily, weekly and monthly) without patient confidential information are shared with Roche by the service provider.	Ongoing

INDICATOR **Number of patients enrolled in the program**

1

STRATEGY HEALTH SERVICE DELIVERY

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
31 Data processing	Implementing partner: Tech Mahindra Limited	The Blue Tree telephone coordinator (service provider employee) enrolls eligible patients into the program and records the information using a computer software. The supervisor of the data collection staff validates that the information recorded does not have any errors in it. The number of patients enrolled into the program and recorded on the software is summed periodically.	Ongoing
32 Data validation		Roche has hired a third-party auditor that verifies the processes followed and data collected by the service providers for patient enrollment and the services provided to patients. Frequent trainings at regular intervals are provided to service providers for process adherence and data reporting.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2017	2018	2019
1 Number of patients enrolled in the program	1,107 people	1,032 people	866 people

Comments: N/A

INDICATOR Number of patients supported through therapy reminders

STRATEGY HEALTH SERVICE DELIVERY

ITEM	DESCRIPTION
Definition	Number of patients supported through therapy reminders at set frequencies via phone call
Method of measurement	Calculation: Number of patients supported through therapy reminders
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: Tech Mahindra Limited	Periodic program master reports with de-identified patient data, written by the service provider and validated by a third-party auditor. Once the patient is enrolled into the program, patient will be provided with services like disease information, diagnostic tests, therapy reminder calls, drugs free of cost (FOC) after they have bought a certain quantity of drugs, medicine delivery at home, home infusion and financial counselling. The service provider keeps record of the services provided using a computer software. On a periodic basis, various reports (daily, weekly and monthly) without patient confidential information are shared with Roche by the service provider. These reports include the number of patients that receive regular calls by our program coordinator to remind patients to adhere to treatment. The Blue Tree Tele-coordinators call the patients once a month to remind them of their infusion dates and 48 hours prior to their infusion.	Ongoing

INDICATOR Number of patients supported through therapy reminders

2

STRATEGY HEALTH SERVICE DELIVERY

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
31 Data processing	Implementing partner: Tech Mahindra Limited	The Blue Tree telephone coordinator (service provider employee) calls the patients once a month to remind them of their infusion dates 48 hours prior to their infusion and records the information using a computer software. The supervisor of the data collection staff validates that the information recorded does not have any errors in it. The number of patients that received the medication reminders is summed periodically.	Ongoing
32 Data validation		Roche has hired a third-party auditor that verifies the processes followed and data collected by the service providers for patient enrollment and the services provided to patients. Frequent trainings at regular intervals are provided to service providers for process adherence and data reporting.	

33 Challenges in data collection and steps to address challenges.

[No response provided.]

INDICATOR	2017	2018	2019
2 Number of patients supported through therapy reminders	1,107 people	1,032 people	866 people

Comments: N/A

INDICATOR **Number of patients reached with pricing scheme**

3

STRATEGY PRICE SCHEME

ITEM	DESCRIPTION
Definition	Number of individuals that received medicines included in the price scheme
Method of measurement	Counting the number of individuals that received medicines included in the price scheme Calculation: Sum of the number of individuals that received medicines included in the price scheme
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: Tech Mahindra Limited	Master reports with masked patient data which are validated by a third-party auditor. Once the patient is enrolled into the program, the patient will be provided with information about the price scheme. Whenever a patient receives drugs free of cost (FOC) after they have bought a certain quantity of drugs this is recorded by the service provider. On a periodic basis, various reports (daily, weekly and monthly) with the number of patients that have received drugs free of costs after they have bought a certain quantity are shared with Roche by the service provider. This information does not include patient confidential information.	Ongoing
31 Data processing	Implementing partner: Tech Mahindra Limited	The service provider staff records the information on the patients receiving drugs free of cost using a computer software. The supervisor of the data collection staff validates that the information recorded does not have any errors in it. The number of patients receiving drugs free of cost is summed up periodically.	Ongoing
32 Data validation		Roche has hired a third party auditor that verifies the processes followed and data collected by the service providers for patient enrollment and the services provided to patients. Frequent trainings at regular intervals are provided to service providers for process adherence and data reporting.	

33 Challenges in data collection and steps to address challenges.

[No response provided]

INDICATOR	2017	2018	2019
3 Number of patients reached with pricing scheme	2,528 people	1,223 people	1,218 people

Comments: The number of people reached with pricing scheme in 2017 is higher than people enrolled in 2017 because this number includes people who got enrolled in previous years and are still on treatment, i.e. still benefit from the pricing scheme in 2017.

ITEM	DESCRIPTION
Definition	Number of patients who live in remote locations and get supported with drug delivery at home
Method of measurement	Calculation: Sum of the number of patients who receive at least one drug delivery at home over the yearly period
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: Tech Mahindra Limited	Master reports with masked patient data which are validated by a third-party auditor. Once the patient is enrolled into the program, patient will be provided with information about the home delivery service. The service provider is recording whenever a patient receives a drug delivery at home. On a periodic basis, various reports (daily, weekly and monthly) with the number of patients that have received drugs through the home delivery service are shared with Roche by the service provider. This information does not include patient confidential information.	Ongoing
31 Data processing	Implementing partner: Tech Mahindra Limited	The Blue Tree telephone coordinator (service provider employee) enrolls eligible patients into the program and records the information using a computer software. The supervisor of the data collection staff validates that the information recorded does not have any errors in it. The number of patients enrolled into the program and recorded on the software is summed periodically.	Ongoing
32 Data validation		Roche has hired a third-party auditor that verifies the processes followed and data collected by the service providers for patient enrollment and the services provided to patients. Frequent training at regular intervals are provided to service providers for process adherence and data reporting.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2017	2018	2019
4 Number of patients supported with drug delivery at home	21 people	---	---

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

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.

