INTEGRATED WITH 'MULTINATIONAL LUNG CANCER CONTROL PROGRAMME' IN 2020

Secure the Future Kimberly Hospital Complex - South Africa

Bristol-Myers Squibb Foundation

Submitted as part of Access Accelerated

Access Observatory

Contents

Program Description

Program Overview

1 **Program Name**

Secure the Future Kimberly Hospital Complex - South Africa

2 **Diseases program aims to address**

• Cancer (Lung)

3 **Beneficiary population**

• General population

4 **Countries**

• South Africa

5 **Program start date**

June 01, 2017

6 **Anticipated program completion date**

May 31, 2020

7 **Contact person**

Michael Seiders (Michael.Seiders@bms.com)

Phangisile Mtshali (Phangisile.Mtshali@bms.com)

8 **Program summary**

The overall aim of this project is establish a Lung Cancer Centre of Excellence at the Kimberly Hospital Complex (KHC) Oncology Department and expand community based cancer services in the John Taolo Gaetsewe (JTG) District.

The goals of this program are:

Goal 1: Establish a Lung Cancer Centre of Excellence at KHC Oncology Department:Objectives:

1. Improve the physical and equipment infrastructure at KHC and Kuruman hospital to enhance patient diagnosis, treatment and outcomes.
2. Upgrade the existing data infrastructure to improve patient quality of care, monitor service delivery and report Kimberley Hospital Oncology lung cancer data.
3. Stay abreast of novel and innovative lung cancer screening, diagnosis, treatment and palliative care modalities.
4. Develop collaborative diagnostic and referral pathways with Kuruman Hospital and other specialty departments within KHC.
5. Support provincial level efforts in understanding the burden of lung cancer in the KHC catchment area of the Northern Cape Province.

Program Overview

8   Program summary cont.

Goal 2: Provide Lung, Breast and Cervical Cancer awareness, screening, referral, patient navigation, treatment adherence services and palliative care in the JTG District:Objectives:

1. Provide community outreach and education services to increase awareness around priority cancers particularly in at-risk communities in the catchment area.
2. Expand community-based priority cancer screening to support early detection and diagnosis.
3. Develop and implement a patient referral system amongst KHC Oncology Department, Kuruman Hospital and CCW community-based screening program.
4. Develop and implement a patient navigation system for newly diagnosed cancer patients to support treatment initiation and adherence.
5. Enhance treatment adherence and follow-up (psychosocial support, appointment reminders, workshops) for diagnosed and cancer survivor patients.
6. Strengthen community-based palliative care services in the JTG District

The project began in 2017 and is estimated to complete in 2020. To date, the following objectives have been accomplished:

- Established KHC Oncology Centre of Excellence focusing primarily on lung cancer.
- Enhanced data system and data collection and utilization capabilities within KHC and collaborating partners.
- Earlier detection, referral and diagnosis of lung, breast and cervical cancer in project areas.
- Improved patient tracking system, enhanced referral network and transport network to reduced loss to follow-up.
- Improved treatment of lung cancer patients who would have been misdiagnosed with pulmonary tuberculosis.
- Established sustainable and functional relations with JTG District Health Department, Community Healthcare Workers, Community Based Organizations and volunteers so as to reach all the affected and at risk population timeously and improve rates of early diagnosis.
- Kimberley Hospital Complex Oncology Department to be the first Project ECHO Hub for cancer in South Africa. Project ECHO™ enables expert specialist teams to mentor primary care providers through "virtual clinics," which helps local clinicians learn to treat patients with complex conditions in their own communities.
- Improved knowledge, skills and expertise in Oncological and Project Management.
- Functional and patient friendly Oncology Unit at Kuruman Hospital.
- 60 trained community volunteers to provide palliative home-based services.
- Peer review publications and informing natural policy.

Information taken from:
1) International Federation of Pharmaceutical Manufacturers and Associations program description: https://aaopenplatform.accessaccelerated.org/program-profile/secure-the-future-kimberly-hospital-complex-%E2%80%93-south-africa

Program Strategies & Activities

(9) Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Provide community outreach and education services to increase awareness around priority cancers particularly in at-risk communities in the catchment area.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	[No response provided]
Infrastructure	Improve the physical and equipment infrastructure at KHC and Kuruman hospital to enhance patient diagnosis, treatment and outcomes.
Technology	Upgrade the existing data infrastructure to improve patient quality of care, monitor service delivery and report Kimberley Hospital Oncology lung cancer data.
Management	Develop collaborative diagnostic and referral pathways with Kuruman Hospital and other specialty departments within KHC.

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Retention	Enhance treatment adherence and follow-up (psychosocial support, appointment reminders, workshops) for diagnosed and cancer survivor patients.

(10) Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	South Africa
Health Service Strengthening	South Africa
Health Service Delivery	South Africa

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Bristol-Myers Squibb	Sponsor and funder.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Bristol-Myers Squibb Foundation	Sponsor and funder. https://www.bms.com/about-us/responsibility/bristol-myers-squibb-foundation.html	Private
Project ECHO	Project ECHO's "hub and spoke" knowledge sharing network model which use videoconferencing to conduct virtual clinics with community providers will be used in this program. Project ECHO will work with cancer experts at National Cancer Institute (NCI) designated Comprehensive Cancer Centers (CCC) in the U.S. and abroad to expand the ECHO™ model for this program. https://echo.unm.edu/	Private
World Health Organization (WHO)	International support. http://who.int/en	Public
John Taolo Getsewe Provincial Department of Health	John Taolo Getsewe Provincial Department of Health – formulates Policies, and provides the facilities, Health Care Providers and expertise for the project.	Public
Kimberley Hospital Complex (KHC)	KHC will lead the implementation of the establishment of a Lung Cancer Centre of Excellence at the KHC Oncology Department. KHC will also provide lung, Breast and Cervical Cancer awareness, screening, referral, patient navigation, treatment adherence services and palliative care in the JTG District.	Public
Wits Health Consortium	Wits Health Consortium – Conducts research, and provides Palliative care support, and mentorship. https://www.witshealth.co.za/	Private

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
Bristol-Myers Squibb Foundation	South Africa
Project ECHO	South Africa
World Health Organization (WHO)	South Africa
John Taolo Getsewe Provincial Department of Health	South Africa
Kimberley Hospital Complex (KHC)	South Africa
Wits Health Consortium	South Africa

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	Provincial (JTG) Department of Health is a participating partner: Partner in raising awareness on lung cancer and burden of lung cancer specifically in Kwazulu-Natal (KZN) province, South Africa. In addition, they partner with the program in health system capacity building and improving access to early diagnostic services for lung cancer by addressing the barriers of cancer care as well as the understanding the Pathways of Care in South Africa. John Taolo Getsewe Provincial Department of Health – Formulates policies, and provides facilities, Health Care Providers (HCPs) and expertise. This project is undertaken in a government facility so they provide HCPs, medication, facilities and overall supervision. WHO provides input on the link between TB and chronic lung conditions especially lung cancer.
Non-government organization (NGO)	Cancer Community Workers provides awareness, education, screening services, patient support and navigation, palliative care.
Commercial Sector	PricewaterhouseCoopers Services PTY Ltd. will provide oversight and management of funds and will open a specific donor and grant bank account.
Local Hospitals/ Health Facilities	Kimberley Hospital Health Complex is an implementation partner and will host the Lung Cancer Center of Excellence.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Located in the North-West part of South Africa, the Northern Cape Province has a population of 1.15 million inhabitants sparsely distributed over five districts and is one of the country's poorest regions. Kimberly is the provincial capital and is within the Francis Baard District, which has a population of 387,741 people across 12, 836 km2 and a population density of 30.2 / km2. A third of the people live below the poverty line and one in ten people is illiterate.

Kuruman is a large town surrounded by asbestos mines and lies within the John Taolo Gaetsewe (JTG) District. JTG has a population of 242,264 people spanning 27,322 km2 and has a population density of 8.9 people / km2. A third of the population lives below the poverty line with as many being illiterate. More than half the province's population lives in these two districts. Kimberly Hospital Complex (KHC) is the only facility in the Northern Cape Province with the ability to diagnose and treat lung cancer. Kuruman Hospital is the local referral hospital for the JTG District (260km /2.5hrs from Kimberly). It has a satellite Oncology Department which is run by an Oncology trained registered nurse. It is a two roomed unit (one room for drug storage and mixing and another room for patient consultation). Due to lack of space, patients have to receive their chemotherapy in the passage/hall way. All suspected lung cancer cases receiving care at the five district public hospitals in the Province or in the KHC specialty departments, are referred to KHC Oncology Department. The department receives and manages cases of mesothelioma and other lung cancers as well as breast, cervical, prostate and colon cancer. Currently, about 45 new lung cancer patients (13 new mesothelioma and 32 other lung cancer patients) per month are initiated on treatment.

a How needs were assessed
[No response provided]

b Formal needs assessment conducted
[No response provided]

16 Social inequity addressed

The John Taolo Gaetsewe (JTG) District has a population of 242,264 people spanning 27,322 km2 and has a population density of 8.9 people / km2. A third of the population lives below the poverty line with as many being illiterate. Kuruman Hospital, the local referral hospital for the JTG District, is severely under-resourced in its treatment of cancer. The satellite oncology unit is run by a registered nurse, and there is a lack of space, leading to patients receiving their chemotherapy in the passage/hall way. This program seeks to increase the capacity and resources for JTG in treating Lung, Breast and Cervical Cancer. Community based oncology services will increase awareness, provide screenings and referrals, install patient navigation, and provide treatment adherence services and palliative care in the JTG District. Enhancing oncology treatment in the JTG district will improve access and quality of care in an under resourced environment.

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

Kimberly Hospital Complex (KHC) is the only facility in the Northern Cape Province with the ability to diagnose and treat lung cancer. Kuruman Hospital is the local referral hospital for the John Taolo Gaetsewe District (JTG) District (260km /2.5hrs from Kimberly). It has a satellite Oncology Department which is run by an Oncology trained registered nurse. Due to lack of space, patients have to receive their chemotherapy in the passage/hall way.

Through partnership with KHC and JTG District Health Department, Secure the Future has learned about the current resources and practices facing the JTG district. Along with its partners, the program has designed tailored interventions and improvements. For example, the Lung Cancer Centre of Excellence at KHC Oncology Department aims to improve the care environment by installing appropriate computers, telephones, software, data dashboard and train personnel, initiating academic training, conferences, review journals, and instituting tracking of transport services and data collection efforts. In collaboration with the local partners all program activities have been developed and implemented in concordance with local policies, practices and laws. In cases were no local guidelines exist international standards have been used to guide the work.

Local Context, Equity & Sustainability

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

Secure the Future- Kimberly Hospital Complex exceeds local standards by increasing capacity to screen, diagnose, treat, and monitor patients with Lung, Breast, and Cervical Cancer using a community based treatment model. The goal is to improve treatment for patients in the John Taolo Gaetsewe (JTG) District, who previously had access to cancer treatment either through an under resourced satellite oncology unit at Kuruman Hospital or through traveling over 2.5 hours to Kimberly Hospital Complex.

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.

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

First and foremost, the program has already established a Kimberly Hospital Complex (KHC) Center of Excellence and a functional and patient friendly Oncology Unit at Kuruman Hospital. These new units will continue to run with support from local government after the funding period has ended. Additionally, the program has established an enhanced data system, data collection capabilities, and a patient tracking system and referral network, which can be used to monitor patients and outcomes long after the funding period has ended. Furthermore, the program has established a sustainable and functional relationship with the Provincial Health Department, Community Healthcare Workers, Community Based Organizations, and volunteers to ensure that improvements are sustained.

Additional Program Information

24 Additional program information

No additional comments at this time.

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.

Program Indicators

Not yet available for this program .

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 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.