

NOVEMBER 2021

Groupe Franco-Africain d'Oncologie Pédiatrique

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 Observatory. 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, Groupe Franco-Africain d'Oncologie Pédiatrique (2021), Access Observatory Boston, US 2021 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Secure the Future - Senegal

2 Diseases program aims to address

- Cancer (Childhood)

3 Beneficiary population

- Children (under 5 yrs)
- Youth (5-18yrs)

4 Countries

- Burkina Faso
- Benin
- Cameroon
- Central African Republic
- Congo
- Cote d'ivoire
- Democratic Republic of the Congo
- Madagascar
- Mali
- Niger
- Togo
- Mauritania
- Gabon
- Guinea
- Senegal

5 Program start date

November 01, 2017

6 Anticipated program completion date

December 31, 2021

7 Contact person

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8 Program summary

Bristol-Myers Squibb (BMS Foundation) has partnered with The Groupe Franco-Africain d'Oncologie Pédiatrique (GFAOP) to combat pediatric cancers in Senegal. The role of BMS in this project is as a funding partner.

The GFAOP has developed a 2025 Strategic Plan where at least 3,000 children with an early stage oncology diagnosis will be cared for in sub-Saharan Francophone Africa hospital units. Through short-term training sessions and long certifying training diplomas, GFAOP aims to train healthcare professionals inclusive of nurses, pathologists, surgeons, and pharmacists to adequately treat and care for pediatric cancers. The program is divided into four steps or 'projects' described below for achieving this goal.¹

Project 1: To improve early diagnosis of pediatric cancers.

The detection of cancer at early stages and immediate treatment are instrumental to cure and recovery. This step aims to reduce the mortality of pediatric cancers and costs of care by training and raising awareness of health staff on early diagnosis, ensuring pediatric units are adequately equipped to manage disease, and reducing delays leading to diagnosis and treatment. Additionally, raising awareness by providing information about the "warning signs" of pediatric cancers would help parents and caregivers identify the condition and seek medical attention, thereby increasing the chances of early detection.

Project 2: Offer New Training for Nurses

This step includes 2 types of courses being offered to nurses - a "fundamentals" training course for nurses in pediatric oncology who have recently joined the units and an extensive one-year training course for general oncology that will lead to a university degree, which will enhance their skills to manage pediatric cancers.

(continued on next page)

Program Overview

8 Program summary, cont.

Project 3: Reinforce Multidisciplinary Care

Multidisciplinary care is crucial to continuity of cancer treatment and is severely lacking in sub-Saharan Africa, with limited number of specialists and larger health needs of the population. This step includes training of 90 physicians on the development and implementation of cancer treatment by engaging multidisciplinary staff in a 3-day meeting in Dakar every year.

Project 4: Reduce Treatment Dropouts and Loss of Follow-up after Treatment by Strengthening Advocacy

Childhood cancers often require multidisciplinary care over several months and stages, causing many families to drop out of treatment. To address this issue, a support fund is dedicated to covering diagnosis and treatment costs for 3 selected units of pediatric patients for a maximum of 21 months. There will also be an increased activism for a parents' association and advocacy groups to create awareness about pediatric cancers, treatment compliance, and care plans.¹

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Create public awareness about pediatric cancers which would enable parents to identify "warning signs" which may allow them to seek treatment early.
Mobilization	Support parents' association and advocacy groups to create awareness about pediatric cancers, treatment compliance, and care plans.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Train healthcare professionals inclusive of nurses, physicians, pathologists, surgeons, and pharmacists to adequately treat and care for pediatric cancers.
Infrastructure	[No response provided]

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Funding	Provide support fund dedicated to covering diagnosis and treatment costs for 3 selected units of pediatric patients for a maximum of 21 months.

10 Strategy by country

STRATEGY	COUNTRY
Health Service Delivery	Burkina Faso
Community Awareness and Linkage to Care	Democratic Republic of the Congo, Mali, Senegal
Health Service Strengthening	Benin, Burkina Faso, Cameroon, Gabon, Guinea, Madagascar, Mali, Mauritania, Niger, Togo, Cote d'Ivoire, Congo, Democratic Republic of the Congo, Central African Republic, Senegal

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Bristol-Myers Squibb	Sponsor and funder.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Bristol-Myers Squibb Foundation	Sponsor and funder. https://www.bms.com/about-us/responsibility/bristol-myers-squibb-foundation.html	Private
Senegal Ministry of Education	Ministry of Superior Education: key partner of the project that will provide official agreements and recognition of trainings being necessary for a suitable inclusion of the project in the African panorama of formal education among francophone countries. http://www.education.gouv.sn/root-fr/files/index.php	Public
Cheikh Anta Diop University	Cheikh Anta Diop University: key technical partner of the project; institute's headquarters will be located in the university compound https://www.ucad.sn/	Private
Ministry of Health of Senegal	Ministry of Health of Senegal: main partner of this project and will ensure continuity and sustainability of training courses and advocacy actions http://www.sante.gouv.sn/	Public
Le Danted University Hospital	Le Dantec University Hospital: operation partner of the project that will provide clinical studies and practices of some trainees http://www.hopitaldantec.gouv.sn/	Private

Local Context, Equity & Sustainability

13 Funding and implementing partners by country

PARTNER	COUNTRY
Bristol-Myers Squibb Foundation	Senegal
Senegal Ministry of Education	Senegal
Cheikh Anta Diop University	Senegal
Le Dantec University Hospital	Senegal
Ministry of Health of Senegal	Senegal

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLD-
Government	Government provides official recognition of the training programs and ensures sustainability and continuity of the program.	Infrastructure: No Human Resources: Yes Funding: No Monitoring or Oversight: No Other resource: No
Local Hospitals/ Health Facilities	We engage with local hospitals to provide clinical studies and practices of some trainees.	[No response provided]
Local universities	Local universities that we engage with provide technical assistance on teaching activities.	Infrastructure: Yes Human Resources: Yes Funding: No Monitoring or Oversight: [No response provided] Other resource: [No response provided]

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Francophone sub-Saharan Africa has a population of 280 million people, of which about 40% is under the age of 15. Approximately 15,000 cancer cases will be diagnosed for children under the age of 15 every year. In high income countries, nearly 80% of cancers treated in the pediatric population have a chance of recovery. However, in low- and middle-income countries, there are still significant mortality numbers in pediatric patients due to lack of resources, health system malfunctions, and late diagnosis. Nearly 80% of pediatric cancers occur in these settings and 40% of pediatric cancers are diagnosed in late stages. Furthermore, there is inadequate training for healthcare professionals to appropriately treat and care for pediatric cancer.

The Groupe Franco-Africain d'Oncologie Pédiatrique (GFAOP) was founded in 2000 with a vision that African children with cancer could and must be treated effectively in Africa by African teams. Since its inception, over 20 hospitals in 16 Francophone African countries have created specialized pediatric oncology units. Additionally, they have trained medical and paramedical staff through diploma programs with a total of 240 trainees trained in Paris University and Rabat University. GFAOP have also developed protocols to treat 5 of the most curable and frequently presented pediatric cancers in Africa (Burkitt's lymphoma, nephroblastoma, acute lymphoid leukemia, retinoblastoma, and Hodgkin's disease).

However, GFAOP training is not sufficient to address the gap of oncology trained personnel at different levels of care. As a result, Bristol-Myers Squibb (BMS) has partnered with GFAOP to expand the existing scope of the training.

One important barrier to early detection of cancer is the lack of awareness by parents and caregivers about warning signs of cancer or other serious diseases. This program addresses the local need for raising awareness among parents and caregivers to identify warning signs and seek needed care.

Furthermore, to be successful in treating cancer in children parents and caregivers need to sufficient information about the disease trajectory and how to support the children during the time of the illness to finish the treatment course successfully. This program involves parents' association and advocacy groups to create awareness about pediatric cancers, treatment compliance, and care plans.

Finally, allocation of public health funds to cancer care is insufficient in many countries in Francophone sub-Saharan Africa making treatment of childhood cancer unaffordable for many families. Hence, this project raises funds to support families affected by childhood cancer.

a How needs were assessed

N/A.

b Formal needs assessment conducted

No.

16 Social inequity addressed

Our program aims to train healthcare professionals to adequately treat and care for pediatric cancer patients in Senegal. This will help reduce the global inequity in the diagnosis and treatment of pediatric cancer between Senegal and high-income countries.

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	All applicable policies, practices and laws were taken into consideration.
Procurement Procedures	No	N/A.
Standard treatment guidelines	Yes	All applicable policies, practices and laws were taken into consideration.
Quality and safety require-	Yes	All applicable policies, practices and laws were taken into consideration.
Remuneration scales and	Yes	All applicable policies, practices and laws were taken into consideration.

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

The grants are awarded to already established oncology centres where personnel is already focused on this patient pool. The grants create jobs and sharpen expertise. It supports salaries, technical, clinical and project management activities directly instead of diverting.

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

N/A.

23 Sustainability plan

We are working with Senegal Ministry of Education and local universities to adapt and incorporate our training curriculum into the standard curriculum for training healthcare professionals including nurses, pathologists, surgeons, and pharmacists to ensure that all future students graduating receive that training.

Additional Program Information

24 Additional program information

No further comments at this time.

a Potential conflict of interest discussed with government entity

No.

25 Access Accelerated Initiative participant

Yes.

26 International Federation of Pharmaceutical Manufacturers & Associations (IFPMA) membership

Yes.

Resources

1. IFPMA Health Partnerships Directory. Secure The Future Pediatric Cancers in Senegal. Retrieved from:<http://partnerships.ifpma.org/partnership/secure-the-future-pediatric-cancers-in-senegal>
2. Magrath I, Steliarova-Foucher E, Epelman S, Ribeiro RC, Harif M, Li CK, Kebudi R, Macfarlane SD, Howard SC. Paediatric cancer in low-income and middle-income countries. *The Lancet Oncology* (2013); Mar 31;14(3):e104-16.
3. Howard SC, Metzger ML, Wilimas JA, Quintana Y, Pui CH, Robison LL, Ribeiro RC. Childhood cancer epidemiology in low-income countries. *Cancer* (2008) Feb 1;112(3):461-72.

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.

