PROGRAM REPORT

PROGRAM ENDED IN 2018

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

Sanofi

Submitted as part of Access Accelerated

Access Observatory

PROGRAM ENDED IN 2018

Contents

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 Observatory go to www.accessobservatory.org

Program Description

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Program Overview

1 Program Name

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

2 Diseases program aims to address

Mental and Neurological Disorders (Depression; Schizophrenia; Bipolar; Epilepsy; Anxiety disorders, Child and adolescent psychiatric disorders, Addictions)

3 Beneficiary population

General Population

4 Countries

Morocco

5 Program start date

April 17, 2013

6 Anticipated program completion date

April 16, 2018

7 Contact person

[No response provided]

8 Program summary

Since 2013, Sanofi has partnered with the Ministry of Health of Morocco, the Moroccan Association of Social Psychiatry and the Moroccan League Against Epilepsy to improve the management of people with mental disorders and epilepsy in Morocco.

Fight against STigma (FAST) Morocco (also known locally as "Nadar Akhar" – meaning "a different perspective") focuses on schizophrenia, mood disorders, anxiety disorders, child and adolescent psychiatric disorders, addictions and epilepsy. This national program was first implemented in the Casablanca area, then in the East and South regions, which were both determined to be priority areas in terms of needs, and finally in the remainder of the Kingdom.

This national program is based on the lessons learned from a pilot project focused on schizophrenia and conducted in the Benslimane area between October 2008 and October 2011.

The objectives of this program are to develop community-based mental health care services accessible to the largest number of people, and to fight, within the community, the stigma related to mental disorders and epilepsy.

Developing community-based mental health care services include the following activities:
1. developing a mental health and epilepsy network with groups of 6-7 General Practitioners (GPs) and 6-7 nurses who consult with one psychiatrist and one neurologist. Each group of primary healthcare professionals covers an area including 800,000 people on average.
2. training GPs and nurses to diagnose and manage people with schizophrenia, mood disorders (major depressive disorder, bipolar disorder), anxiety disorders, addictions and child and adolescent psychiatry disorders and epilepsy.

Raising awareness about mental disorders and epilepsy and fighting stigma include the following activities:
1. capacity-building of patient associations and training for advocacy and lobbying.
2. developing and disseminating Behavior Change Communications materials to the general public.
3. creating awareness raising campaigns in the national media.

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Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Development and dissemination to the general public of Behavior Change Communication materials adapted to local context. Awareness raising campaigns in the national media
Mobilization	Capacity-building of patient associations and training for advocacy and lobbying

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Training General Practitioners and nurses to diagnose and manage people with schizophrenia, mood disorders (major depressive disorder, bipolar disorder), anxiety disorders, addictions, child and adolescent psychiatry disorders and epilepsy.
Other: Network building	Develop a mental health and epilepsy network with groups of 6-7 General Practitioners (GPs) & 6-7 nurses who consult with one psychiatrist and one neurologist. Each group of primary healthcare professionals covers an area including 800,000 people on average.

10 Strategy by country

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

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Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Sanofi	Designs, plans, monitors and evaluates the program in collaboration with implementing partners. Provides training materials (slide kits and training documents), which are to be locally adapted and used to train healthcare professionals on mental health. Develops Information Education Communication (IEC) / Behavior Change Communication (BCC) materials to raise awareness among the population and educate families and patients (posters, brochures and comic books). Provides logistical support and funding for the various activities of the program in accordance with the agreement and the budget.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Moroccan Ministry of Health	Help develop, plan, monitor and evaluate the program with other partners. Coordinate the Program through the Direction de l'Epidémiologie et de la Lutte contre les Maladies. Provide support to the Program's Steering and Monitoring Committee. Delegate on the ground implementation to the relevant Heads of Health Regions. Identify relevant staff in the various provinces to locally implement the Program and provide them with the relevant logistical means. Provide endorsement and support for public meetings and media campaigns to raise awareness Set up a specific monitoring system for the project via the existing regional information systems. Ensure that adequate access to essential medicines for mental disorders and epilepsy is provided to local Healthcare Professionals and Populations http://www.sante.gov.ma/Pages/Accueil.aspx	Public
Moroccan Association of Social Psychiatry	Help coordinate and implement the Program under the guidance of the Ministry of Health. Take part in the Program's Steering and Monitoring Committee meetings. Provide expert advice for the development / adaptation of training and Behavior Change Communication materials. Assist with the training of General Practitioners (GPs) and Nurses.	Voluntary

Companies, Partners & Stakeholders

Moroccan League Against Epilepsy	Help coordinate and implement the Program under the guidance of the Ministry of Health. Take part in the Program's Steering and Monitoring Committee meetings. Provide expert advice for the development / adaptation of training and Behavior Change Communication materials. Assist with the training of General Practitioners (GPs) and Nurses.	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
Moroccan Ministry of Health	Morocco
Moroccan Association of Social Psychiatry	Morocco
Moroccan League Against Epilepsy	Morocco

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	The program has engaged with the Ministry of Health in designing, implementing and monitoring the program and the Ministry of Health Team takes part in Steering Committee Meetings.
Non-governmental organization (NGO)	The program has also engaged with the Moroccan Association of Social Psychiatry and the Moroccan League Against Epilepsy. They help coordinate and implement the program under the guidance of the Ministry of Health, take part in the Program's Steering Committee meetings, have been involved in developing training and behaviour change communication materials ,and are involved inthe training of General Practitioners (GPs) and Nurses.

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Local Context, Equity & Sustainability

15 Local health needs addressed by program

More than 450 million people worldwide suffer from mental disorders and in low and lower middle countries, around 80% of these people go untreated.[1] Misunderstanding of the symptoms of these disorders, combined with traditional beliefs, contribute to patients being stigmatized. Inadequate human and financial resources also limit access to care. The shortage of psychiatrists, specialized nurses, psychologists and social workers, combined with the lack of training of primary healthcare professionals are among the main barriers to care for patients. Additionally, the availability of essential medicines is particularly low and prices are often high.[2] In Morocco, with 40% of the population aged 15 and over, affected by at least one mental disorder during their life,[3] mental health is a major public health issue.

There are only 4.7 mental health workers, including 0.44 psychiatrists, per 100,000 population in Morocco compared to 125.2 mental health workers, and 12.4 psychiatrists per 100,000 population, in the USA. Furthermore, Morocco has an estimated mental health spending per capita per year of USD 0.36 compared to USD 272.80 in the USA). Combined, these figures point to under-resourced mental health services in the country.[4] However, Mental Health has been one of the priorities of the National Health Plan (2012-2016) of the Moroccan Ministry of Health, with a focus on developing community-based psychiatric care.[5] Therefore, Sanofi decided to partner with the Ministry and other local stakeholders to increase access to mental health care while combating stigma.

a How needs were assessed

[No response provided]

b Formal needs assessment conducted

[No response provided]

16 Social inequity addressed

Yes.
By organising training of primary healthcare professionals in particular in rural areas where specialised mental health resources (mental health professionals and facilities) are scarce, the program aims to tackle geographical inequalities in terms of mental health care availability across the country.
Furthermore, considering the high stigma associated with mental disorders, people suffering from mental illness are frequently discriminated against. By raising awareness among the general public, by aiming to change communities and individuals behaviours and by developing access to care for people with these disorders, this programme aims to address the discrimination people with mental disorders have to face.

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

In line with the Ministry of Health's objective of developing community-based mental health care, as stated in its Strategic Health Plan (Stratégie Sectorielle de Santé 2012-2016), the program has been designed to develop a network of trained primary healthcare professionals (General Practitioners and nurses). It is leveraging existing Regional Health structures and staff. It is also focused on capacity-building of existing family and patient associations, by providing them with advocacy training.

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

[No response provided]

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Local Context, Equity & Sustainability

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

No.

23 Sustainability plan

There are potential plans to accredit the training courses as part of continuous professional development programs for General Practitioners and nurses.

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Additional Program Information

24 Additional program information

a Potential conflict of interest discussed with government entity

[No response provided]

25 Access Accelerated Initiative participant

Yes.

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

Yes.

Resources

1. WHO. Media Centre, Mental Disorders, Fact Sheet N°396, April 2017
2. A Cameron, M Ewen, D Ross-Degnan, D Ball, R Laing. Medicine prices, availability, and affordability in 36 developing and middle-income countries: a secondary analysis. Lancet, 2008; DOI:10.1016/S0140- 6736(08)61762-6 1
3. Kadri N et al. Moroccan national study on prevalence of mental disorders: a community-based epidemiological study. Acta Psychiatrica Scandinavia 2010, 121: 71-74.
4. WHO - Mental health Atlas country profile 2014 - Morocco
5. Royaume du Maroc – Ministère de la Santé – Stratégie Sectorielle de Santé 2012-2016

Program Indicators

PROGRAM ENDED IN 2018

PROGRAM NAME

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

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

INDICATOR		TYPE	2013	2014	2015	2016	2017	2018
1	Value of resources	Input	$43,730	$77,457	$93,081	$83,070	$122,040	$135,700
2	Staff time	Input	320: 1,664 hours	320: 1,664 hours	240: 1,664 hours	240: 1,664 hours	240: 1,664 hours	160: 1,664 hours
3	Number of people trained	Output	0 people	38 people	109 people	107 people	115 people	37 people

INDICATOR **Value of resources**

STRATEGY ALL PROGRAM STRATEGIES

1

	ITEM	DESCRIPTION
	Definition	Total expenditure by company to operate program, including all expenditures that can reasonably be defined as necessary to operate the program
	Method of measurement	Program administrative records or accounting or tax records provide details in the expenditures on the program in a defined period of time. CALCULATION Sum of expenditures (e.g., staff, materials) on program in US$
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company: Sanofi	A member of the project team (my company) submits invoices to finance and accounting to be paid. Finance makes the payments and keeps records of payments.	Ongoing
31	Data processing	Company: Sanofi	A member of the project team produces a financial report based on the program administrative and accounting records. The expenses for the year are summed at the end of the year.	Once per year
32	Data validation		We do not conduct any further validation of our financial reports.	

33 Challenges in data collection and steps to address challenges

This is a 5 year program which will be completed in April 2018. Although cumulative data is available, because of major staff changes in 2017, accessing annual data retrospectively might be a challenge.

INDICATOR	2013	2014	2015	2016	2017	2018
1 Value of resources	$43,730	$77,457	$93,081	$83,070	$122,040	$135,700

Comments:
2013 average EUR-USD exchange rate 1.33.
2014 average EUR-USD exchange rate 1.33.
2015 average EUR-USD exchange rate 1.11.
2016 average EUR-USD exchange rate 1.11.
2017 average EUR-USD exchange rate 1.13.
2018 average EUR-USD exchange rate 1.18.

INDICATOR **Staff time**

STRATEGY ALL PROGRAM STRATEGIES

2

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

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Company: Sanofi	The staff from our company who work on this project track the number of hours spent working on it.	Ongoing
31	Data processing	Company: Sanofi	Time spent on the program by company staff is evaluated on a quarterly basis. Data are consolidated and Full Time Equivalent (FTE) is estimated annually.	Once per year
32	Data validation		We do not conduct any further validation of our internal human resources records.	

33 Challenges in data collection and steps to address challenges

This is a 5 year program which will be completed in Apr 2018. Although cumulative data is available, because of major staff changes in 2017, accessing annual data retrospectively might be a challenge.

INDICATOR	2013	2014	2015	2016	2017	2018
2 Staff time	320: 1,664 hours	320: 1,664 hours	240: 1,664 hours	240: 1,664 hours	320: 1,664 hours	160: 1,664 hours

Comments: N/A

INDICATOR **Number of people trained**

STRATEGY HEALTH SERVICE STRENGTHENING

3

	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	Company: Sanofi; Implementing partner: Moroccan Association of Social Psychiatry, Moroccan League Against Epilepsy	A member of the local team asks each Healthcare Professional attending a training session to sign their name on an attendance form. Data are collected at the time of each training session.	Ongoing
31	Data processing	Company: Sanofi	A member of the local team reviews the number of attendees per training session and consolidates the data from each session into the total number of people having attended the training for each type of training.	Ongoing
32	Data validation		We do not conduct any further validation of these data.	

33 Challenges in data collection and steps to address challenges

This is a 5 year program which will be completed in Apr 2018. Although cumulative data is available, because of major staff changes in 2017, accessing annual data retrospectively might be a challenge.

INDICATOR	2013	2014	2015	2016	2017	2018
3 Number of people trained	0 people	38 people	109 people	107 people	115 people	37 people

Comments:

2013: Training materials were developed in 2013 and 2014: 14 training kits (on 8 topics including schizophrenia, major depressive disorder, bipolar disorder, anxiety disorders, addictions, child & adolescent psychiatry disorders, epilepsy and psychosocial support), 36 clinical case studies, one role play, etc., were developed during that time. Implementation of training sessions started in 2014.

2014: Training materials were developed in 2013 and 2014: 14 training kits (on 8 topics including schizophrenia, major depressive disorder, bipolar disorder, anxiety disorders, addictions, child & adolescent psychiatry disorders, epilepsy and psychosocial support), 36 clinical case studies, one role play, etc., were developed during that time. Implementation of training sessions started in 2014.

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.

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Company-submitted Situation Analysis

1. WHO. Media Centre, Mental Disorders, Fact Sheet N°396, April 2017. Available at: http://www.who.int/mediacentre/factsheets/fs396/en/

2. Kadri N et al. Moroccan national study on prevalence of mental disorders: a community-based epidemiological study. Acta Psychiatrica Scandinavia 2010, 121: 71-74. Available at: https://www.ncbi.nlm.nih.gov/pubmed/19681770

3. WHO - Mental health Atlas country profile 2014 - Morocco. Available at: http://www.who.int/mental_health/evidence/atlas/profiles-2014/mar.pdf

4. Royaume du Maroc – Ministère de la Santé – Stratégie Sectorielle de Santé 2012-2016. Available at: www.sante.gov.ma/Docs/Documents/secteur%20santé.pdf