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Sanofi Mental Health Program (FAST – Fight Against STigma) – eLearning

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 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: Sanofi, Mental Health program (FAST - Fight Against STigma) - eLearning (2021), Access Observatory Boston, US 2021 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Sanofi mental health program (FAST – Fight Against STigma) – eLearning

2 Diseases program aims to address

- Mental & neurological disorders (Depression; Schizophrenia; Bipolar Disorder)

3 Beneficiary population

- General Population

4 Countries

- Mali
- Senegal

5 Program start date

June 01, 2020

6 Anticipated program completion date

Completion date not specified

7 Contact person

[Response not provided]

8 Program summary

Mental disorders are highly prevalent across the world with approximately 1 in 4 people suffering from a mental health issue at some stage in their life¹. In Africa the 12-month prevalence has been estimated at 10.8% (7.2%-15.9%)². Despite this high prevalence and significant burden, in low- and middle-income countries (LMICs), mental disorders remain under-diagnosed and under-treated with 76-85% of people with severe mental disorders receiving no treatment³. One of the key barriers to mental health care in LMICs is the grossly insufficient number of specialized and general health workers dealing with mental health³.

To address this challenge and upskill primary health care practitioners (HCPs) (mainly General Practitioners (GPs) and nurses) so that they can diagnose and manage people with mental disorders, Sanofi has partnered with the World Association of Social Psychiatry and the Université Numérique Francophone Mondiale (UNFM - Francophone World Digital University) to develop a mental health eLearning platform (<https://sante-mentale.unfm.org/site/>).

This program aims to roll out this eLearning platform (combining 12 online modules which learners can complete at their own pace, with interactive webinars organized by local psychiatrists at set dates) first in Mali, and then in Senegal, with a target of 50 GPs for the pilot in Mali, and 290 primary HCPs in Senegal. This will be achieved locally through partnerships with, in Mali, the international NGO Santé Sud, the Faculty of Medicine of Bamako (Faculté de Médecine et d'Odonto-Stomatologie - FMOS) and the Center of Expertise and Research in Telemedicine & eHealth (Centre d'Expertise et de Recherche en Télémédecine et E-santé - CERTES), and in Senegal, with the Ministry of Health of Senegal (Ministère de la Santé et de l'Action Sociale).

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	eLearning program combining 12 modules available online 24/7 with a series of interactive webinars organized with a local psychiatrist at set dates/times with the aim to upskill 50 rural GPs in Mali and 290 primary HCPs in Senegal.
Technology	eLearning platform with 12 modules including pre- post- knowledge attitudes and practices tests

10 Strategy by country

STRATEGY	COUNTRY
Health Service Strengthening	Mali, Senegal

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Sanofi	<ul style="list-style-type: none"> To coordinate and assist partners with the development, planning, implementation, monitoring and evaluation of the program. To provide funds for the development of the eLearning modules and of the eLearning platform. To provide funds to local partners for the purposes of implementing the program.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
World Association for Social Psychiatry	<ul style="list-style-type: none"> To provide scientific support for the development of the eLearning modules. To review and approve the eLearning modules. To provide ongoing guidance and support for the roll-out of the eLearning program in the countries. https://waspsocialpsychiatry.org/	Voluntary
Senegal Ministry of Health	<ul style="list-style-type: none"> To plan, drive, monitor and evaluate the local roll-out of the eLearning program in Senegal. To engage local key stakeholders. https://sante.sec.gouv.sn/	Public
World Francophone Digital University (UNFM-WFDU)	<ul style="list-style-type: none"> To develop the eLearning platform / learning management system hosting the modules, the various questionnaires and granting validation of the modules. To provide guidance and support for the local roll-outs of the eLearning program. To provide ongoing technical support to the local teams regarding the platform and reporting system. https://www.unfm.org/unfm/	Voluntary
Faculty of Medicine of Bamako (FMOS)	<ul style="list-style-type: none"> To endorse training program. To provide guidance and support for the local roll out in Mali. https://fmos.usttb.edu.ml/	Public
Center of Expertise and Research in Telemedicine and eHealth (CERTES)	<ul style="list-style-type: none"> To provide ongoing guidance and support for local roll-out in Mali. To assist with evaluation. http://www.certesmali.org/	Public

Companies, Partners & Stakeholders

12 Funding and implementing partners, Cont.

Sante Sud	<ul style="list-style-type: none"> To coordinate local partners for implementation in Mali. To drive learners registration and completion of eLearning modules. To provide technical assistance to learners. To organize interactive webinars. https://new.santesud.org/	Voluntary
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13 Funding and implementing partners by country

PARTNER	COUNTRY
World Association for Social Psychiatry	Mali
World Francophone Digital University (UNFM-WFDU)	Mali
Sante Sud	Mali
Faculty of Medicine of Bamako (FMOS)	Mali
Center of Expertise and Research in Telemedicine and eHealth	Mali
World Association for Social Psychiatry	Senegal
World Francophone Digital University (UNFM-WFDU)	Senegal
Senegal Ministry of Health	Senegal

Companies, Partners & Stakeholders

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Government	<p>In Senegal, several meetings took place between the Head of the Division of Mental Health, at the Ministry of Health and Sanofi. The overall goal was to agree on identified gaps, and ways of rolling-out the eLearning program to build capacity among primary HCPs and bridge the gap in mental health care.</p> <p>In Mali as well, integrating mental health services into primary care is seen by the Ministry of Health as the most viable way of closing the treatment gap. With more than 60% of the population living in rural areas, mental health upskilling of GPs in these areas is particularly important.</p>	<p>Infrastructure: No</p> <p>Human resources: Yes</p> <p>Funding: No</p> <p>Monitoring or Oversight: Yes</p> <p>Other resource: Yes</p>
Non-government organization (NGO)	<p>Santé Sud has been pivotal in Mali in engaging and coordinating local stakeholders, and in driving learners enrolment.</p>	<p>Infrastructure: No</p> <p>Human resources: Yes</p> <p>Funding: Yes</p> <p>Monitoring or Oversight: Yes</p> <p>Other resource: No</p>
Local universities	<p>In Mali, through several meetings with both the Bamako Faculty of Medicine and the Center of Expertise & Research in Telemedicine and eHealth (CERTES), ongoing guidance and support have been secured to optimize local implementation and evaluation.</p>	<p>Infrastructure: Yes</p> <p>Human resources: No</p> <p>Funding: No</p> <p>Monitoring or Oversight: Yes</p> <p>Other resource: No</p>

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Both Mali and Senegal have been facing serious mental health care challenges, with a high prevalence of mental disorders and insufficient provision of mental health care. The prevalence for depressive disorders is estimated at 3.6% in Mali and 3.9% in Senegal⁴. For anxiety disorders, it is 2.6% in Mali, 2.7% in Senegal⁴. This would suggest that the prevalence of mental disorders overall in Mali and Senegal is just as high as in other countries.

In Mali and Senegal, as in most LMICs, mental health care services are under-resourced with very low specialized workforce: for instance, in Mali there are only 0.03 psychiatrists per 100,000 population⁵ and 0.2 in Senegal⁶ compared to 10.54 in the US⁷ or 20.91 in France⁸. Moreover, these psychiatrists are based in the main cities. For instance, in Mali, they are all in Bamako, the capital, whilst approximately 60% of the population live in rural areas⁹.

To effectively integrate mental health services into primary care as recommended by the WHO, and close the treatment gap, GPs and nurses, who are pivotal primary care providers in both Mali and Senegal, need to acquire the relevant knowledge and skills to be able, in their own communities to identify, diagnose, manage and support people experiencing mental disorders. The Ministry of Health of Senegal had planned to implement such training for districts primary HCPs: unfortunately the COVID 19 pandemic had put a stop to this plan.

An eLearning program combining 12 online modules available on an eLearning platform at any time for learners to complete at their own pace, together with interactive webinars organized by local psychiatrists will minimize travel time and costs related to attending face-to-face training sessions for rural HCPs, while leveraging the existing local mobile and internet infrastructure.

a How needs were assessed

The needs were assessed through the review of recently published reports, and through several meetings with the Head of the Mental Health Division at the Ministry of Health of Senegal, interviews with various Malian experts from the Psychiatry Department of the Point G Hospital, Bamako, from the Faculty of Medicine of Bamako (FMOS), from the Center of Expertise and Research in Telemedicine and eHealth (CERTES), from the Association de Médecins de Campagne.

b Formal needs assessment conducted

Yes.

16 Social inequity addressed

By training GPs and nurses working in public healthcare facilities, and/or in rural areas, the program aims to address both the social and geographical inequities existing in Senegal and Mali for people with mental disorders who cannot access mental health care.

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	In both Mali and Senegal, in line with WHO recommendations, local national mental health plans are aiming to integrate mental health care into primary care by providing better mental health training to primary HCPs
Standard treatment guidelines	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.

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

[No response provided]

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

No.

20 Health technologies are part of local standard treatment guidelines

N/A.

21 Health technologies are covered by local health insurance schemes

N/A.

22 Program provides medicines listed on the National Essential Medicines List

N/A.

23 Sustainability plan

The online modules have been endorsed locally by the Ministry of Health of Senegal and in Mali by the Faculty of Medicine of Bamako. The roll-out plan to the target audience has been co-developed with the local implementing partners. The eLearning platform and the online modules will remain available to be hosted locally, and to be used by the Ministry of Health / Faculty of Medicine to roll-out this training program to a broader audience, depending on the evaluation of this eLearning program.

Additional Program Information

24 Additional program information

[No response provided]

a Potential conflict of interest discussed with government entity

[No response provided]

25 Access Accelerated Initiative participant

Yes.

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

Yes.

Resources

1. World Health Organization. Mental disorders Fact Sheet 92019). Accessed at: <https://www.who.int/news-room/fact-sheets/detail/mental-disorders>
2. Steel et al. The global prevalence of common mental disorders: a systematic review and meta-analysis 1980–2013. International Journal of Epidemiology (2014), 476–493. [doi:10.1093/ije/dyu038](https://doi.org/10.1093/ije/dyu038)
3. World Health Organization. Mental health action plan 2013–2020 (2013).
4. World Health Organization. Depression and Other Common Mental Disorders Global Health Estimates (2017). Retrieved from: <https://apps.who.int/iris/bitstream/handle/10665/254610/WHO-MSD-MER-2017.2-eng.pdf>
5. World Health Organization. Mental Health ATLAS 2017 Member State Profile – Mali (2017). Retrieved from: https://www.who.int/mental_health/evidence/atlas/profiles-2017/MLI.pdf
6. World Health Organization. Mental Health ATLAS 2017 Member State Profile - Senegal (2017). Retrieved from: https://www.who.int/mental_health/evidence/atlas/profiles-2017/SN.pdf?ua=1
7. World Health Organization. Mental Health ATLAS 2017 Member State Profile – United States of America (2017). Retrieved from: https://www.who.int/mental_health/evidence/atlas/profiles-2017/USA.pdf
8. World Health Organization. Mental Health ATLAS 2017 Member State Profile – France (2017). Retrieved from: https://www.who.int/mental_health/evidence/atlas/profiles-2017/FRA.pdf?ua=1
9. The World Bank . Rural Population (% of total population)(2018). retrieved from: <https://data.worldbank.org/indicator/SP.RUR.TOTL.ZS>

Program Indicators

PROGRAM NAME

Sanofi mental health program (FAST – Fight Against STigma) – eLearning

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

INDICATOR	TYPE	STRATEGY	2020
1 Value of resources	Input	All Program Strategies	\$155,312
2 Staff time	Input	All Program Strategies	0.93 FTE
3 Percentage of health providers registered on eLearning platform out of total number targeted	Output	Health Service Strengthening	100%
4 Percentage of professionals trained out of total number targeted	Output	Health Service Delivery	35%
5 Percentage of health providers who attended interactive webinars out of total number targeted	Output	Health Service Strengthening	48%
6 Change in health providers' knowledge & practices	Outcome	Health Service Strengthening	15.7%
7 Change in health providers' attitudes	Outcome	Health Service Strengthening	---
8 Change in health providers' satisfaction with level of knowledge & confidence in diagnosing and	Outcome	Health Service Strengthening	66.4%

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	Sanofi	Based on the invoices or financial reports submitted by the various implementing partners and suppliers, a Sanofi employee collects costs relevant to this project.	Ongoing
31 Data processing	Sanofi	Once a year, a Sanofi employee adds-up the different costs from partners and suppliers related to this project .	Once per year
32 Data validation	Sanofi	A Sanofi employee might ask partners or suppliers for details in case of any inconsistent or unusual data.	

33 Challenges in data collection and steps to address challenges

N/A.

INDICATOR	2020
1 Value of resources	\$155,312

Comments: 2020 av exchange rate : EUR 1.00 = USD 1.142 These include costs of developing the 12 eLearning modules with Else and the Learning Management System / Platform with UNFM

ITEM	DESCRIPTION
Definition	The ratio of the total number of paid hours during a year by the number of working hours in that period. This indicator excludes the time of volunteers or staff time for external partners.
Method of measurement	The ratio is also called Full Time Equivalent (FTE) Calculation: $\frac{\text{Sum of the number of paid hours per year}}{\text{Total number of working hours per year}}$
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Sanofi	Various Sanofi employees involved in the management and monitoring of this project track the number of hours they spend working on this project.	Ongoing
31 Data processing	Sanofi	Time spent on the program by company staff is evaluated on a quarterly basis, so that data can be consolidated and annual Full Time Equivalent (FTE) estimated.	Every three months
32 Data validation		We do not conduct any further validation of our internal human resources records.	

33 Challenges in data collection and steps to address challenges

N/A.

INDICATOR

2020

2 Staff time	0.93 FTE
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Comments: Ratio:1553:1664 Numerator:1553 Denominator: 1664.

Percentage of health providers registered on eLearning platform out of total number targeted

ITEM	DESCRIPTION
Definition	Percentage of health providers who completed the online registration for the eLearning platform out of total number of health providers targeted.
Method of measurement	Calculation: Sum of health providers who completed the online registration divided by the total number of health providers targeted by the program to be trained
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	World Francophone Digital University (UNFM-WFDU)	To get access to the eLearning platform, a health provider will need to complete an online registration form and provide his e-mail address. Once he has registered via this process, his details will be recorded in the database and he will receive his password to access the eLearning platform. The total number of targeted health workers has been set by the Ministry of Health for Senegal and by Santé Sud for Mali.	Ongoing
31 Data processing	World Francophone Digital University (UNFM-WFDU); Sanofi	A query has been set-up by the UNFM to provide a report on the cumulative number of health providers who have registered. A sanofi employee calculates the % by dividing the number of health providers who have registered by the total number targeted.	Ongoing
32 Data validation		Any inconsistent or unusual data is queried.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR

2020

3 Percentage of health providers registered on eLearning platform out of total number targeted	100 %
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Comments: In Mali, all targeted health providers have registered on eLearning platform.

ITEM	DESCRIPTION
Definition	Percentage of professionals that completed the required requisites of the training out of total number of professionals targeted.
Method of measurement	Sum of professionals who completed all training requirements divided by the total number of professionals targeted by the program to be trained Calculation: Number of professionals trained in a defined period/ Total number of professionals targeted by the program to be trained
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	World Francophone Digital University (UNFM-WFDU)	Once a learner has validated each of the 12 modules and completed the corresponding post-module tests, he is reported as having completed the training and gets recorded as "trained/graduated" in the database. The total number of targeted health workers has been set by the Ministry of Health for Senegal and by Santé Sud for Mali.	Ongoing
31 Data processing	World Francophone Digital University (UNFM-WFDU); Sanofi	The cumulative number of health providers who have graduated (completed all 12 modules and post-module tests) is made available by UNFM on an ongoing basis. A Sanofi employee divides the number of health providers who have graduated by the total number targeted to work-out the percentage.	Ongoing
32 Data validation		Any inconsistent or unusual data gets queried.	

33 Challenges in data collection and steps to address challenges

N/A.

INDICATOR

2020

4 Percentage of professionals trained out of total number targeted	35%
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Comments: Numerator:18 Denominator: 52 . In Mali, 3 months after the local launch of the mental health eLearning platform, 35% of targeted health providers had completed all 12 modules.

INDICATOR **Percentage of health providers who attended interactive webinars out of total number targeted**

5

STRATEGY HEALTH SERVICE STRENGTHENING

ITEM	DESCRIPTION
Definition	Percentage of health providers who attended the interactive online sessions organized with a local
Method of measurement	Sum of health providers who attended webinars divided by the total number of health providers targeted by the program to be trained
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	[No response provided]	A member of the implementing partner (Ministry of Health in Senegal, Santé Sud in Mali) keeps a record of all health providers who have connected to attend each webinar.	Ongoing
31 Data processing	Senegal Ministry of Health; Sante Sud	After each webinar, the number of attendees is provided to Sanofi, and a Sanofi employee divides it by the total number of health providers targeted. The data is then compiled for the whole year.	Ongoing
32 Data validation		N/A.	

33 Challenges in data collection and steps to address challenges

N/A.

INDICATOR

2020

5 Percentage of health providers who attended interactive webinars out of total number targeted	48%
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Comments: In Mali 3 months post launch, 48% of targeted health providers had attended one edition of the 1st interactive webinar.

INDICATOR **Change in health providers' knowledge & practices**

6

STRATEGY HEALTH SERVICE STRENGTHENING

ITEM	DESCRIPTION
Definition	Change in health providers' knowledge and practices as determined by their responses to the pre- and post-module questionnaires.
Method of measurement	Knowledge and practices are assessed (score out of 100) through a questionnaire pre-training, and then again post-training, for each module Calculation: The relative change between pre and post-training scores is calculated
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	World Francophone Digital University (UNFM-WFDU)	For each of the 12 modules (except for the introduction) a 10-20 item questionnaire (multiple choice questions on both knowledge and practices) has to be completed by each learner prior to accessing the module, and then again after completing the module. To get the maximum score (100), all the correct responses and none of the incorrect ones need to have been selected.	Ongoing
31 Data processing	World Francophone Digital University (UNFM-WFDU)	Averages scores are being calculated by the implementing partner for each module pre and post training. The difference between the average post training and pre training is calculated to report on the % change.	Ongoing
32 Data validation		N/A.	

33 Challenges in data collection and steps to address challenges

N/A.

INDICATOR

2020

6 Change in health providers' knowledge & practices	15.7%
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Comments: In Mali, 3 months after the start of the eLearning, knowledge and practices scores across all modules increased on average by 15.7% (range 10.4 - 21.5).

ITEM	DESCRIPTION
Definition	Change in health providers' attitudes towards mental disorders and people with mental disorders.
Method of measurement	The attitude towards mental disorders and people with mental disorders is assessed through a questionnaire right before starting the training and again at the end of the training Calculation: The difference between pre and post training attitudes score is calculate
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	World Francophone Digital University (UNFM-WFDU)	A 10 item online questionnaire is used to assess overall attitudes towards mental disorders and people with mental disorders. For each of the 10 statements health providers indicate their level of agreement from 1 (total disagreement) to 10 (total agreement). This questionnaire is completed just before starting the training and just after completing the 12 modules.	Ongoing
31 Data processing	World Francophone Digital University (UNFM-WFDU)	Ratings of the negative and positive attitudes are combined in a pre training attitude score and a post training attitude score by the implementing partner. The difference between the average post training and pre training attitude scores is calculated to report on the % change.	Once per year
32 Data validation		N/A.	

33 Challenges in data collection and steps to address challenges

N/A.

INDICATOR

2020

7 Change in health providers' attitudes	---
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Comments: N/A.

INDICATOR **Change in health providers' satisfaction with level of knowledge & confidence in diagnosing and managing these disorders**

8

STRATEGY HEALTH SERVICE STRENGTHENING

ITEM	DESCRIPTION
Definition	Change in health providers' satisfaction with their level of knowledge regarding mental disorders and their confidence in diagnosing and managing them.
Method of measurement	Health providers' satisfaction with their knowledge regarding mental disorders and their level of confidence in diagnosing and managing them (score of 1 to 10) is assessed through a questionnaire completed before each module and then again after each module. Calculation: The difference between pre and post module ratings is calculated
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	World Francophone Digital University (UNFM-WFDU)	A 2 item questionnaire assessing health providers' a) satisfaction with their level of knowledge b) confidence in diagnosing and managing each disease is completed by each learner just before and right after each module. (score from 1 = not satisfied at all / not at all confident to 10 = extremely satisfied / extremely confident).	Ongoing
31 Data processing	World Francophone Digital University (UNFM-WFDU)	Average ratings are being calculated by the implementing partner for each question pre and post training. The difference between the average post training and pre training is calculated to report on	Once per year
32 Data validation		N/A.	

33 Challenges in data collection and steps to address challenges

N/A.

INDICATOR	2020
8 Change in health providers' satisfaction with level of knowledge & confidence in diagnosing and managing these disorders	66.4%

Comments: In Mali, 3 months after the start of the eLearning, overall in terms of their satisfaction with their level of knowledge and their confidence in diagnosing and managing these disorders, for all the modules combined, the average score for the learners went from 4.98 at baseline to 8.29 after completing the various modules (a 66.4% increase).

Appendix

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

Program Description

PROGRAM OVERVIEW

- 1 Program Name
- 2 Diseases program aims to address:
Please identify the disease(s) that your program aims to address (select all that apply).
- 3 Beneficiary population
Please identify the beneficiary population of this program (select all that apply).
- 4 Countries
Please select all countries that this program is being implemented in (select all that apply).
- 5 Program Start Date
- 6 Anticipated Program Completion Date
- 7 Contact person
On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).
- 8 Program summary
Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

PROGRAM STRATEGIES & ACTIVITIES

- 9 Strategies and activities
Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?
- 10 Strategy by country
If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

COMPANIES, PARTNERS AND STAKEHOLDERS

- 11 Company roles
Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?
- 12 Funding and implementing partners
Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization's goals and objectives.)
 - a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team's responsibilities for the program, with reference to the program strategies and activities. (response required for each partner selected).
 - b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner.

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

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

13 Funding and implementing partners by country

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

14 Stakeholders

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

- Government, please explain
- Non-Government Organization (NGO), please explain
- Faith-based organization, please explain
- Commercial sector, please explain
- Local hospitals/health facilities, please explain
- Local universities, please explain
- Other, please explain

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked to-

gether 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.