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Academic Model Providing Access to Healthcare - The Multiple Myeloma Project

Bristol-Myers Squibb Foundation

Submitted as part of Access Accelerated

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The information in this report has been submitted by the company concerned to the Access Observatory as part of its commitment to Access Accelerated. The information will be updated regularly. For more information about the Access Observatory go to www.accessobservatory.org

The information contained in this report is in the public domain and should be cited as:
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Program Description

Program Overview

1 Program Name

Academic Model Providing Access to Healthcare - The Multiple Myeloma Project

2 Diseases program aims to address

- Cancer (Multiple Myeloma)

3 Beneficiary population

- Age groups: (Adults (15-64), Elderly (65+))

- Gender: Female

Special populations: People with low income, Rural populations, urban populations

4 Countries

- Kenya

5 Program start date

November 1, 2020

6 Anticipated program completion date

October 31, 2023

7 Contact person

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8 Program summary

The Multiple Myeloma Program was established in 2012 under the Academic Model Providing Access To Healthcare (AMPATH) initiative to find, link, and retain in care patients diagnosed with multiple myeloma. Through the initial support of the Celgene Corporation, the program has provided diagnostic, treatment, health insurance, and peer supports to vulnerable patients since 2017 and developed a Risk Evaluation and Mitigation (REMS) program for thalidomide and lenalidomide. Thus far, the program has trained hundreds of healthcare professionals in Kenya and improved their capacity to offer care and services closer to patients. The improvement in service quality has been accompanied by an increasing number of patient enrolments for care at the Moi Teaching & Referral Hospital (MTRH). However, outcomes for multiple myeloma patients at MTRH remain lower to those observed in other well-resourced settings majorly due to inadequate capacity to conduct staging, offer intensive chemotherapy, and systematically monitor response to treatment.

The goal of the project is to assist multiple myeloma patients access to improved diagnosis and standard treatment already available in Western Kenya.

Through:

- Assisting multiple myeloma patients to obtain accurate and timely diagnosis
- Evaluating the impact of multiple myeloma training for healthcare professionals (HCP) and the on improvement of patient outcomes based on training
- Improving multiple myeloma care outcomes through broad patient support activities in Kenya

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Reach the community through community healthcare workers/volunteers to share information about multiple myeloma.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	<p>The project will have a comprehensive training program that will cover the following aspects:</p> <ul style="list-style-type: none"> o Developing a training curriculum for multiple myeloma care o Delivering specialist guided training on multiple myeloma care to HCPs in Western Kenya o Assessing the impact of training on HCPs knowledge and satisfaction o Assessing the impact of the training on early detection and referral of multiple myeloma suspected patients

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Diagnosis	Program conducts lab works (diagnostic/routine tests and imaging) for all suspected myeloma clients and refers them for further care.
Treatment	Provision of clinical care to patients diagnosed with multiple myeloma whose costs are covered by the National Health Insurance Fund (NHIF).
Research	The following research topics will be explored during the project life cycle:

Program Strategies & Activities

9 Strategies and activities, Cont.

Strategy 4: Financing

ACTIVITY	DESCRIPTION
Funding	The program enrolls myeloma clients with the National Health Insurance Fund (NHIF) which takes care of their treatment and follow-up costs

10 Strategy by country

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

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Bristol-Myers	Sponsor and Funder

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Academic Model Providing Access to Healthcare (AMPATH)	AMPATH through the Moi Teaching and Referral Hospital Multiple Myeloma Program will be the implementing partner for this grant and is responsible for carrying out all activities as outlined in proposal. Bristol Myers Squibb Foundation is the funder and will manage the grant and provide technical assistance until it is successfully completed. http://www.ampathkenya.org/	Public
Moi Teaching and Referral Hospital	Moi Teaching and Referral Hospital is committed to providing timely, cost effective and compassionate Multi-Specialty healthcare services that are responsive to the needs and values of the clients, fostering learning and growth through Training and Research, utilization of new technologies, continuous improvement and participation in National Health Planning. This is the main facility where patients are being treated and where project is being implemented from. http://www.mtrh.go.ke/	Public

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
Academic Model Providing Access to Healthcare (AMPATH)	Kenya
Moi Teaching and Referral Hospital	Kenya

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED
Government	Ministry of Health are key partners for the entry, buy-in and implementation of our mandate in every country we have a footprint.	Infrastructure: Yes Human Resources: Yes Funding: No Monitoring or Oversight: No Other resource: No
Local Hospitals/ Health Facilities	Moi Teaching and Referral Hospital (MTRH) is the implementing partner and currently the only public health facility providing near to comprehensive multiple myeloma care. It receives most of it's patients through the referral system for proper diagnosis and care of multiple myeloma in the western Kenya region.	Infrastructure: Yes Human Resources: Yes Funding: No Monitoring or Oversight: Yes Other resource: [No response provided]

Local Context, Equity & Sustainability

15 Local health needs addressed by program

The AMPATH Multiple Myeloma Program provides clinical care and support to multiple myeloma patients and their caregivers. Since the establishment of the program in 2012, three pillars have been clearly defined. Among them awareness creation through training, patient support and increasing access to diagnostic and treatment services.

Most cancers including myeloma are normally diagnosed late due to the underdeveloped health infrastructure, cost related delays as well as a low index of suspicion for myeloma among health care providers. In Kenya, public health facilities are majorly visited by the needy patients who are not able to afford the care at the private commercial hospitals.

The program has been providing health care worker training and has developed patient support structures. Most of the patients normally are of low socio-economic status hence do not have an active health insurance, are unable to cope with out-of-pocket health expenditure hence abandon their treatment. In the past decade, the improvement in service quality has been accompanied by an increasing number of patient enrolments for care at Moi Teaching & Referral Hospital. The program created a support group for myeloma survivors and champions that regularly meets for health education, peer-to-peer support and more. Moi Teaching and Referral Hospital (MTRH) is currently the only public health facility providing near to comprehensive multiple myeloma care and receives the most patients through the referral system for proper diagnosis and care of multiple myeloma in the western Kenya region. It is therefore imperative to strengthen this health care facility to allow patients to access the best possible care.

The following are notable achievements thus far:

- Increased the index of suspicion
- Expanded the pool of professionals who diagnose, refer and treat
- A Risk Evaluation and Management Strategy (REMS)
- Safety pamphlets for education developed
- Formation of support groups for patients & caregivers
- Decreased rate of treatment abandonment

a How needs were assessed

As this is a heritage Celgene program, a needs assessment was not initially conducted by the Bristol-Myers Squibb Foundation. However, a comprehensive multiple myeloma multi-country collaborative program brief is under development and has had inputs from multiple myeloma specialists in the sub-Saharan region.

b Formal needs assessment conducted

No.

16 Social inequity addressed

No.

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 and guidelines were taken into consideration.
Procurement procedures	Yes	All applicable policies and guidelines were taken into consideration.
Standard treatment guide-lines	Yes	All applicable policies and guidelines were taken into consideration.
Quality and safety require-ments	Yes	All applicable policies and guidelines were taken into consideration.
Remuneration scales and hiring practices	Yes	All applicable policies and guidelines were taken into consideration.

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

[No response provided]

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

For the sustainability of the project activities such as accessibility to services, there is a need for advocacy to ensure diagnostic tests and treatments can be fully covered under the National Hospital Insurance Fund. To sustain the trainings even after the grant period ends a Trainer Of Trainees will be identified to continue training Health Care Workers with a developed curriculum.

Collaboration with the county government to ensure support groups are sustained will be maintained.

Additional Program Information

24 Additional program information

No.

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

Academic Model Providing Access to Healthcare - The Multiple Myeloma Project

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

INDICATOR	TYPE	STRATEGY	2020
1 Knowledge of disease symptoms	Outcome	Community Awareness and Linkage to Care	---
2 Health provider knowledge change	Outcome	Health Service Strengthening	---
3 Time from diagnosis to receiving treatment initiation	Outcome	Health Service Delivery	---
4 Patients retained in care	Outcome	Health Service Delivery	---

ITEM	DESCRIPTION
Definition	Percentage of population that correctly identified disease symptoms or warning signs out of total target population. Along with the indicator value the target population needs to be described.
Method of measurement	The target population is asked to identify the symptoms or warning signs of the disease or health condition under consideration. Calculation: Number of survey responders that correctly identified the disease symptoms or warning signs/ Number of people surveyed
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Academic Model Providing Access to Healthcare (AMPATH)	The implementing partner completes a Indicator Performance Tracking Table that was designed in collaboration with New Dimension Consulting, Zimbabwe (NEDICO) who is a Technical Assistance partner organization for the Global Cancer Disparities Africa program responsible for the provision of monitoring, evaluation, reporting and data harmonization for the entire initiative in Africa. The IPTT is a project progress tracking tool that has all project objectives broken down into measurable indicators that are assigned targets for the project's entire life-cycle. The M&E officer of the project is responsible for updating this IPTT in collaboration with the other departments and reports this information to NEDICO (TA partner) on a monthly basis where relevant checks are done.	Every month
31 Data processing	Academic Model Providing Access to Healthcare (AMPATH); New Dimension Consulting, Zimbabwe	AMPATH will be responsible as they have an agreement with the BMS Foundation to report on all financial, narrative and M&E activities/progress biannually. NEDICO is a BMS Foundation Technical Assistance partner that provides support to projects such as AMPATH. The entire IPTT is sent to BMS Foundation along with the bi-annual reports.	Every month
32 Data validation	NEDICO	The implementing partner meets with NEDICO on a monthly basis and presents data collected. Data is then reviewed by NEDICO and relevant feedback given on any areas of clarity until data is approved and accepted.	

33 Challenges in data collection and steps to address challenges

None.

INDICATOR

2020

1 Knowledge of disease symptoms	---
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Comments: N/A.

ITEM	DESCRIPTION
Definition	The percentage change in providers' knowledge after training. The assessment 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 provider skills and knowledge occurs through a written, oral, or observational assessment that providers have to undergo before and after the training. The percentage change in score after the training is calculated. Calculation: (Post-training score – Pre-training score X 100)/ Pre-training score
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Academic Model Providing Access to Healthcare (AMPATH)	The IPTT, a project progress tracking tool that has all project objectives broken down into measurable indicators that are assigned targets for the project's entire lifecycle. The M&E officer of the project is responsible for updating this IPTT in collaboration with the other departments and reports this information to NEDICO (TA partner) on a monthly basis where relevant checks are done.	Every month
31 Data processing	Academic Model Providing Access to Healthcare (AMPATH); New Dimension Consulting, Zimbabwe	A member of AMPATH completes the data on the IPTT on a monthly basis and this information is shared with NEDICO who does the data quality checks on a monthly basis.	Every month
32 Data validation	NEDICO	NEDICO as a BMS Foundation Technical Assistance partner is assigned to work with projects to verify data on a monthly basis. The foundation does conduct site visits to the projects and also assigns its faculty members to conduct site visits too.	

33 Challenges in data collection and steps to address challenges

None

INDICATOR

2020

1 Health provider knowledge change	---
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Comments: N/A

ITEM	DESCRIPTION
Definition	Median time between the diagnosis and receiving treatment initiation
Method of measurement	<p>The health facility patient medical recorders should provide the information on the time between the clinical diagnosis by a trained health care providers and the initiation of treatment. Pharmacy or drug dispensing records are often used to confirm the date when the patients receives the prescribed medicine for the first time.</p> <p>Calculation: Median number of days between the clinical diagnosis by a trained health care professional and the first dispensing of the treatment prescribed for all patients diagnosed and receiving treatment</p>
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Academic Model Providing Access to Healthcare (AMPATH)	The IPTT, a project progress tracking tool that has all project objectives broken down into measurable indicators that are assigned targets for the project's entire lifecycle. The M&E officer of the project is responsible for updating this IPTT in collaboration with the other departments and reports this information to NEDICO (TA partner) on a monthly basis where relevant checks are done.	Every month
31 Data processing	New Dimension Consulting, Zimbabwe	A member of AMPATH completes the data on the IPTT on a monthly basis and this information is shared with NEDICO who does the data quality checks on a monthly basis.	Every month
32 Data validation	NEDICO	NEDICO as a BMS Foundation Technical Assistance partner is assigned to work with projects to verify data on a monthly basis. The foundation does conduct site visits to the projects and also assigns its faculty members to conduct site visits too.	

33 Challenges in data collection and steps to address challenges

None.

INDICATOR

2020

3 Time from diagnosis to receiving treatment initiation	---
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Comments: N/A

ITEM	DESCRIPTION
Definition	Percentage of registered patients who had a facility visit out of total number of registered patients expected to receive treatment for a specific condition within that time period (e.g. month)
Method of measurement	The health facility patient registry should provide information on the number of patient registered with the health facility. Calculation: Number of registered patients attending the point of care/ Number of registered patients expected to attend within that time period;
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Academic Model Providing Access to Healthcare (AMPATH); New Dimension Consulting	The IPTT, a project progress tracking tool that has all project objectives broken down into measurable indicators that are assigned targets for the project's entire lifecycle. The M&E officer of the project is responsible for updating this IPTT in collaboration with the other departments and reports this information to NEDICO (TA partner) on a monthly basis where relevant checks are done.	Every month
31 Data processing	New Dimension Consulting, Zimbabwe	A member of AMPATH completes the data on the IPTT on a monthly basis and this information is shared with NEDICO who does the data quality checks on a monthly basis.	Every month
32 Data validation	NEDICO	NEDICO as a BMS Foundation Technical Assistance partner is assigned to work with projects to verify data on a monthly basis. The foundation does conduct site visits to the projects and also assigns its faculty members to conduct site visits too.	

33 Challenges in data collection and steps to address challenges

None.

INDICATOR

2020

4 Patients retained in care	---
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Comments: N/A

Appendix

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

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:

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

3 Beneficiary population

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

4 Countries

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

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person

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

8 Program summary

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

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities

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

10 Strategy by country

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

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles

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

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

12 Funding and implementing partners

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

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

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

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

13 Funding and implementing partners by country

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

14 Stakeholders

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

Government, please explain

Non-Government Organization (NGO), please explain

Faith-based organization, please explain

Commercial sector, please explain

Local hospitals/health facilities, please explain

Local universities, please explain

Other, please explain

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

Please describe how your program is responsive to local health

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

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 is 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?

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.

