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My Child Matters African School of Pediatric Oncology

Sanofi

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 at Boston University. The information will be updated regularly. For more information about the Observatory go to www.accessobservatory.org

The information contained in this report is in the public domain and should be cited as: Sanofi, My Child Matters —African School of Pediatric Oncology (2021), Access Observatory Boston, US 2021 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

My Child Matters – African School of Pediatric Oncology

2 Diseases program aims to address

- Cancer: Childhood

3 Beneficiary population

- Age Group: Children under 5 years, Adolescents (5-14)
- Gender: All genders
- Special Populations: People with low income, Rural populations, Urban populations

4 Countries

- Algeria
- Burkina Faso
- Benin
- Cote d'Ivoire
- Gabon Guinea
- Central African Republic
- Congo
- Democratic Republic of Congo
- Mali
- Madagascar
- Mauritania
- Morocco
- Niger
- Senegal
- Togo
- Tunisia
- Cameroon

5 Program start date

January 1, 2012

6 Anticipated program completion date

Completion date not specified.

7 Contact person

fondationsanofiespoir@sanofi.com

8 Program summary

My Child Matters program was initiated by Sanofi in December 2005 in order to fight childhood cancer and reduce health inequalities worldwide. Beyond funding, My Child Matters also provides full support by mentoring, scientific monitoring, access to international expertise, training sessions and sharing best practices. Scientific communications are also encouraged.

The survival rate of children with cancer is 20% in many low and middle-income countries (Lancet Oncology, 2018). In industrialized countries, 80% of them can be cured. The reasons of adverse children's outcome and treatment failure are obvious in low and middle income countries: lack of information, difficult access to care and treatment abandonment, absent, late or incorrect diagnosis. Indeed 20% of childhood cancers are not correctly diagnosed in LMIC whereas all of them are properly diagnosed in developed countries (Lancet Oncology, 2018). In September 2018, at an inaugural side event on childhood cancer at the UN General Assembly following the Third High-Level Meeting on Noncommunicable Diseases (NCD), WHO launched the Global Initiative for Childhood Cancer with the goal of reaching at least 60% survival rate for children with cancer by 2030, while reducing suffering. WHO proposes a coordinated approach named CURE All with primary objective to increase capacity of countries to provide quality services for children with cancer through Centres of Excellence and Care Networks with sufficient competent workforce. In 2012, the French African Pediatric Oncology Group established the African School of Pediatric Oncology (EAOP), a training program supported by the Sanofi Espoir Foundation's My Child Matters program. As part of the EAOP, the pediatric oncology training diploma is a 1-year intensive training program. The objectives of this training model are to rapidly increase the pool of qualified pediatric oncology professionals in French-speaking countries of Africa.

Thanks to this project, around 200 pediatric oncology health providers could be trained. The most important achievement was the establishment of a university diploma of pediatric oncology endorsed by the University Mohamed V of Rabat Morocco and Paris-Sud University in France. This project has trained to date 55 physicians within three cohorts. A fourth cohort of 16 candidates is currently trained in Rabat. In addition, an E-learning platform was developed (www.e-gfaop.org). The upcoming next steps are to perform a feedback survey among all the health care providers trained through the EAOP since 2012, to finalize the training of the 4th cohort, to recruit a 5th cohort and to develop the E-learning and the M-Health as the part of a continuous education program.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	University-accredited program in Pediatric Oncology for French-Speaking African Countries.
Funding	Sanofi Espoir Foundation is the first and largest funding entity for the African School of Pediatric Oncology. Funds are used for the training of healthcare providers (physicians, nurses,...) and especially for the production of training tools, lectures, workshops, e-learning platform and equipments, examination organization, Internships, visiting experts, etc.

10 Strategy by country

STRATEGY	COUNTRY
Health Service Strengthening	[No response provided]

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Sanofi	<p>Sanofi has created the Sanofi Espoir Foundation in 2010 and My Child Matters is the implemented program to fight against childhood cancer worldwide. Sanofi Espoir Foundation roles:</p> <ul style="list-style-type: none"> • 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 • Encouraging south-south exchanges • Communication • Funding

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Groupe Franco-Africain d'oncologie pédiatrique (GFAOP)	<p>The GFAOP (Groupe Franco-Africain d'oncologie pédiatrique, French- African Pediatric Oncology Group) provides support for training physician by organizing meeting and by giving second opinion. In 2012, the GFAOP established the African School of Pediatric Oncology (EAOP). Since the origin, this project has been supported primarily by the Sanofi Espoir Foundation as part of the My Child Matters program.</p> <p>http://www.gfaop.org/</p>	Voluntary

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
Groupe Franco-Africain d'oncologie pédiatrique (GFAOP)	[No response provided]

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Non-governmental organization (NGO)	All units of GFAOP (Groupe Franco-Africain d'oncologie pédiatrique, French-African Pediatric Oncology Group)	Infrastructure: Yes Human Resources: Yes Funding: Yes Monitoring or Oversight: Yes Other resource: [No response provided]

Local Context, Equity & Sustainability

15 Local health needs addressed by program

In 2019 Ward and al estimated that there were 397?000 incident cases of childhood cancer worldwide in 2015, of which only 224?000 were diagnosed. This finding, suggests that 43% of childhood cancer cases were undiagnosed globally, with substantial variation, by region, ranging from 3% in Western Europe and North America to 57% in western Africa. Taking into account population projections, they estimated that there will be 6.7 million cases of childhood cancer worldwide from 2015 to 2030.

In order to address the increasingly urgent and specific need for pediatric oncology in French speaking African countries, a group of physicians and volunteers created the French African Pediatric Oncology Group (GFAOP) in 2000 (www.gfaop.org) led by Jean Lemerle. The group aimed to improve healthcare quality and access in French speaking African countries by establishing Pilot Units. The establishment of the Pilot Units emphasized the need for pediatric oncology healthcare provider training, as some clinicians working in French-speaking African countries had not previously received any specialized or formal training in pediatric oncology.

The proposed educational programs designed for western populations are costly and increase the risk of brain drain, as salaries are higher and working conditions improved. Furthermore, the training program must be incorporated into a more comprehensive and efficient global pediatric oncology healthcare program.

a How needs were assessed

Needs were assessed and published: African School of Pediatric Oncology Initiative: Implementation of a Pediatric Oncology Diploma Program to Address Critical Workforce Shortages in French-Speaking Africa ascopubs.org

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<https://ascopubs.org/doi/full/10.1200/JGO.19.00161>

b Formal needs assessment conducted

No

16 Social inequity addressed

[No response provided]

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	No	N/A
Procurement procedures	No	N/A
Standard treatment guidelines	No	N/A
Quality and safety requirements	No	N/A
Remuneration scales and hiring practices	No	N/A
Other, please specify	No	N/A

Local Context, Equity & Sustainability

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

Implementing a common training Platform to improve knowledge and skills in french-speaking africa with support from international experts develop common interest for countries in the region, build a community sharing same good practices and avoid costly duplication of same program in each country.

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

No.

20 Health technology(ies) 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

Several development axes of the program are planned to make the training program used widespread and self-sustainable:

- Extend to all sub-Saharan French speaking countries
- Extend to all pediatric oncologists and health professionals involved in childhood cancer care
- Improve sharing good practices and treatment guidelines
- Increase autonomy capacity of pediatric oncology units (web connection ...)
- Structure e-learning availability and usage as online continuing medical education

Additional Program Information

24 Additional program information

[No response provided]

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

Program Indicators

PROGRAM NAME

My Child Matters – African School of Pediatric Oncology

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

INDICATOR	TYPE	STRATEGY	2012-2019	2014-2019	2020
1 Value of resources	Input	All Program Strategies	470,000 Euros	---	86,000 Euros
2 Number of people trained	Output	Health Service Strengthening	---	72 people	15 people
3 Health provider knowledge	Outcome	Health Service Strengthening	76%	---	72%

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: Sanofi Espoir Foundation	We use the official accounting record of our entity.	Once per year
31 Data processing	Company: Sanofi Espoir Foundation	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 Sanofi Espoir Foundation team records from official accounting record of our entity the annual payment of the grant allocated for each of the 3 years.	

33 Challenges in data collection and steps to address challenges

There is no challenge to report for this indicator.

INDICATOR	2012	2013	2014	2015-2016	2017	2018	2019	2012-2019	2020
1 Value of resources	27,000 Euros	65,000 Euros	65,000 Euros	148,000 Euros	60,000 Euros	60,000 Euros	45,000 Euros	470,000 Euros	86,000 Euros

Comments: 2020: Total: 556,000 Euros.

INDICATOR **Number of people trained**

STRATEGY HEALTH SERVICE STRENGTHENING

2

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

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partners: Groupe Franco-Africain d'oncologie pédiatrique (GFAOP), and African School of Pediatric Oncology.	The number of people trained is the number of professionals who register and attend the training session in African School of Pediatric Oncology of Rabat. The implementing partner (African School of Pediatric Oncology) keeps a record of the number of professionals they trained.	One-time event
31 Data processing	Implementing partners: Groupe Franco-Africain d'oncologie pédiatrique (GFAOP), and African School of Pediatric Oncology.	The implementing partner counts the number of persons they trained in the past training sessions based on their records and report the number to Sanofi Espoir Foundation.	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	2014-2019	2020
2 Number of people trained	72 people	15 people

Comments: Total 2014-2020 trained: 87 people.

ITEM	DESCRIPTION
Definition	Percentage of providers that pass the assessment examining their skills or knowledge. The exam should be designed to assess the possession of the skills and knowledge to be able to comply with predefined standards.
Method of measurement	The assessment of possession of skills and knowledge occurs through a written, oral, or observational assessment that all providers have to undergo. Calculation: <u>Number of providers who pass the assessment</u>
28 Data source	Routine program data
29 Frequency of reporting	At the end of the training session

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	African School of Pediatric Oncology, University Mohammed V of Rabat, University of Paris Sud.	<p>1. Evaluation of Participants</p> <p>Following didactic courses and clinical practical training candidates had to pass an examination demonstrating their knowledge base and clinical skills in Pediatric Oncology. The six-month practical training included evaluation for professional behavior and clinical competencies. The research project required a formal presentation.</p> <p>2. Program feedback survey</p> <p>After completion of their training, all candidates were asked to complete an anonymous feedback online survey of 40 items on effectiveness and quality of training with response format allowing statistics.</p> <p>3. E-Learning feedback form</p> <p>The survey evaluated technical and pedagogical aspects of the platform.</p>	At the end of each training session

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
31 Data processing	African School of Pediatric Oncology, University Mohammed V of Rabat, University of Paris Sud.	At the end of the training session, the trainees present an examination Internship evaluation + Written tests (3 hours) + Preparation and presentation of a research work. - Internship: Score below 10/20 - Written exam: Score below 10/20 - Research work oral presentation: Score less than 10/20 If they pass the exam, the trainees are graduated and receive a diploma which is delivered under supervision from University Mohammed V of Rabat and University of Paris Sud.	At the end of each training session
32 Data validation		A diploma is delivered under supervision from	

33 Challenges in data collection and steps to address challenges

There is no challenge to report for this indicator.

INDICATOR	2014-2019	2020
3 Health provider knowledge	76%	72%

Comments: 2014-2019: Numerator:55 Denominator: 72. 2020: Numerator:63. Denominator: 87. Pre-test / Post-test results for the 26 students of cohort 5: Pre-test average: 4,7/10, Post-test average: 8,2/10 • Courses: 28 + 14 in progress • Articles: 34 articles + 4 books and manuals • Research results: 20 (+30 in process) • E-Learning survey (results published at the DUCP article: <https://doi.org/10.1200/JGO.19.00161>).

Program Documents

Program Documents

1. Hessissen, L., Patte, C., Martelli, H., et al. African School of Pediatric Oncology Initiative: Implementation of a Pediatric Oncology Diploma Program to Address Critical Workforce Shortages in French-Speaking Africa. *J Global Oncol* no. 5 (December 01, 2019) 1-12. DOI: 10.1200/JGO.19.00161. Available at: <https://ascopubs.org/doi/full/10.1200/JGO.19.00161>

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

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.

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INDICATOR	2012	2013	2014	2015-2016	2017	2018	2019	2012-2019	2020
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