

NOVEMBER 2021

Celgene AMPATH Oncology Partnership

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: Celgene AMPATH Oncology Partnership (2021), Access Observatory Boston, US 2021 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Celgene AMPATH Oncology Partnership

2 Diseases program aims to address

- Cancer (Breast; Cervical; Hematological; Cancer, General)
- Multiple Myeloma

3 Beneficiary population

- General population
- People with low income
- Marginalized/indigenous people
- Rural Populations

4 Countries

- Kenya

5 Program start date

January 1, 2011

6 Anticipated program completion date

Completion date not specified

7 Contact person

Zeba Khan (Responsibility@celgene.com)

8 Program summary

Since 2011, Celgene has worked with the Academic Model Providing Access to Healthcare (AMPATH) to support the development of the AMPATH Oncology Institute (AOI) as a regional Center of Excellence in cancer care in Africa and increase access to oncology diagnosis and treatment services for low-income populations in Kenya. AMPATH is Moi University, Moi Teaching and Referral Hospital and a consortium of North American academic health centers led by Indiana University working in partnership with the Government of Kenya. AMPATH works to deliver health services, conduct health research, and develop leaders in healthcare for both Africa and North America. AMPATH collaborates with the Kenyan Ministry of Health to strengthen health systems through utilization of a population health model.

AMPATH implements programs through Moi Teaching and Referral Hospital (MTRH) and Moi University, which are Kenyan public institutions. Moi has a primary focus on population health, rural populations, marginalized/indigenous people, and low-income populations and deploys special accommodations for these populations to reduce treatment barriers including support for enrollment in the Kenyan National Hospital Insurance Fund (NHIF). The Celgene partnership with AMPATH supports the institution's tripartite academic missions of clinical care, research and education in the context of resource-replete/resource-constrained settings and the development of a sustainable and comprehensive academic clinical cancer care program serving the 20 million citizens of western Kenya and neighboring areas. AMPATH manages an extensive network of community clinics and outreach facilities in rural areas. It is also works with local community and church groups to conduct outreach and increase awareness. Nearly 25,000 patient visits to AMPATH-Oncology occur each year with approximately 20,000 additional women being screened for breast and cervical cancers. To date, more than 120,000 women have been screened for these two cancers that have the highest morbidity and mortality in Kenya.

Celgene's support to the AMPATH Oncology Institute has enabled the creation of a successful multiple myeloma (MM) program, the first and only in Kenya. On average, the MM program

Program Overview

8 Program summary cont.

receives one to two new MM patients per week. In 2016, staff distributed 10,000 pamphlets and booklets on Multiple Myeloma to patients and their families, held 12 patient support group meetings, and attended to 58 new patients with MM. AMPATH has expanded the MM program to 16 outreach sites associated with AMPATH-Oncology and other sites in Western Kenya where it has a hematology or oncology presence. AOI is now working closely with NCI Kenya to help develop MM protocols of care in the country.

AMPATH/AOI has improved diagnostics from 5 patients diagnosed with MM in 2010, to 34 new patients in 2012, 32 new patients in 2013, 44 new patients in 2014, 61 new patients in 2015, and 58 new patients in 2016. The expected number of new MM diagnosis in the country is about 800/year. There are nearly 100 multiple myeloma patients seen on routine clinic follow-ups.

Program Objectives include(d):

- Creation of a replicable, locally appropriate model for MM diagnosis, care and treatment within a resource constrained setting
- Development of safety pamphlets and materials for both patients and healthcare professionals for MM in Kenya with the context of a locally adapted safety protocol
- Diagnostic improvements through the provision of staff training, equipment and outreach (the expected number of new MM diagnoses in the country is about 800/year.)
- Establishment of routine clinic follow-up visits
- Funded a staff bio-statistician to support data analysis for AOI programs to improve patient care and to support publication of treatment data in peer-reviewed journals to improve quality patient care.
- Demonstrate the feasibility of a financially sustainable, model MM care program in a resource poor country and achievement of comparable outcomes to more advanced settings
- Development of National MM guidelines

Additional support and capacity building objectives include(d):

- Support for Medical Oncology, Oncology Nursing, Pathology, and Radiation Oncology and Oncology Pharmacy training
- Creation and conduct of regular Continuing Medical Education (CME) programs on MM with expanded outreach to local clinical sites and other sites in Western Kenya
- Development of electronic medical records with decision support for MM. System was created to assist prescribing and pharmaceutical management and enable just-in-time ordering of required medications and inventory control.
- Development of a data sharing and patient education website: www.myelomakenya.com
- Kenya-wide patient education and awareness efforts
- Patient support group meetings are offered to support patients through treatment and to maintain treatment compliance
- Utilization of peer-to peer counseling models and outreach programs to follow-up with patients remotely
- Patient support group meetings are offered to support patients through treatment and to maintain treatment compliance
- Utilization of peer-to peer counseling models and outreach programs to follow-up with patients remotely

Celgene's support to AMPATH's pharmacy infrastructure and novel patient care strategies include objectives to:

- Establish the College of Oncology of East, Central, and Southern Africa-CO-ECSA
- Establish a robust Oncology Pharmacist-led MM pharmacovigilance program

Program Overview

- Increase education for patients with hematologic disorders
- Pharmaceutical supply chain enhancements through support for staff training and development of a supply chain for MM medications as well as general inventory control and management
- Physical pharmacy infrastructure support
- Development of a pharmacy residency training program

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Kenya-wide multiple myeloma patient education and awareness efforts.
Technology	Development of a data sharing and patient education website: www.myelomakenya.com .
Mobilization	AMPATH works with local community groups such as church groups and local councils to conduct outreach and build awareness.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	<p>AMPATH collaborates with the Kenyan Ministry of Health on health system strengthening utilizing a population health model and is now working closely with NCI Kenya to help develop MM protocols of care in the country.</p> <p>AMPATH works to demonstrate the feasibility of a financially sustainable model MM care program in a resource poor country and achievement of comparable outcomes to more advanced settings by producing peer-reviewed publications.</p>
Training	<p>Support for Medical Oncology, Oncology Nursing, Pathology, and Radiation Oncology and Oncology Pharmacy training</p> <p>MM provider training to support the improved screening for and diagnosis of MM.</p> <p>Create and conduct regular Continuing Medical Education (CME) programs on MM with expanded outreach to local clinical sites and other sites in Western Kenya Development of a pharmacy residency training program.</p> <p>Establishment of the College of Oncology of East, Central, and Southern Africa-CO-ECSA.</p> <p>Development and establishment of a pharmacy residency training program.</p>
Infrastructure	Physical pharmacy infrastructure support.
Technology	Development of electronic medical records with decision support for multiple myeloma (MM).

Program Strategies & Activities

Management	<p>Creation of a replicable model of patient care for MM and other cancers with resource constrained settings.</p> <p>Development of a locally adapted safety protocol.</p> <p>Development of safety pamphlets and materials for healthcare professionals for MM in Kenya with the context of a locally adapted safety protocol.</p> <p>Establishment of an Oncology Pharmacist-led MM pharmacovigilance program.</p> <p>Development of National MM guidelines.</p> <p>Establishment of routine clinic follow-up visits for multiple myeloma patients.</p>
Other: Data Management	<p>Funded a staff bio-statistician to support data analysis for AOI programs to improve patient care and to support publication of treatment data in peer-reviewed journals to improve quality patient care.</p>

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	<p>Women are screened for breast and cervical cancer.</p> <p>MM provider training to support the screening for and diagnosis of MM within the MM program.</p>
Diagnosis	<p>AMPATH/AOI provides diagnostic services for multiple myeloma and multiple other cancers.</p>
Treatment	<p>Multiple myeloma patients are seen on routine clinic follow-ups. Increased education for patients with hematologic disorders.</p>
Retention	<p>Patient support group meetings are offered to support patients through treatment and to maintain treatment compliance.</p> <p>Utilization of peer-to peer counseling models and outreach programs to follow-up with patients remotely.</p>
Other: Patient education	<p>Development of a data sharing and patient education website: www.myelomakenya.com.</p> <p>Development of safety pamphlets and materials for patients.</p> <p>Patient support group meetings.</p>

Program Strategies & Activities

Strategy 3: Supply Chain

ACTIVITY	DESCRIPTION
Training	Pharmaceutical supply chain enhancements through support for staff training.
Technology	Support electronic medical records system to assist prescribing and pharmaceutical management to enable just-in-time ordering of required medications and inventory control.
Management	Support for development of inventory control and management systems.

Companies, Partners & Stakeholders

10 Strategy by country

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

11 Company roles

COMPANY	ROLE
Pfizer inc	Pfizer provides funding and fellows to the AOI and funds procurement of medicines for the MM program.
Eli Lilly and Company	Eli Lilly provides funding to the AOI.
Celgene	Celgene plays an advisory role at this time, however, is currently planning to send Celgene employees to AMPATH as Fellows in 2018/2019.
AbbVie	AbbVie provides funding to the AOI.
Takeda	Takeda provides funding to the AOI.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Academic Model Providing Access to Healthcare (AMPATH)	AMPATH is the recipient of Celgene’s funding in the Oncology collaboration. AMPATH fully implements the multiple myeloma program and ancillary oncology training and pharmacy programs. http://www.ampathkenya.org/	Public
Bill and Melinda Gates Foundation	AMPATH-Oncology Institute receives generous financial support from Bill and Melinda Gates Foundation. https://www.gatesfoundation.org/	Voluntary

Companies, Partners & Stakeholders

US Agency for International Development (USAID)	AMPATH-Oncology Institute receives generous financial support from US Agency for International Development (USAID). https://www.usaid.gov/	Public
US National Institutes of Health (NIH)	AMPATH-Oncology Institute receives generous financial support from US National Institutes of Health (NIH). https://www.nih.gov/	Public

13 Funding and implementing partners by country

PARTNER	COUNTRY
Academic Model Providing Access to Healthcare (AMPATH)	Kenya
Bill and Melinda Gates Foundation	Kenya
Moi Teaching and Referral Hospital	Kenya
US Agency for International Development (USAID)	Kenya
US National Institutes of Health (NIH)	Kenya

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	AMPATH and the AMPATH Oncology Institute regularly engage with the Ministry of Health and other local institutions to facilitate the proper functioning and development of the AOI and its MM program.
Commercial Sector	AMPATH has numerous partners in the communities in which it operates through its network of 500+ clinics. This includes private health facilities, pharmacies, and medical suppliers.
Local Hospitals/Health Facilities	AMPATH and the AMPATH Oncology Institute regularly engage with local hospitals such as Moi Teaching and Referral Hospital (MTRH) in Eldoret, Kenya to facilitate the proper functioning and development of the AOI and its MM program. AMPATH regularly engages with local County Health Officials who facilitate and support AMPATH's network of clinics.
Local Universities	AMPATH and the AMPATH Oncology Institute regularly engage with local universities such as Moi University School of Medicine to facilitate the proper functioning and development of the AOI and its MM program.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

The AMPATH Oncology Institute and its Multiple Myeloma program are 100% locally driven. AMPATH Oncologists observed emergency room patients presenting with unusual symptoms given age and overall health. Upon further study, they were able to identify a growing prevalence of multiple myeloma. AMPATH now expects that, when patient awareness and education increases alongside the diagnostic capabilities of hospital and local clinical staff, the number of new MM diagnoses in the country will rise to about 800 cases/year.

Celgene worked with AMPATH and Indiana University over the course of many months to study and understand the local clinical needs and patient community. During the course of the early collaboration, Celgene Safety and Clinical colleagues worked with collaborators to support development of a modified Rick Management Program (RMP) to ensure patient safety through the use of materials and protocols that were suitable for the local context.

16 Social inequity addressed

Celgene provided support for the creation of the AMPATH Oncology Institute and a successful Multiple Myeloma (MM) program, the first and only in Kenya. This program helps to reduce the inequity in cancer diagnosis and treatment between Kenya and high-income countries. The Celgene collaboration with AMPATH's Oncology Institute (AOI) aims to achieve healthcare equity and improve the health of low-income populations in Kenya and beyond. AMPATH implements programs through Moi Teaching and Referral Hospital (MTRH) and Moi University, which are Kenyan public institutions. With a primary focus on population health, rural populations, marginalized/indigenous people, and low-income populations, AMPATH's and Moi's programs provide special accommodations for these populations to help reduce treatment barriers. AOI manages approximately 16 rural clinical and outreach sites which now include support for the diagnosis and treatment of MM. These sites are run in partnership with rural County Health officials. An additional 500+ AMPATH rural clinics, dispensaries, outreach centers and temporary sites conduct public outreach and support referrals to MTRH and other facilities. With Celgene's support, AMPATH provides monetary assistance in patient enrollment in health financing schemes such as the National Hospital Insurance Fund (NHIF) offered through the Government of Kenya. AMPATH also provides assistance and financial support for low-income patients to register with the Kenyan National Hospital Insurance Fund (NHIF) and receive treatment.

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

AMPATH implements programs through Moi Teaching and Referral Hospital (MTRH) and Moi University, which are Kenyan public institutions. These institutions are a part of the Government of Kenya and are in compliance with their own policies, practices, and laws. Program design and implementation are made in partnership with local and national government officials. All program activities including continuing medical education (CME) on multiple myeloma and patients' education have been designed and implemented in accordance with local laws and practices.

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 response provided.]

20 Health technologies are part of local standard treatment guidelines

N/A

Local Context, Equity & Sustainability

- 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

Celgene has been funding the AMPATH Oncology Institute (AOI) since 2011. This partnership was first developed as a result of locally identified need as documented by local practitioners. AMPATH is currently working toward a sustainable model in all its programs over the long-term. Celgene is currently collaborating with AMPATH on a year-by-year basis with multi-year program goals. There are currently plans in place to enhance the partnership through the provision of Celgene fellows to support local implementation.

Over the long-term, the Celgene/AMPATH collaboration is based upon the concept of local healthcare capacity building and sustainability. To support this outcome, the program supports the training of Medical Oncologists, Oncology Nurses, Pathologists, Radiation Oncologists and Oncology Pharmacists who will continue to provide care even if the Celgene collaboration ends or transforms. The program has also developed electronic medical records with decision support for multiple myeloma and national multiple myeloma guidelines which will still be in use after the end of the program. Additionally, support is provided to enroll patients in the Kenyan National Hospital Insurance Fund (NHIF) which will serve as central factor in ensuring a long-term sustainable healthcare model within Kenya.

Additional Program Information

24 Additional program information

AMPATH is a 3 time Nobel Peace Prize nominated collaboration led by Indiana University and 11 other North American partners including University of Toronto, University of Alberta, Duke University, Brown University, Purdue University, Notre Dame University, Mt. Saini, University of Texas, University of Massachusetts, University of California San Francisco, and Columbia University.

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.

Program Indicators

PROGRAM NAME

My Child Matters - Paraguay

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

INDICATOR	TYPE	STRATEGY	2019	2020
1 Population Health [Disease Specific Mortality Rate]	Impact	All Program Strategies	---	---

INDICATOR **Population Health [Disease Specific Mortality Rate]**

1

STRATEGY ALL PROGRAM STRATEGIES

ITEM	DESCRIPTION
Definition	Unconditional probability of dying between the exact ages of 30 and 70 years from cardiovascular diseases, cancer, diabetes or chronic respiratory diseases, defined as the per cent of 30-year-old-people who would die before their 70th birthday from any of cardiovascular disease, cancer, diabetes, or chronic respiratory disease, assuming that s/he would experience current mortality rates at every age and s/he would not die from any other cause of death (e.g., injuries or HIV/AIDS).
Method of measurement	Death registration with medical certification of cause of death, coded using the international classification of diseases (ICD). CALCULATION Number of deaths between ages 30 and 70 years from the four causes in a synthetic life-table population.*
28 Data source	[No response provided.]
29 Frequency of reporting	[No response provided.]

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Implementing partner: Academic Model Providing Access to Healthcare (AMPATH)	[No response provided.]	[No response provided.]

33 Challenges in data collection and steps to address challenges

There is no challenge to report for this indicator.

INDICATOR	2019	2020
1 Population Health [Disease specific Mortality Rate]	---	---

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 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

- 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.

