

PROGRAM ENDED IN 2019

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# Cultivating Healthcare Workers in China

Daiichi Sankyo

Submitted as part of Access Accelerated

# Contents

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<b>Program Description</b>	<b>3</b>
Program Overview	4
Program Strategies & Activities	5
Companies, Partners & Stakeholders	6
Local Context, Equity & Sustainability	7
Additional Program Information	9
<b>Resources</b>	<b>10</b>
<b>Program Indicators</b>	<b>11</b>
List of indicator data	12
Staff time spent planning	13
Population exposed to community communication activities	14
Buildings	15
Community groups supported	16
Number of people trained	17
Number of users receiving tools	18
Management procedures in use	19
Number that adopted preventive health behaviors	20
Health provider knowledge	21
Value of resources	22
<b>Program Documents</b>	<b>23</b>
<b>Appendix</b>	<b>25</b>

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# Program Description

# Program Overview

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## 1 Program Name

Cultivating Healthcare Workers in China

## 2 Diseases program aims to address

- Respiratory Disease (Asthma)
- Other Non-NCD (Anemia)
- Non-Communicable Disease Care, General (Health System)

## 3 Beneficiary population

- Children (under 5yrs)

## 4 Countries

- China

## 5 Program start date

January 01, 2015

## 6 Anticipated program completion date

December 31, 2019

## 7 Contact person

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## 8 Program summary

Cultivating Healthcare Workers in China<sup>1</sup> is a program Daiichi Sanyo started in 2015 to improve access to medical services in the Yunnan province of China. Our broad goal is to improve health and nutritional conditions of children under the age of five in impoverished areas where ethnic minorities reside through improvement of the healthcare system. Our specific objectives include:

- To decrease under-5 mortality rate (per 1,000 live births) from a baseline of 18.9\*\* to 15.
- To increase the percentage of caregivers who have proper knowledge on exclusive breastfeeding (among all interviewed caregivers who has children under five) from a baseline of 3.5%\*\* to 30%.
- To increase the percentage of caregivers who have proper knowledge on food to prevent anemia (among all interviewed caregivers who have children under five) from a baseline of 10%\*\* to 50%.

Together with Plan International, the following initiatives will be implemented in six townships (approximately 60,000 households) in Guangnan County, Yunnan Province to improve health and nutritional conditions of children under the age of five in impoverished areas where ethnic minorities reside through improvement of the healthcare system.

The project aims to:

1. Develop medical professionals in community healthcare through training on integrated management of childhood illnesses, including the management of pneumonia, diarrhea, asthma, and other non-communicable childhood diseases.
2. Offer education to improve the capability of local pediatric care by establishing a community center based on:
  - Data published by Health Administration of Guangnan County.
  - Data from a baseline by Plan International<sup>1</sup>.

[http://www.daiichisankyo.com/about\\_us/responsibility/csr/business/medical/china/index.html](http://www.daiichisankyo.com/about_us/responsibility/csr/business/medical/china/index.html)

# Program Strategies & Activities

## 9 Strategies and activities

### Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Program conducts awareness meetings and campaigns in communities.
Planning	Program holds community engagement and planning meetings.
Infrastructure	Program builds community centers.
Mobilization	Program engages parent groups in community child development network.

### Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	Hold program planning meetings.
Training	Program trains healthcare workers using the Integrated Management of Childhood Illness guidelines.
Technology	Provide information system and tools (e.g. a copy of Integrated Management of Childhood Illness guidelines) for trained healthcare workers.
Management	Program developed procedures that will support healthcare workers implement the Integrated Management of Childhood Illness practices.

## 10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	China
Health Service Strengthening	China

# Companies, Partners & Stakeholders

## 11 Company roles

COMPANY	ROLE
Daiichi Sankyo	<ol style="list-style-type: none"> <li>1. Planning, monitoring and evaluating the program with NGO (Plan International).</li> <li>2. Dialogue with Guangnan County Health Bureau and Guangnan County Women's Federation.</li> <li>3. Funding.</li> </ol>

## 12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Guangnan County Health Bureau	Guangnan County Health Bureau is operating IMCI training.	Public
Guangnan County Women's Federation	They are operating Community Child Development Network in Community Center.	Public
Plan International	Planning, operating and evaluating the program <sup>2</sup> .	Voluntary

## 13 Funding and implementing partners by country

PARTNER	COUNTRY
Guangnan County Health Bureau	China
Guangnan County Women's Federation	China
Plan International	China

## 14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	We dialogue with Consulate-General of Japan in Chongqing and Embassy of Japan in China to implement this program. We are engaging Guangnan County Health Bureau in developing medical professionals through training on integrated management of childhood illnesses. We are working with Guangnan County Women's Federation in offering education to improve the capability of local pediatric care by operating a community center.
NGO	We are working with Plan International in planning, implementing and reporting this program and in coordinating other parties involved in this program.

# Local Context, Equity & Sustainability

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## 15 Local health needs addressed by program

In China, the medical services available to children and mothers can vary greatly by region, and this situation has resulted in child mortality rates that are anywhere from two to five times higher in rural areas than in urban areas. Moreover, roughly 40% of children under the age of five in rural areas display stunted growth. For this reason, there is an urgent need to improve the capacity of healthcare professionals (village doctors)<sup>1</sup> in rural areas to respond to child illnesses while also increasing the ability of local residents to react properly to such illnesses. In 2015, Daiichi Sankyo embarked on a project aimed at improving access to medical services in six townships in Guangnan County in the Yunnan province of China. This area has a particularly high number of children suffering from developmental disorders, and we hope to contribute to better health for these children as well as their mothers through this project. Together with Plan International, this project will be carried out over a five-year period through collaboration with government health authorities and mother-child health-care institutions

More information about China's village doctors can be found at Bulletin of the World Health Organization. China's village doctors take great strides<sup>3</sup>.

### a How needs were assessed

[No answer provided.]

### b Formal needs assessment conducted

[No answer provided.]

## 16 Social inequity addressed

Yes, we will contribute to improve health and nutritional conditions of children under the age of five in impoverished areas where ethnic minorities reside through improvement of the healthcare system for all children in these areas.

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

In China, the medical services available to children and mothers can vary greatly by region, and this situation has resulted in child mortality rates that are anywhere from two to five times higher in rural areas than in urban areas. Moreover, roughly 40% of children under the age of five in rural areas display stunted growth. For this reason, there is an urgent need to improve the capacity of healthcare workers in rural areas to respond to child illnesses while also increasing the ability of local residents to react properly to such illnesses. Consequently, we planned a project to improve access to medical services in Guangnan County in the Yunnan province of China. In keeping with local policies and laws, we are training the healthcare workers using the integrated management of childhood illnesses (IMCI) guidelines, a guideline produced by the World Health Organization and approved for use in China.

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

The success of our project focused on team work. It was possible to build an alliance based on trust and mutual respect, to which was added passion; heart ingredients that made it possible for hundreds of Paraguayan children afflicted by cancer to have an early access to diagnosis and treatment. The Pediatric Cancer Center of the National University of Asuncion School of Medicine (PCC-SoM) developed a center of excellence for comprehensive cancer care which provides social support from diagnosis to treatment. There is free and universal access to these centers of excellence and satellite clinics where services are provided based on international standards.

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

[No response provided.]

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

No.

23 Sustainability plan

Our company is going to transfer the implementation of the activities of this program to the local government at the end of the program. We are in an ongoing discussion with the local government on how to make this transition, but there is currently no explicit commitment from the local government.



# Additional Program Information

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## 24 Additional program information

The program is listed on “Book of Japan’s Practices for SDGs” of Japan Science and Technology Agency. This book was distributed at Open Symposium on SDGs and Science, Technology and Innovation at United Nations University, Tokyo in September 2017.

We communicate with the organizations through this program as the initiative for SDGs.<sup>4</sup>

### a Potential conflict of interest discussed with government entity

[No answer provided.]

## 25 Access Accelerated Initiative participant

Yes.

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

Yes.

# Resources

1. Daiichi-Sankyo. Activities in Yunnan, China. Accessed from [http://www.daiichisankyo.com/about\\_us/responsibility/csr/business/medical/china/index.html](http://www.daiichisankyo.com/about_us/responsibility/csr/business/medical/china/index.html)
2. <https://plan-international.org/>
3. World Health Organization. Accessed from <http://www.who.int/bulletin/volumes/86/12/08-021208/en/>
4. Book of Japan's Practices for SDG's. Retrieved from [http://www.jst.go.jp/EN/about/sdgs/doc/book\\_of\\_practices\\_for\\_SDGs\\_201709.pdf](http://www.jst.go.jp/EN/about/sdgs/doc/book_of_practices_for_SDGs_201709.pdf)

# Program Indicators

## PROGRAM NAME

# Cultivating Healthcare Workers in China

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

INDICATOR	TYPE	STRATEGY	2015	2016	2017	2018	2019
1 Staff time spent planning	Output	Community Awareness and Linkage to Care	---	---	---	32 hours	32 hours
2 Population exposed to community communication activities	Output	Community Awareness and Linkage to Care	1,000 people	4,416 people	4,507 people	4,860 people	4,047 people
3 Buildings	Output	Health Service Strengthening	6 buildings	---	---	---	1 building
4 Community groups supported	Output	Community Awareness and Linkage to Care	---	6 groups	---	---	---
5 Number of people trained	Output	Health Service Strengthening	60 people	215 people	385 people	34 people	---
6 Tools in use	Output	Health Service Strengthening	1 tool	3 tools	3 tools	5 tools	100 tools
7 Management procedures in use	Output	Health Service Strengthening	---	---	---	---	1 procedure
8 Number that Adopted Preventive Health Behaviors	Output	Community Awareness and Linkage to Care	---	---	---	4,466 people	6,168 people
9 Health Provider Knowledge Change	Outcome	Health Service Strengthening	---	---	108 percent	---	---
11 Value of resources	Input	All Program Strategies	---	---	---	---	---

ITEM	DESCRIPTION
Definition	The total amount of time in hours that program staff dedicated to plan the program activities related to the overall strategy.
Method of measurement	The number of program staff hours in often registered via time sheets that employees to their supervisor to account for their time spent on a different activities.  Calculation: Sum of the program staff hours dedicated to the planning activities related to the overall program strategy
28 Data source	Routine Program Data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Daiichi Sankyo	Members of my company working on this project track the number of hours they spend planning the project.	Ongoing
31 Data processing	Daiichi Sankyo	A member of Daiichi Sankyo calculates the time spent on meetings and site visits once a year.	Once per year
32 Data validation		For the in-house administrative data we do not have a verification procedure in place.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2015	2016	2017	2018	2019
1 Staff time spent planning	---	---	---	32 hours	32 hours

Comments: Visit to the community.

INDICATOR **Population exposed to community 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 or participants in the target audience segment who participated or 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	Plan International; Guangnan County Women's Federation.	A member of the implementing partner asks each participant (community residents, parents) attending the health education program at the community center to sign an attendance form.	More than once per month
31 Data processing	Plan International	A member of the implementing partner reviews the attendance form once every 3 months and construct the final database of attendance.	Every three months
32 Data validation	Daiichi Sankyo	A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members from Daiichi and Plan International have a meeting every three month to review and construct the final database of the attendance.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2015	2016	2017	2018	2019
2 Population exposed to community activities	1,000 people	4,416 people	4,507 people	4,860 people	4,047 people

Comments: Health Education at community center

ITEM	DESCRIPTION
Definition	Number of infrastructure units finalized and in use.
Method of measurement	Counting of the number of community groups that are supported by the program or its implementing partners. The program administrative records contain information on the community groups that received funding, goods services.
28 Data source	Routine Program Data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Plan International; Guangnan County Women's Federation.	Cultivating Healthcare Workers Program in China built a community center in Guangnan County of Yunnan Province, China. Plan International (implementing partner) and Daiichi Sankyo held an opening ceremony for the community center.  <a href="http://www.daiichisankyo.com/about_us/responsibility/csr/business/medical/china/report02.html">http://www.daiichisankyo.com/about_us/responsibility/csr/business/medical/china/report02.html</a>	One-time event
31 Data processing	Plan International.	The implementing partner monitored and documented building construction and informed Daiichi when the building was completed.	One-time event
32 Data validation	Daiichi Sankyo	Building completion was validated by Daiichi Sankyo through a site visit.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2015	2016	2017	2018	2019
3 Buildings	6 buildings	---	---	—	1 building

Comments: 2015: Establishing a community center. 2019: Establishing a new nursery and play space for infant in the Country hospital.

ITEM	DESCRIPTION
Definition	Number of community groups supported by the company program or its implementing partners.
Method of measurement	Counting of the number of community groups that are supported by the program or its implementing partners. The program administrative records contain information on the community groups that received funding, goods services.  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	Plan International; Guangnan County Women's Federation	Guangnan County Women's Federation and Plan International continuously updates the number of parent groups recognized in each area. Programs occur twice a month.	More than once per month.
31 Data processing	Plan International; Guangnan County Women's Federation	A member of Plan International reviews and sums up the number of parents group with Guangnan County Women's Federation once a year.	Once per year.
32 Data validation	Daiichi Sankyo	A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members from Daiichi Sankyo and Plan International have a meeting every three month to review the list of parents groups and update the final database.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2015	2016	2017	2018	2019
4 Community groups supported	---	6 groups	---	—	---

Comments: N/A



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	Plan International; Guangnan County Health Bureau.	Guangnan County Health Bureau asks each health-care worker attending IMCI training program to sign their name on an attendance form. Each healthcare worker participates in IMCI training and refresher training once.	Every three months
31 Data processing	Plan International; Guangnan County Health Bureau.	A member of Plan International reviews the attendance forms with Guangnan County Health Bureau once every 3 months and constructs the final database of attendance.	Every three months
32 Data validation	Daiichi Sankyo	A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members from Daiichi Sankyo and Plan International have a meeting every three months to review and construct the final database from the training attendance sheets.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2015	2016	2017	2018	2019
5 Number of people trained	60 people	215 people	385 people	34 people	---

Comments: 2015: IMCI Training recipients 60; 2016: IMCI training recipients 197 ENC(Essential Newborn Care) training recipients 18; 2017: IMCI refresher training recipients 201 ENC(Essential Newborn Care) training recipients 184. 2018: ENC (Essential Newborn Care) refresher training recipients 22, ENC recipients 12.

ITEM	DESCRIPTION
Definition	Number of tools introduced and in use by the program
Method of measurement	Sum of number of tools created by the program
28 Data source	Routine Program Data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Guangnan County Health Bureau; Plan International.	The implementing partners (Guangnan County Health Bureau and Plan International) record all information system and tools (e.g. copy of IMCI guidelines) that are used for trained healthcare workers. <ul style="list-style-type: none"> <li>• IMCI training guidelines issued by WHO</li> <li>• EENC training materials issued by WHO</li> <li>• Guidelines for Neonatal Resuscitation and its clinical practice in China issued by WHO</li> <li>• CHP materials.</li> </ul>	Once per year
31 Data processing	Guangnan County Health Bureau; Imp-Plan International.	The implementing partner, Plan International, reviews the information system and tools (if any) with Guangnan County Health Bureau once a year and creates a list of all tools in use.	Once per year
32 Data validation	Daiichi Sankyo	A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members of Daiichi Sankyo and Plan International have a meeting every three month to review and construct the final database of the tools.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2015	2016	2017	2018	2019
6 Tools in use	1 tool	3 tools	3 tools	5 tools	100 tools

Comments: 2015: IMCI training guidelines issued by WHO; 2016: ENC( Essential Newborn Care) trainig materials issued by WHO Guide- lines for Neonatal Resuscitation and its clinical practice in China issued by WHO CHP(Community Health Promoter) materials; 2017: ENC( Essential Newborn Care) trainig materials issued by WHO Guidelines for Neonatal Resuscitation and its clinical practice in China issued by WHO CHP(Community Health Promoter) materials. 2018: 400 sets of community health promotion practical reference book Original SNS program (prompt sharing of information for the education and report.) ENC( Essential Newborn Care) trainig materials issued by WHO Guidelines for Neonatal Resuscitation and its clinical practice in China issued by WHO CHP(Community Health Promoter) materials. 2019: Establishing and distributed educational materials for the awareness of the importance of breast feeding and nutrition for infant and children under 5 years.

ITEM	DESCRIPTION
Definition	Number of management procedures development and implemented through the program activity. (e.g. appointment system for patients).
Method of measurement	Counting of the number of management procedures in use that have been developed and implemented through the program activity. The management procedures in use can be obtained from the facility supervisor or documents on standard operating procedures.  Calculation: Sum of the number of management procedures in use that have been developed and implemented through the program activity.
28 Data source	Routine Program Data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Guangnan County Health Bureau; Plan International.	The implementing partners (Guangnan County Health Bureau and Plan International) developed program procedures that will support healthcare workers implement IMCI training. These procedures are recorded by implementing partner staff members.	Once per year
31 Data processing	Plan International; Guangnan County Health Bureau	The implementing partner, Plan International reviews the program procedures with Guangnan County Health Bureau and creates a database of all procedures developed.	Once per year
32 Data validation	Daiichi Sankyo	A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members of Daiichi Sankyo and Plan International have a meeting once every three month to review and construct the final database of the program procedure developed by Guangnan County Health Bureau.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2015	2016	2017	2018	2019
7 Management procedures in use	---	---	---	—	1 procedure

Comments: 2019: A university collaborated with a university to build a mechanism for college students to experience the medical treatment of poor areas together with village doctors. In addition, we have established a mechanism for the medical student to raise awareness of regional medical care by communicating with local residents.

INDICATOR **Number that adopted preventive health behaviors**



STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

ITEM	DESCRIPTION
Definition	Number of people that reports carrying out preventive health behavior.
Method of measurement	Number of survey responders that report carrying out preventive health behaviors related to the program activity.
28 Data source	Non-Routine Program Data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Plan International; Guangnan County Women's Federation.	A member of the implementing partner counts the participants (community residents, parents) attending the health education program at the community center and interviews them about the preventive health behaviors trained in the programs that they have adopted. Programs occur twice each month and data will be collected at the time of each program.	More than once per month
31 Data processing	Plan International.	A member of Plan International reviews the results of the interviews and counts the number of people calculates the number of people who reported adopting preventive health behaviors.	Once per year
32 Data validation	Daiichi Sankyo	A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members of Daiichi Sankyo and Plan International have a meeting every three month to review and construct the final database.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2015	2016	2017	2018	2019
8 Number that adopted preventive health behaviors	---	---	---	4,466 people	6,168 people

Comments: 2018: Health promotion by village doctors for the residents (e.g.Emergency treatment by symptoms).2019: Health promotion by village doctors for the residents (e.g.Sanitary care, Rehydration for diarrhea).

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: Change in 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	Guangnan County Health Bureau; Plan International.	Guangnan County Health Bureau gives a before-and-after examination to assess the health provider knowledge. Plan international and Guangnan County Health Bureau review the results and record the data.	Every three months
31 Data processing	Plan International.	The implementing partner, Plan International, reviews the results of the examinations with Guangnan County Health Bureau and calculates the percentage change in the health providers knowledge after the training	Once per year
32 Data validation	Daiichi Sankyo	A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members of Daiichi Sankyo and Plan International have a meeting every three month to review and construct the final database of provider knowledge.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2015	2016	2017	2018	2019
9 Health provider knowledge change	---	---	108 %	—	---

Comments: Before-and-after examination of ENC(Essential Newborn Care) training -Essential Newborn Care (percentage of questions answered correctly) from 40% to 83%. Before-and-after examination of Cardiopulmonary resuscitation training (percentage of questions answered correctly) from 64% to 82%.

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

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Plan International.	Plan International and Daiichi Sankyo records all program expenditures in a timely manner as they occur.	Ongoing
31 Data processing	Plan International.	Plan International and Daiichi Sankyo review the program administrative record for all expenditures of the program once per year.	Once per year.
32 Data validation	Daiichi Sankyo	A member of Daiichi Sankyo visits the local team once per year to verify the administrative and financial data collection and management procedures. A member of Daiichi Sankyo audits all expenditures in the report and compares with program receipts.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2015	2016	2017	2018	2019
10 Value of resources	---	---	---	—	---

Comments: N/A

# Program Documents

# Program Documents

1. Daiichi Sankyo reports on Activities in Yunnan, China. Available at: <https://bit.ly/activitiesyunnan>



# 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 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?

**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.

