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Delivering quality and patient-centred cancer care through multidisciplinary teams

Chugai

Submitted as part of Access Accelerated

Contents

Program Description	3
Program Overview	4
Program Strategies & Activities	5
Companies, Partners & Stakeholders	6
Local Context, Equity & Sustainability	7
Additional Program Information	9
Program Indicators	12
List of indicator data	13
Tools in use	14
Number of people trained	16
Appendix	18

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Program Description

Program Overview

1 Program Name

Delivering quality and patient-centred cancer care through multidisciplinary teams

2 Diseases program aims to address

- Cancer (Breast, Cervical, Leukemia, Colorectal)

3 Beneficiary population

- Age Group: All ages
- Gender: All genders
- Special Populations: None

4 Countries

- Myanmar

5 Program start date

July 1, 2020

6 Anticipated program completion date

June 30, 2023

7 Contact person

Aya Harada (haradaay@chugai-pharm.co.jp)

8 Program summary

The program aims to improve the quality of cancer care in Myanmar. In Myanmar, the treatment policy for cancer patients is not based on multidisciplinary team discussion, and there is no standard therapy. To improve the quality of cancer care, resource-appropriate guidelines and protocols need to be developed and continuously utilized in clinical practice.

The objectives of the program are:

- To introduce, disseminate and solidify a multidisciplinary and evidence-based clinical decision-making approach for selected types of cancers, prioritized by a situation analysis conducted in Yangon for local healthcare professionals through a series of capacity building activities.
- To develop quality cancer guidelines and protocols in Yangon by cooperation with local medical providers. These efforts are translated to tangible positive outcomes for cancer patients by transforming the way cancer care is delivered there.

To accomplish those objectives, Chugai, in partnership with City Cancer Challenge Foundation, plans to provide online education and trainings to develop guidelines (by cooperation with experts such as American Society for Clinical Oncology), on-the-job training for multidisciplinary collaboration, and leadership communication training over a three-year period (2020-2023).

More program information can be found at:

- https://www.chugai-pharm.co.jp/english/news/detail/20200720150001_745.html

- <https://citycancerchallenge.org/new-partnership-with-chugai-to-enhance-the-quality-of-patient-centred-cancer-care-in-yangon/>

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Online education and training On-the-job training for multidisciplinary collaboration, and leadership communication training
Management	Developing the resource-appropriate guidelines and protocols for the breast, cervical, colorectal and lymphoma cancer

10 Strategy by country

STRATEGY	COUNTRY
Health Service Strengthening	Myanmar

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Chugai	General planning and funding.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
City Cancer Challenge	<p>Chugai and C/Can worked together in building a master plan. C/Can made the detailed plan and works with local staffs(oncologists in Myanmar) in its implementation. City Cancer Challenge Foundation (C/Can) supports cities around the world as they work to improve access to equitable, quality cancer care. C/Can leads a city-based partnership initiative that aims to improve access to quality cancer care in cities around the world by transforming the way stakeholders from the public and private sectors collectively design, plan, and implement cancer solutions. The approach is built on the core principle that cities can drive impact at national level by crafting data-driven solutions with the support of a network of global, regional, and local partners that reflect an understanding of the unique local context. C/Can was launched by the Union for International Cancer Control (UICC) at the 2017 World Economic Forum Annual Meeting in Davos. It was established as a standalone Swiss foundation in January 2019.</p> <p>https://citycancerchallenge.org/</p>	Private

13 Funding and implementing partners by country

PARTNER	COUNTRY
City Cancer Challenge	Myanmar

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED
Government	The Ministry of Health and Sports (Myanmar) is supervising all the local activities, and will approve cancer guidelines. The civil society and different economic and social sectors within the city of Yangon. Yangon has a strong UICC member, Shwe Yaung Hnin Si Cancer Foundation (https://www.uicc.org/membership/shwe-yaung-hnin-si-cancer-foundation)	Infrastructure: No Human Resources: No Funding: No Monitoring or Oversight: Yes Other resource: No
Local Hospitals/ Health Facilities	Most private and public hospitals for cancer treatment in Yangon. There are a total of 14 traditional hospitals in Myanmar run by the national government. The private-for-profit and non-for-profit institutions are mainly providing ambulatory care, though some have recently started providing institutional care in cities like Yangon. It was necessary to consider that Yangon is a health and medical hub. The city hosts almost all cancer care services not only for the city and the Region, but for the lower part of Myanmar comprising three other Regions and four States. This means that a great number of the patients who receive care in the city are not residents.	Infrastructure: Yes Human Resources: No Funding: No Monitoring or Oversight: Yes Other resource: No

Local Context, Equity & Sustainability

15 Local health needs addressed by program

1) Yangon is Myanmar's largest city and main commercial hub, with a population of 7.36 million. Around 59 percent of deaths each year are attributed to non-communicable diseases (NCDs), including 11 per cent specifically to cancer. The city of Yangon is overwhelmed by cancer care needs from surrounding regions. The city's resources exist to help millions of people within the city, but also regions around Myanmar. The estimated reach for the region's cancer support extends to about 16.61 million people. Yangon faces significant challenges in the availability of physical infrastructure, essential medicines and health information systems. The number of qualified health professionals to address the region's cancer burden is inadequate – and very high out-of-pocket costs exist for the treatment and care of cancer patients.^{1,2}

Quality cancer care is complex and depends upon careful coordination between multiple providers and upon technical information exchange and regular communication flow between all those involved in cancer care. Advances in the different concerned disciplines have all led to an increase in precision diagnostics and multimodality therapy, which increases the number of interfaces among specialists in the diagnosis and treatment of any single cancer patient. Each failure in communication between the various care providers can thus result in delayed treatment planning, reduced therapy effectiveness, unnecessary duplication of tests, misallocation of resources, incomplete follow-up, and reduced patient quality of life. This means that quality cancer care is highly dependent on the well-functioning of organizational structures, such as multidisciplinary teams (MDT), that enable each provider to add value to the care of the patient at a specific point in time.

2) C/Can has been working with the city of Yangon since July 2017, and with the support of C/Can, Yangon Executive and Technical Committees have conducted a comprehensive assessment of cancer care capacity and needs in the city.³ The Assessment Questionnaire is a tool designed as a guide to obtain the necessary information from the major institutions that provide cancer care services in the city. By analysing the responses to the questionnaire, more than 170 specialists from the main institutions of the city provided the data underpinning this cancer care situation analysis. The goal was to assess the four main areas of cancer care, including basic services for diagnosis, treatment, palliative and supportive care. The analysis also covers the management and quality of these services as well as the community's access to them. The development of multidisciplinary teams, resource appropriate guidelines and treatment protocols will ensure the quality and standard of cancer care across the city, provide the information for the procurement of oncology medicines, devices equipment and technical needs. A group of recognized professionals in Myanmar from the most relevant specialties (pathology, imagenology, surgery, medical oncology, radiation oncology, as well as nursing and supporting/palliative care providers) will review the most relevant and recognized national and international guidelines and prepare a draft that will be discussed with a large number of peers (including the C/Can 2025 Executive Committee*) from the city.

*: The C/Can 2025 Executive Committee in Yangon was established by the main city and national authorities during the launch meeting of the initiative in Yangon on July 17, 2017. The Committee brings together 15 representatives of the main public and private institutions, central and regional government and the civil society. The Minister of Social Affairs of Yangon, H.E U Naing Ngan Lin, was appointed as "Patron" of the EC and Prof. Rai Mra as the Chairperson.

3) The Situation Analysis Report summarized the findings which allowed the Yangon Executive and Technical Committees to create an Activity Plan to address 16 prioritized needs in cancer care. Before embarking on the situation analysis process, a Memorandum of Understanding (MoU) should be signed by the UICC (Union for International Cancer Control) and the relevant authorities to establish a secure legal framework for the implementation of the initiative in the city. Based on the experience in the first two key learning cities, during the initial visits and city analysis, the principal key factors for the initiative's implementation in the city were identified and the key actors, including the MoHS (the Ministry of Health and Sports), were engaged. The management of tertiary hospitals in the public sector is under the direct supervision and administration of the central MoHS, and in Yangon Region, the government health sector is under the Ministry of Social Affairs. This ministry requests the budget to the regional parliament for the infrastructure development for health. Because of these unique circumstances, these two ministries were represented in the tripartite memorandum of understanding signed with the UICC on October 12, 2017.

Local Context, Equity & Sustainability

a How needs were assessed

Since 2017, C/Can has partnered with the city of Yangon to identify prioritized needs for cancer care services. As a result, Yangon City identified the lack of a multidisciplinary approach and the absence of clinical management guidelines adapted to the available resources as major challenges to providing quality cancer care.

The Assessment Questionnaire is a tool designed as a guide to obtain the necessary information from the major institutions that provide cancer care services in the city. By analysing the responses to the questionnaire, more than 170 specialists from the main institutions of the city provided the data underpinning this cancer care situation analysis. The goal was to assess the four main areas of cancer care, including basic services for diagnosis, treatment, palliative and supportive care. The analysis also covers the management and quality of these services as well as the community’s access to them.

The questionnaire was developed by a large group of experts led by the Center for Global Health at the National Cancer Institute and UICC. It is conceived of as a “living” document and will be developed further with input from this process. The professionals who administer the questionnaire at their respective institutions in Yangon contribute to developing and enhancing it, recommending changes and additions to the questionnaire.

b Formal needs assessment conducted

Yes.

16 Social inequity addressed

Although we have seen substantive progress in reducing cancer mortality in many high-income countries during the last two decades, little progress has been made in low-and middle-income countries. The higher mortality in these lower-income countries is a result of late-stage diagnosis and inadequate access to quality care. So, we believe our program addresses this unacceptable inequity.

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	MoU(Memorandum of Understanding) between Ministry of Health and Sports and C/Can.
Procurement procedures	Yes	Same as above.
Standard treatment guidelines	Yes	Same as above.
Quality and safety requirements	Yes	Same as above.
Remuneration scales and hiring practices	Yes	C/Can Staff Rules & Regulations

Local Context, Equity & Sustainability

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

Since 2017, C/Can has partnered with the city of Yangon to identify prioritized needs for cancer care services. As a result, it was found that the treatment policy for cancer patients is not based on multidisciplinary team discussion, and there is no standard therapy. For improving quality of the cancer care, resource-appropriate guidelines and protocols need to be developed and continuously utilized in clinical practice.

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

No.

20 Health technology(ies) are part of local standard treatment guidelines

N/A.

21 Health technologies are covered by local health insurance schemes

N/A.

22 Program provides medicines listed on the National Essential Medicines List

N/A.

23 Sustainability plan

The program develops multidisciplinary teams, resource appropriate guidelines and treatment protocols that will ensure the quality and standard of cancer care across Yangon, and provide information on the procurement of oncology medicines, devices, equipment and technical needs.

A group of recognized professionals from the most relevant specialties (pathology, imageology, surgery, medical oncology, radiation oncology, as well as nursing and supporting/palliative care providers) will review the most relevant and recognized national and international guidelines and prepare a draft for resource-appropriate guidelines in Yangon, that will be discussed with other cancer care providers from the Yangon. These guidelines and protocols will be approved by the Ministry of Health and Sports and updated regularly by the executive committee in Yangon.

Better planning which starts from the diagnosis, staging and selection of appropriate treatment is needed. To do so, close multidisciplinary collaboration is essential. Within all specialties, leadership and effective communication plays an important role. Leaders are responsible for creating a positive team environment, trust and coordination. To achieve sustainable outcomes, we believe it is necessary to improve leadership communication skills not only for the current leading clinicians but also to the potential young leaders of multiple specialties.

This contributes sustainable cancer care achieved by the program. The program also establishes transportation funds in cooperation with village residents to help pregnant women get to the hospital during emergencies. In order to sustainably manage this fund, the program

Additional Program Information

24 Additional program information

Additional program information can be found at the following links:

https://www.chugai-pharm.co.jp/english/news/detail/20200720150001_745.html

<https://www.chugai-pharm.co.jp/english/sustainability/globalhealth/project.html>

<https://2020annualreport.citycancerchallenge.org/1323403/#page=70>

<https://citycancerchallenge.org/new-partnership-with-chugai-to-enhance-the-quality-of-patient-centred-cancer-care-in-yangon/>

a Potential conflict of interest discussed with government entity

No.

25 Access Accelerated Initiative participant

Yes.

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

Yes.

Resources

1. City Cancer Challenge. Voices of Change: Health Experts collaborate through City Cancer Challenge to transform Yangon's response to cancer (2018). Retrieved from: https://citycancerchallenge.org/wp-content/uploads/2019/05/2.Voices-of-Change-Yangon-Health-Experts-collaborate-through-City-Cancer-Challenge_RMD.pdf
2. WHO International Agency for Research on Cancer. Myanmar (2020). Retrieved from: <https://gco.iarc.fr/today/data/factsheets/populations/104-myanmar-fact-sheets.pdf>
3. Camacho R. City Cancer Challenge: A City-Level strategy Based on Public Private Partnerships(2018) Presentation at Breast health Global initiative - 2018 Global Summit. Retrieved from: https://www.fredhutch.org/content/dam/www/research/divisions/public-health-sciences/epidemiology/bhgi/2018-Summit-Presentations/D3_SP4_Rolando%20Camacho_City%20Cancer%20Challenge.pdf

Program Indicators

PROGRAM NAME

Delivering quality and patient-centred cancer care through multidisciplinary teams

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

INDICATOR	TYPE	STRATEGY	2020
1 Tools in use	Output	Health Service Strengthening	2 tools
2 Number of people trained	Output	Health Service Strengthening	22 people

ITEM	DESCRIPTION
Definition	Number of tools (e.g., mHealth, EMR, etc.) introduced and in use by the program (please distinguish from "Management Procedures in Use" indicator)
Method of measurement	Counting the number of tools created and in use by the program Calculation: Sum of number of tools created by the program
28 Data source	Non-routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	City Cancer Challenge	The implementing partner gets approval for resource-appropriate cancer management guidelines from the Ministry of Health and Sports (4 times in 3years).	Once per year
31 Data processing	City Cancer Challenge	<p>The development of multidisciplinary teams, resource appropriate guidelines and treatment protocols will ensure the quality and standard of cancer care across the city, provide the information for the procurement of oncology medicines, devices equipment and technical needs.</p> <p>A group of recognized professionals from the most relevant specialities (pathology, imagenology, surgery, medical oncology, radiation oncology, as well as nursing and supporting/palliative care providers) will review the most relevant and recognized national and international guidelines and prepare a draft that will be discussed with a large number of peers from the city.</p> <p>The technical group will produce a draft of recommended guidelines for Yangon, which will be reviewed by international experts backed by C/Can partners such as the American Society of Clinical Oncology (ASCO), the American Society of Clinical Pathology (ASCP), the International Atomic Energy Agency (IAEA), the International Society of Cancer Care Nurses (ISCCN) and the Oncology Nursing Society (ONS), and based on a version adapted to the city specific needs of the ASCO MCMC programme (Multidisciplinary Cancer Management Course).</p> <p>Following the meeting, the specialists in Yangon will be participating in two capacity- building programmes to support the implementation of the new guidelines. One is an ECHO project, coordinated by ASCO faculties during a one-hour session every month for six months.</p>	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
31 Data processing, Cont.	City Cancer Challenge	<p>These sessions will provide the platform to discuss clinical cases with the peers and monitor closely the implementation of the city guidelines.</p> <p>The other capacity building programme will be a visit of full multidisciplinary teams in the form of clinical fellowships to reference cancer centres in India (such as Tata Trust Memorial Hospital). A total of 35 fellows over a period of three years will have the opportunity to witness first hand multidisciplinary teams in action which will in turn facilitate the implementation of the new guidelines in Yangon. In addition, through this capacity building programme, the fellows will participate in real-life MDT meetings at the host institutions, be exposed to different organisational MDT models, exchange and solve practical and complex clinical cases with MDT at the host institutions, and be exposed and become familiar with new techniques and technologies across the different disciplines in cancer care.</p> <p>After the visit to a cancer centre at Tata Trust Memorial Hospital or other such reference centres, the technical group will finalize the guidelines, and their draft resolutions will be signed by health authorities agreeing to implement MDT and the guidelines. The group will also hold a workshop with specialists from all relevant centres and patient groups to disseminate the documents and to share all knowledge accrued from the visit.</p>	Ongoing
32 Data validation	Chugai	A member of my company visits the local team once per year to verify the data collection and management procedures.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR

2020

1 Tools in use	2 tools
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Comments: We developed 2 cancer management guidelines (breast and cervical cancers) Multidisciplinary treatment of breast and cervical cancer project.

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	City Cancer Challenge	A member of the implementing partner organizes training programs via online to sign their name on an attendance form. Trainings occur once every months and data collected at the time of each training.	Once per year
31 Data processing	City Cancer Challenge	<p>The development of multidisciplinary teams, resource appropriate guidelines and treatment protocols will ensure the quality and standard of cancer care across the city, provide the information for the procurement of oncology medicines, devices equipment and technical needs.</p> <p>A group of recognized professionals from the most relevant specialities (pathology, imagenology, surgery, medical oncology, radiation oncology, as well as nursing and supporting/palliative care providers) will review the most relevant and recognized national and international guidelines and prepare a draft that will be discussed with a large number of peers from the city.</p> <p>The technical group will produce a draft of recommended guidelines for Yangon, which will be reviewed by international experts backed by C/Can partners such as the American Society of Clinical Oncology (ASCO), the American Society of Clinical Pathology (ASCP), the International Atomic Energy Agency (IAEA), the International Society of Cancer Care Nurses (ISCCN) and the Oncology Nursing Society (ONS), and based on a version adapted to the city specific needs of the ASCO MCMC programme (Multidisciplinary Cancer Management Course).</p> <p>Following the meeting, the specialists in Yangon will be participating in two capacity- building programmes to support the implementation of the new guidelines. One is an ECHO project, coordinated by ASCO faculties during a one-hour session every month for six months. These sessions will provide the platform to discuss clinical cases with the peers and monitor closely the implementation of the city guidelines.</p>	Monthly

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
31 Data processing, Cont.	City Cancer Challenge	<p>The other capacity building programme will be a visit of full multidisciplinary teams in the form of clinical fellowships to reference cancer centres in India (such as Tata Trust Memorial Hospital). A total of 35 fellows over a period of three years will have the opportunity to witness first hand multidisciplinary teams in action which will in turn facilitate the implementation of the new guidelines in Yangon. In addition, through this capacity building programme, the fellows will participate in real-life MDT meetings at the host institutions, be exposed to different organisational MDT models, exchange and solve practical and complex clinical cases with MDT at the host institutions, and be exposed and become familiar with new techniques and technologies across the different disciplines in cancer care.</p> <p>After the visit to a cancer centre at Tata Trust Memorial Hospital or other such reference centres, the technical group will finalize the guidelines, and their draft resolutions will be signed by health authorities agreeing to implement MDT and the guidelines. The group will also hold a workshop with specialists from all relevant centres and patient groups to disseminate the documents and to share all knowledge accrued from the visit.</p>	Once per year
32 Data validation	Chugai	A member of my company visits the local team once per year to verify the data collection and management procedures.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR

2020

2 Number of people trained	22 people
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Comments: Online trainings (ECHO project) , once a month.

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)?

a How were needs assessed

b Was a formal need assessment conducted

(Yes/No) If yes, please upload file or provide URL.

16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime 'social disparities,' 'structural barriers' and 'oppression and discrimination' are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.*)

*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

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

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

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

Please explain how the program avoids diverting resources away from other public health priorities? (e.g. local human resources involved in program implementation diverted from other programs or activities).

19 Program provides health technologies

Does your program include health technologies (health technologies include medical devices, medicines, and vaccines developed to solve a health problem and improve quality of lives)? (Yes/No)

20 Health technology(ies) are part of local standard treatment guidelines

Are the health technology(ies) which are part of your program part of local standard treatment guidelines? (Yes/No) If not,

what was the local need for these technologies?

21 Health technologies are covered by local health insurance schemes

Does your program include health technologies that are covered by local health insurance schemes? (Yes/No) If not, what are the local needs for these technologies?

22 Program provides medicines listed on the National Essential Medicines List

Does your program include medicines that are listed on the National Essential Medicines List? (Yes/No) If not, what was the local need for these technologies?

23 Sustainability plan

If applicable, please describe how you have planned for sustainability of the implementation of your program (ex. Creating a transition plan from your company to the local government during the development of the program).

ADDITIONAL PROGRAM INFORMATION

24 Additional program information

Is there any additional information that you would like to add about your program that has not been collected in other sections of the form?

a Potential conflict of interest discussed with government entity

Have you discussed with governmental entity potential conflicts of interest between the social aims of your program and your business activities? (Yes/No) If yes, please provide more details and the name of the government entity.

25 Access Accelerated Initiative participant

Is this program part of the Access Accelerated Initiative? (Yes/No)

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

Is your company a member of the International Federation of Pharmaceutical Manufacturers & Associations (IFPMA)? (Yes/No)

Program Indicators

INDICATOR DESCRIPTION

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

For this program, activities, please select all inputs and impacts for which you plan to collect and report data into this database.

28 Data source

For this indicator, please select the data source(s) you will rely on.

29 Frequency of reporting

Indicate the frequency with which data for this indicator can be submitted to the Observatory.

30 Data collection

a. Responsible party: For this indicator, please indicate the party/parties responsible for data collection.

b. Data collection — Description: Please briefly describe the data source and collection procedure in detail.

c. Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 Data processing

a. Responsible party: Please indicate all parties that conduct any processing of this data.

b. Data processing— Description: Please briefly describe all processing procedures the data go through. Be explicit in describing the procedures, who enacts them, and the frequency of processing.

c. Data processing — Frequency: What is the frequency with which this data is processed?

32 Data validation

Description: Describe the process (if any) your company uses to validate the quality of the data sent from the local team.

33 Challenges in data collection and steps to address challenges

Please indicate any challenges that you have in collecting data for this indicator and what you are doing to address those challenges.

