PROGRAM REPORT

PROGRAM ENDED IN 2018

My Child Matters-Thailand

Sanofi

Submitted as part of Access Accelerated

Access Observatory

PROGRAM ENDED IN 2018

Contents

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

Program Description

PROGRAM ENDED IN 2018

Program Overview

1 Program Name

My Child Matters - Thailand

2 Diseases program aims to address

- Cancer (childhood)

3 Beneficiary population

- Children (under 5yrs)
- Youth (5-18yrs)
- People with low income
- Rural Populations

4 Countries

- Thailand

5 Program start date

January 1, 2010

6 Anticipated program completion date

Completion date not specified

7 Contact person

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8 Program summary

Thailand is considered to be a middle-income developing country, where a discrepancy in access to pediatric cancer care between Bangkok, the capital of Thailand, and other provinces exists. There are significantly more pediatric oncologists per capita in Bangkok & the central area of Thailand. Currently, only 5 pediatric hemato-oncologists are available for the 14 provinces in the Southern region (3 oncologists when the project started in 2010). Although the GDP of Thailand is higher than other countries in Southeast Asia, there is high disparity between rich and poor, with many people in the rural areas still facing poverty.[1] The Thai government has established a health care system to help poor people. The Universal Coverage Scheme (UCS) is the primary public health protection scheme, which provides health care coverage to all Thai citizens who are not covered by any other public health protection scheme. This scheme is administered by the National Health Security Office (NHSO), under which 63 million people were registered in the scheme in 2008.[2] However, despite the fact that cost of chemotherapy was subsidized by government, many children and families still could not access these health care services because they could not afford cost of living, transportation to the tertiary center and other medical expenses.

Songklanagarind Hospital, the only comprehensive tertiary hospital in the southern part of Thailand (capacity 855 beds), is affiliated with the Faculty of Medicine, Prince of Songkla University. Songklanagarind hospital currently serve the population in the Southern region as well as providing education for medical students and doctors. Each year, about 80-100 newly diagnosed pediatric cancer patients are treated at this hospital. The inpatient cancer ward has 32 beds. Some of the patients and their families stay for extended treatment in a temporary residence building (with partial support from My Child Matters program in 2010.) The Outpatient Clinic serves 30-50 patients per week who receive chemotherapy. The most common diagnosis being acute lymphoblastic leukemia.

(continued on next page)

Program Overview

8 Program summary cont.

The rate of infection is high (febrile neutropenia 61%, sepsis 15%) due to lack of parental knowledge about how to provide a clean environment at home.[3] The majority of patients are referred from provinces other than Songkhla, and sometimes the travel cost is a burden that represents a hurdle for treatment adherence. The Southern Childhood Cancer Network was proposed and developed to reduce the burden of travel and disruption to families and to increase treatment adherence. The overall survival rate for all childhood cancer is around 60% and in the case of acute lymphoblastic leukemia survival rate was 67%.[4,5]

The treatment of childhood cancer in Thailand is based on national protocols developed by Thai Pediatric Oncology Group. Thai Pediatric Oncology Group national protocols are derived from recent and relevant international publications. However, the outcomes of treatment vary between institutions due to differences in supportive care, quality of care, patient compliance and knowledge, as important contributing factors. Sanofi set up My Child Matters-Thailand in 2010 to improve access to cancer care for children in Thailand. The program provides training for healthcare professionals, creates and disseminates relevant information about childhood cancer, and encourages early detection.

The main objectives of our projects were:

- Improved adherence to treatment by improved access to care
- Provide holistic care with improved focus on quality of life and continuity of care for patients and families
- Build up the network for healthcare professional & support group for children & families
- Expand and improve Palliative care for children with cancer and those with life limiting illnesses

Before My Child Matters-Thailand program launch, pediatric palliative care was very limited. Knowledge and resources are lacking and most community hospitals do not have oral morphine and have no idea how to control pain and symptoms. The percentage of morphine use or symptoms control is very low in Thailand. Usually palliative care service is available only in tertiary centers and even less in rural areas. Most pediatricians know the word palliative care, but an internal survey in our hospital revealed that most physicians and nurses are not exactly sure how to provide palliative care to patients. My Child Matters-Thailand launched the first pediatric palliative care in the region in 2010 and received many comments and feedback from participants. We have developed comfort care guidelines for children at the end of life and a comfort cart that contains palliative care materials, guidebooks, and tools. These are distributed throughout 14 network hospitals in Southern Thailand.

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Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	We develop world cancer events for early detection campaign. Also to raise the concern and awareness that cancer can be treated and cured or even when it cannot be cured, we could provide palliative care for those with cancer.
Mobilization	We have a Facebook group for the Southern Childhood Cancer Club that connects patients and families with volunteers in the community.
Funding	We raise funds to support travel costs for families to transport their children to our hospital to receive chemo-therapy as scheduled.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	We develop referral plan and clinical practice guidelines for other hospitals in the region.
Training	We have an annual pediatric cancer conference and chemotherapy workshop. We also provide oncology nurse training. We have an educational session to teach health care professionals about childhood cancer diagnosis.
Infrastructure	We renovated the temporary building for children with cancer to stay during treatment course.
Funding	We funded the new cancer center for their team development.

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	We are currently developing a screening program for retinoblastoma.
Retention	The southern childhood cancer network was developed to serve children with cancer in the region. These children can receive chemotherapy at nearby hospitals. This helps with travel costs and decreases abandonment. The educational materials/cartoon books for patients who speak different languages was developed to decrease language barriers and increase parent education.

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Program Strategies & Activities

10 Strategy by country

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

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Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Sanofi	Initiative and creation of the program; program management and coordination; organization of the expert committee; organization of the scientific overview; organization of the mentor-mentee program; organization of the scientific sessions in the international congress highlighting the program; encouraging the scientific articles on the program; encouraging sharing of experiences and best practices; organization of training sessions for the project teams; communication; funding.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
National Heath Security Office (Thailand)	This is the government section who take care of treatment cost for majority of patients.We co-operately work with them since beginning as our hospital is university hospital but the other hospitals are provincial hospital that under MoH and paid by NHSO.NHSO funded us to support the southern childhood cancer network (co-sponsor for annual pediatric cancer conference) from beginning until now. https://www.nhso.go.th/eng/	Public
Songklanagarind Hospital Foundation	Support funding for our child-life activities and palliative care services. They also help us on fund raising campaign http://medinfo.psu.ac.th/eng/	Voluntary
Thai Pediatric Oncology Group	Oncology group is a group of pediatric oncologists around Thailand. They create national protocol and other materials. We use the treatment protocol from ThaiPOG and working closely with them.Inter-hospital case conference every 2 months. http://thaipog.net/	Voluntary
Wishing Well Foundation	Pediatric palliative care, fulfill wish of children at the end of life, Cancer kid camp, donate toys for special occasion. https://www.wishingwellthai.org/	Voluntary

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
National Heath Security Office (Thailand)	Thailand
Songklanagarind Hospital Foundation	Thailand
Thai Pediatric Oncology Group	Thailand
Wishing Well Foundation	Thailand

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	We have engaged with the National Health Security Office (NHSO) to build a cancer network from the beginning and are working as partner with continuous support from them. The Southern Thailand Childhood Cancer Network received a national Innovation award from the NHSO. One teacher hired with My Child Matters grant money will help our school project and accredit children in our program. We engaged with the Ministry of Education to build a s special educational unit, initiated in 2017. For this purpose another teacher from special education bureau (belonging to ministry of Education) will start to work at the hospital in 2018.
NGO	Cancer kid camp : We engaged with Wishing well foundation, and Songklanagarind hospital foundation in organizing Cancer Kid camp. Child life activities: We engaged with Songklanagarind hospital foundation, and volunteers group in organizing Child Life activities. Southern childhood cancer club (Parent support group): We engaged with Songklanagarind hospital foundation in organizing Southern Childhood Cancer Club. Special events on occasion: We engaged with Wishing well foundation, Songklanagarind hospital foundation, and Foundation for children in organizing special events.
Faith Based Organizations	We have engaged with the local Christian church to provide volunteer English teachers for our school for sick children project/ Child life program.
Commercial Sector	PTT golf club: created fund raising golf tournament and donates all the profit to us, helped to renovate another pediatric palliative care room (bought furniture, refrigerator, air-conditioner etc., put wallpaper, re-painting) Krungthai bank placed a donation box at their bank and has become a regular donator to our program Central department store: sells ice-cream and gives all profit to our project, support in special occasion as requested.
Local Hospitals	We worked with Childhood cancer network which includes 14 hospitals in southern area and we have also worked with the palliative nurse society.
Local Universities	We engaged with the Prince of Songkla University which now offers the pediatric oncologist subspecialist diploma to increase number of pediatric oncologists in the area. Pediatric palliative care curriculum was added into medical student training in conjunction with the objectives of the Royal Thai Pediatric Society.

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Local Context, Equity & Sustainability

15 Local health needs addressed by program

Two serious problems in our region for diagnosis and treatment of childhood cancer are an insufficient number of pediatric oncologists and a lack of awareness of childhood cancer for both parents and health care workers. Late detection is a common problem: for example, about 30% of retinoblastoma cases presented to us with protruded mass and metastasis. This results from poor education in the rural areas and lack of an effective screening program. Most routine child health visits for vaccination are done by community nurses who lack knowledge about pediatric cancer and do not include physical examinations in their assessments. In most cases presenting with advanced stage disease, the parent noticed the abnormality but chose to "wait and see" based on poor awareness of childhood cancer.

By building the Childhood Cancer Network with regular Pediatric cancer care conferences in the Southern Thailand, the result has been an increased awareness for local health care workers to detect and refer children with cancer in a more timely way (unpublished data). We have also produced a referral guideline, guidelines for managing chemotherapy side effects, and guidelines for pediatric palliative care management.

By inviting local hospitals to send a team (physicians/nurses/pharmacists) from each hospital for education, technical training and networking, the network created makes it possible for some children to receive chemotherapy safely, in their regional hospital near their home, without an oncologist but with the same standard of care. We have frequent communication with local partners and regular feedback during annual conference.

a How needs were assessed

[No response provided.]

b Formal needs assessment conducted

[No response provided.]

16 Social inequity addressed

Our project has reduced social inequity in the regional health care system by decentralization of care for children with cancer in rural area. This has been done by improving local treatment standards, improved supportive care (through education of healthcare personnel and families) and enhanced support of families to increase adherence (support travel cost, cancer network to decrease time and travel cost) and improved quality of life for children with cancer. For those children with pediatric cancer at Thai-Malaysia border, who are usually poorer and with lower education levels, we developed education tools in their language so they could understand how to take care of their children. Furthermore, we are now working with the special education unit of the Ministry of Education to accredit our hospital school program for sick children (usually children with cancer/chronic illnesses have to quit school for at least 1 year during treatment period). With this "school for sick children" program, all children can continue their education even they are admitted.

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

We worked closely with the government sector (NHSO) and local hospitals to adapt the insurance scheme and treatment policies to increase standards so that local hospitals could give chemotherapy under the same universal health coverage scheme.Infrastructure development - A designated pediatric space was created in the existing charity building of the hospital (Yensira building) which accommodates a total of about 450-500 patients (including adults and pediatric cases) or family member /day (according to Songklanagarind foundation report 2015 http://shf.medicine.psu.ac.th/wp-content/uploads/publicize/reports/ReportYear2559.pdf). Yensira building is a part of Songklanagarind hospital and serves as temporary stay for out-patients needing treatment such as radiation and living outside Songkhla province. Also this building serves for family of patients admitted in the hospital. The Pediatric cancer zone was designed to accommodate around 20 patients in a half of a floor being renovated through the support of My Child Matters. My Child Matters is also providing futons, mattress, and lockers with keys. These lead to cost saving by not investing in a brand new infrastructure. As another example, a designated palliative care room was adapted and redecorated from a previous isolation room. The designed building was in accordance with local hospital regulations and standards.Practice/Regulations – Typically, chemotherapy that is ordered by doctors can only be administered by trained Onco-nurses. A major educational objective of the Southern Thailand Childhood Cancer Network was to train regional hospital nurses to become certified chemotherapy onco-nurses. This training course was designed and carried out within Songklanagarind hospital. The curriculum was consistent with Thai guidelines regarding the training of onco-nurses.

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Local Context, Equity & Sustainability

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

The important strategy we have is to share our project with others through project evaluation and research, particularly in the field of pediatric palliative care which remains limited in Thailand. Such publications would increase public awareness and help our project serve as model for other programs as well as attract additional outside funding for expansion and continuation of our project. We have had 3 publications at the international conference regarding on project impact. (2 at SIOP meeting in 2013, 1 at Asian Pacific Hospice conference regarding of pediatric palliative care this year).Furthermore we also received the best cancer network Award from NHSO & Ministry of Health.

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 have set up different strategies to secure the project. The Southern Childhood Cancer Network now receives regular support from the NHSO and most of the workflow is established so that the network will run continuously as we try to keep connections to the network hospitals by visiting and evaluating. The number of satellite cancer treatment centers at regional hospitals has increased from two at the beginning of the project to four. The sustainability of our project was shown in the past. The childhood cancer network has been set into 5 years plan started in 2010 by My Child Matters team in Sanofi, the project leader, Dr Sripornsawan and her mentor Dr Clos and health care local team. The first year we increased the capability of local hospitals and healthcare workers to take care of children with cancer. The educational sessions and network meetings were launched for the first time in our region. The second year, clinical practice guidelines, knowledge materials and educational sessions were distributed to every hospital in network. A new partner joined as a referral center (Hat Yai hospital) and has strengthened our network. The third year, we joined with Thai pediatric oncology group and adult palliative care network to build our palliative care team and strengthen our palliative care education network. The fourth year, a new cancer treatment center in southern region was established in 2014 at Nakorn Srithammarat province. During the establishment of that program we were able to develop the training program for pediatric hemato-oncology subspecialty (certified by The Royal of Thai Pediatricians) to increase the number of pediatric oncologists in the southern area. The training course for chemotherapy certified oncology nurses also was developed. We hope to see the number of treatment center /pediatric oncologists increase in the future. We also help the network hospitals to develop their own programs and help them to seek funding from local resources.

The Child life program receives regular funding support from Songklanagarind Foundation every year. The local communities (such as university students, people from the church, English and music teachers), supported The Child Life Program by volunteering for regular program activities. The local communities also helped in running activities and/or donated funds through Songklanagarind foundation. We have the Facebook Fan page to communicate through volunteers' group, patients and families. Facebook is ranked as the number one social content user in Thailand.

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Additional Program Information

24 Additional program information

On going public article for My Child Matters. We also exported our success and experience at the international level at the largest international pediatric oncology meeting (SIOP).

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. The World Bank. The World Bank in Thailand Overview: Context. The World Bank website. http://www.worldbank.org/en/country/thailand/overview. September, 2017. Accessed November 11, 2017.

2. NHSO (National Health Security Office).2008. Annual report 2008. Nonthaburi, Thailand: NHSO https://www.nhso.go.th/eng/Files/content/255503/d0bf51c2-1121-4d35-aeae-691c1fdc1fb4-129775552736772500.pdf

3. Sripornsawan P, Chotsampanchareon T, Sangsupavanich P, et al. Acute lymphoblastic leukemia in chidlren at Songklanagarind hospital (1999-2005). The 3rd Congress of Asian Society for Pediatric Research: Meeting abstract. Peditr Int.2008, 50(5): 723-792http://onlinelibrary.wiley.com/doi/10.1111/j.1442-200X.2008.02727.x/pdf

4. Surapon Wiangnon, Gavivann Veerakul, Issarang Nuchprayoon, Panya Seksarn, Suradej Hongeng, Triroj Krutvecho, Nintita Sripaiboonkij, Childhood Cancer Incidence and Survival 2003- 2005, Thailand: Study from the Thai Pediatric Oncology Group. Asian Pac J Cancer 2011, 12:2215-2220https://www.researchgate.net/publication/221797441_Childhood_Cancer_Incidence_and_Survival_2003-2005_Thailand_Study_from_the_Thai_Pediatric_Oncology_Group

5. Seksarn P, Wiangnon S, Veerakul G, Chotsampanchareon T, Kanjanapongkul S, Chainansamit S. Outcome of childhood acute lymphoblastic leukemia treated using the Thai national protocols. Asian Pac J Cancer Prev. 2015, 16: 4609-4614

Program Indicators

PROGRAM ENDED IN 2018

PROGRAM NAME

My Child Matters - Thailand

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

INDICATOR	TYPE	STRATEGY	2010	2012	2015	2016	2017	2018	2019
1 Value of resources	Input	All Program Strategies	---	$98,773.93	$106,181.98	---	---	€30000	---
2 Population exposed to community communication activies	Output	Community Awareness and Linkage to Care	---	---	---	---	140 people	3585 people (media) 100 people (oral)	---
3 Community groups supported	Output	Community Awareness and Linkage to Care	---	---	---	---	4 community groups	---	---
4 Number of people trained	Output	Health Service Strengthening	---	---	---	289 people	119 people	183 people	---
5 Buildings/equipment in use	Output	Health Service Strengthening	---	---	---	---	1 buildings	14 buildings	---
6 Time from treatment initiation to lost-to-follow-up	Outcome	Health Service Delivery	40.7 months	---	---	---	---	---	---
7 Number of patients diagnosed	Impact	Health Service Delivery	---	---	---	128 people	132 people	125 people	---
8 Five years survival rate	Impact	Health Service Delivery	54.9 %	---	---	---	---	---	---
9 Three year survival rate	Impact	All program strategies	---	---	---	72.6			

INDICATOR

Value of resources

1

STRATEGY ALL PROGRAM STRATEGIES

	ITEM	DESCRIPTION
	Definition	Total expenditure by company to operate program, including all expenditures that can reasonably be defined as necessary to operate the program.
	Method of measurement	Program administrative records or accounting or tax records provide details in the expenditures on the program in a defined period of time. CALCULATION: Sum of expenditures (e.g., staff, materials) on program in US$
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company	A member of the Sanofi Espoir Foundation team records the payment of the grant allocated for 3 years.	Every 3 years
31	Data processing	Company	The project and associated budget plans are submitted and agreed by an experts committee for 3 years. Every year the project progress is then reviewed by the same committee who decide maintaining or readjusting the funding. Then a member of The Sanofi Espoir Foundation keeps records of money distributed for the program every year.	Once per year
32	Data validation		A member of the local team reports performed activities and objectives every year. Members of the expert committee then review the budget allocation according to the agreed objectives.	

33 Challenges in data collection and steps to address challenges

There is no challenge to report for this indicator.

INDICATOR	2012	2015	2018	2019
1 Value of resources	$98,773.93	$106,181.98	€30,000	---

Comments:

2012, 2015: Funding is 3 years cycle grant.

INDICATOR

Population exposed to community communication activities

2

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

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

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Local medical team	A member of the local team does a head count of participants at the world cancer events and records the number.A member of the local team extracts and records the count of the members and followers of the Facebook group for the Southern Childhood Cancer Club.	Ongoing
31	Data processing	Local medical team	A member of the local team sums the number of participants at the world cancer events in the past year based on their records and report the number to Sanofi Espoir Foundation.	Every 6 months
32	Data validation		No implemented process.	

33 Challenges in data collection and steps to address challenges

There is no challenge to report for this indicator.

INDICATOR	2017	2018	2018
2 Population exposed to community communication activities	140 people	3585 people (media) 100 people (oral)	---

Comments:

2017: Data correspond to participants number of the world cancer events.

2018: Media: Data correspond to the facebook followers number. Oral: Public education.

INDICATOR

Community groups supported

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

3

	ITEM	DESCRIPTION
	Definition	The number of community groups supported by the company program or its implementing partners. Support is defined as any financial or in kind transaction that is aimed to provide money, goods or services to facility the activities of community groups. A community group is an association of individuals from the same community, especially one formed to advance a particular cause or interest.
	Method of measurement	Counting of the number of community groups that are supported by the program or its implementing partners. CALCULATION Sum of the community groups that are supported by the program or its implementing partners
28	Data source	Routine Program Data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Local medical team	The project coordinator records the community groups created and supported by the My Child Matters program on the field.	Ongoing
31	Data processing	Local medical team	A member of the local team sums the number of community groups created and supported by the My Child Matters program in the past year based on their records and report the number to Sanofi Espoir Foundation.	Once per year
32	Data validation		No implemented process.	

33 Challenges in data collection and steps to address challenges

There is no challenge to report for this indicator.

INDICATOR	2017	2018	2019
3 Community groups supported	4 community groups	---	---

Comments: N/A

INDICATOR

Number of people trained

STRATEGY HEALTH SERVICE STRENGTHENING

4

	ITEM	DESCRIPTION
	Definition	Number of trainees
	Method of measurement	Counting of people who completed all training requirements CALCULATION Sum of the number of people trained
28	Data source	Routine Program Data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Local medical team; National Heath Security Office (Thailand)	The project coordinator or a member of the local team keeps a register of participants at the conferences, workshops and educational sessions and the number of oncology nurses trained.	Ongoing
31	Data processing	Local medical team	The project coordinator aggregates the number of health care professionals trained by the program every year and sends the number to Sanofi Espoir Foundation.	Once per year
32	Data validation		No implemented process.	

33 Challenges in data collection and steps to address challenges

There is no challenge to report for this indicator.

INDICATOR	2016	2017	2018	2019
4 Number of people trained	289 people	119 people	183 people	---

Comments:

2018: 27 Physicians trained, 156 Nurses trained. 2016: 289 people.

INDICATOR **Buildings/equipment in use**

STRATEGY HEALTH SERVICE STRENGTHENING

5

	ITEM	DESCRIPTION
	Definition	Number of infrastructure units (eg. buildings or equipment) finalized and in use
	Method of measurement	The number of facilities or infrastructure units which are in use and where services are offered. CALCULATION Sum of the numerical count of facilities or infrastructure units constructed and in use.
28	Data source	Non-Routine Program Data
29	Frequency of reporting	Annually unless otherwise stated

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Local medical team	The project coordinator keeps record of the building that has been renovated and is in use.	One-time event
31	Data processing	Local medical team	The project coordinator visits the temporary building for children with cancer to stay during treatment course and informed Sanofi Espoir Foundation when it is renovated and in use.	One-time event
32	Data validation		No implemented process.	

33 Challenges in data collection and steps to address challenges

There is no challenge to report for this indicator.

INDICATOR	2017	2018	2019
5 Buildings/equipment in use	1 building	14 buildings	---

Comments: 2

018: 14 sites in use.

INDICATOR

Time from treatment initiation to lost-to-follow-up

6

STRATEGY HEALTH SERVICE DELIVERY

	ITEM	DESCRIPTION
	Definition	Median time between the treatment initiation and the lost-to-follow-up
	Method of measurement	Loss-to-follow up is defined as treatment interruption for two consecutive months or more. CALCULATION Median number of days between the first dispensing of the treatment prescribed and not collecting the prescribed medicines for all patients that were lost to follow-up.
28	Data source	Non-Routine Program Data
29	Frequency of reporting	One per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Local medical team; Thai Pediatric Oncology Group	A doctor in the Songklanagarind hospital keeps follow up records of all childhood cancer cases in the Southern Childhood Cancer Network web-database.	Ongoing
31	Data processing	Local medical team	A doctor in the Songklanagarind hospital, helped by the project coordinator, calculates the median number of days from treatment initiation to lost-to-follow-up for all childhood cancer cases lost-to-follow-up in the Southern Childhood Cancer Network web-database.	Once per year
32	Data validation		No implemented process.	

33 Challenges in data collection and steps to address challenges

There is no challenge to report for this indicator.

INDICATOR	2010	2017	2018	2019
6 Time from treatment initiation to lost-to-follow-up	40.7 months	---	---	---

Comments:

2010: Data correspond to time of treatment follow up for all patients, for the 2005-2010 time period.

INDICATOR **Number of patients diagnosed**

STRATEGY ALL PROGRAM STRATEGIES

7

	ITEM	DESCRIPTION
	Definition	Number of new cases of malignant tumors in children recorded in Southern Thailand
	Method of measurement	Number of new cases of malignant tumors in children in Southern Thailand recorded each year
28	Data source	Routine Program Data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Local medical team; Thai Pediatric Oncology Group	A doctor in the Songklanagarind hospital registers prospectively all new cases of malignant tumors in children (0-15 years old) in the Southern Childhood Cancer Network web-database.	Ongoing
31	Data processing	Local medical team	The project coordinator reviews the data and sends us the aggregated data every year for each type of childhood cancer.	Once per year
32	Data validation		No implemented process.	

33 Challenges in data collection and steps to address challenges

There is no challenge to report for this indicator.

INDICATOR	2016	2017	2018	2019
7 Number of patients diagnosed	128 people	132 people	125 people	---

Comments: Data correspond to acute lymphoid leukemia cases.

INDICATOR **Five years survival rate**

STRATEGY ALL PROGRAM STRATEGIES

8

	ITEM	DESCRIPTION
	Definition	Proportion of surviving children diagnosed with cancer 5 years after first diagnostic
	Method of measurement	The 5 years overall survival rate is calculate using the Kaplan-Meier method
28	Data source	Routine Program Data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Local medical team; Thai Pediatric Oncology Group	A doctor in the Songklanagarind hospital collects retrospectively baseline and follow-up data for all childhood cancer cases in the Southern Childhood Cancer Network web-database.	Ongoing
31	Data processing	Local medical team	A member of the local team calculates the five year survival rate using the Kaplan-Meier method. The project coordinator reviews the data and sends Sanofi Espoir the aggregated data every year for each type of childhood cancer.	Once per year
32	Data validation		No implemented process.	

33 Challenges in data collection and steps to address challenges

It is possible that some loss to follow up of the children diagnosed with cancer impacts the survival rate data.

INDICATOR	2010	2017	2018	2019
8 Five years survival rate	54.9%	---	---	---

Comments:

2010: For the 2005-2010 time period.

INDICATOR **Three years survival rate**

STRATEGY ALL PROGRAM STRATEGIES

9

	ITEM	DESCRIPTION
	Definition	Proportion of surviving children diagnosed with cancer 3 years after first diagnostic
	Method of measurement	The 5 years overall survival rate is calculate using the Kaplan-Meier method
28	Data source	Routine Program Data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Local medical team; Thai Pediatric Oncology Group	A doctor in the Songklanagarind hospital collects retrospectively baseline and follow-up data for all childhood cancer cases in the Southern Childhood Cancer Network web-database.	Ongoing
31	Data processing	Local medical team	A member of the local team calculates the three years survival rate using the Kaplan-Meier method. The project coordinator reviews the data and sends Sanofi Espoir the aggregated data every year for each type of childhood cancer.	Once per year
	Data validation		No implemented process.	

33 Challenges in data collection and steps to address challenges

It is possible that some loss to follow up of the children diagnosed with cancer impacts the survival rate data.

INDICATOR	2016	2017	2018	2019
9 Three years survival rate	72.6%	---	---	---

Comments:

2005-2010: 54.9%

2016: Values measured for 2013-2016.

Program Documents

PROGRAM ENDED IN 2018

Program Documents

1. My Child Matters brochure. Sanofi Espoir Foundation, 2015. Available at: https://bit.ly/mychildmatters

2. The UICC My Child Matters inititative awards: combating cancer in children in the developing world. Lancet Oncol 2006, 7(1): 13-14. Available at: http://forms.uicc.org/templates/uicc/pdf/icf/lancet.pdf

3. Burton, A. UICC My Child Matters awards: 2006 winners. Lancet Oncol 2007; 8(2): 99. Available at: https://www.thelancet.com/journals/lanonc/article/PIIS1470204506709822/fulltext

4. Burton, A. Special Report: International - The My Child Matters Awards: new funding, new countries,new hope. Lancet Oncol 2009; 10(3): 216-217. Available at: https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(09)70001-4/fulltext

5. Masera, G. Income matters: reducing the mortality gap. Lancet Oncol 2008, 9: 703-704. Available at: https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(08)70186-4/fulltext

6. Ribeiro, R., Steliarova-Foucher, E., Magrath, I., et al. Baseline status of paediatric oncology care in ten low-income or mid-income countries receiving My Child Matters support: a descriptive study. Lancet Oncol 2008; 9:721–29. Available at: https://www.thelancet.com/journals/lanonc/article/PIIS1470-2045(08)70194-3/fulltext

Appendix

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

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:

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

3 Beneficiary population

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

4 Countries

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

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person

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

8 Program summary

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

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities

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

10 Strategy by country

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

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles

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

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

12 Funding and implementing partners

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

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

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

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

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

13 Funding and implementing partners by country

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

14 Stakeholders

Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.). Select all that apply.

Government, please explain

Non-Government Organization (NGO), please explain

Faith-based organization, please explain

Commercial sector, please explain

Local hospitals/health facilities, please explain

Local universities, please explain

Other, please explain

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

a How were needs assessed

b Was a formal need assessment conducted

(Yes/No) If yes, please upload file or provide URL.

16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime 'social disparities,' 'structural barriers' and 'oppression and discrimination' are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.*)

*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

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

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

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

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

19 Program provides health technologies

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

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

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

21 Health technologies are covered by local health insurance schemes

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

22 Program provides medicines listed on the National Essential Medicines List

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

23 Sustainability plan

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

ADDITIONAL PROGRAM INFORMATION

24 Additional program information

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

a Potential conflict of interest discussed with government entity

Have you discussed with governmental entity potential conflicts of interest between the social aims of your program and your business activities? (Yes/No) If yes, please provide more details and the name of the government entity.

25 Access Accelerated Initiative participant

Is this program part of the Access Accelerated Initiative? (Yes/No)

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

Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

Program Indicators

INDICATOR DESCRIPTION

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

For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

28 Data source

For this indicator, please select the data source(s) you will rely on.

29 Frequency of reporting

Indicate the frequency with which data for this indicator can be submitted to the Observatory.

30 Data collection

a. Responsible party: For this indicator, please indicate the party/parties responsible for data collection.

b. Data collection — Description: Please briefly describe the data source and collection procedure in detail.

c. Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 Data processing

a. Responsible party: Please indicate all parties that conduct any processing of this data.

b. Data processing— Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.

c. Data processing — Frequency: What is the frequency with which this data is processed?

32 Data validation

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

33 Challenges in data collection and steps to address challenges

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

PROGRAM ENDED IN 2018

Company-submittes Situation Analysis

1. Ribeiro, R., Steliarova-Foucher, E., Magrath, I., et al. Baseline status of paediatric oncology care in ten low-income or mid-income countries receiving My Child Matters support: a descriptive study. Lancet Oncol 2008; 9:721–29.

URL: https://www.thelancet.com/journals/lanonc/article/PIIS1470204508701943/fulltext