NOVEMBER 2021

Breast and Cervical Cancer Screening Camp in Nepal

Daiichi Sankyo

Submitted as part of Access Accelerated

Access Observatory

Contents

Program Description

Program Overview

1 Program Name

Breast and Cervival Cancer Screening Camp in Nepal

2 Diseases program aims to address
- Cancer (Breast, Cervical)

3 Beneficiary population
- Age groups: Adults (15-64), especially females aged 30-60.
- Gender: Female
- Special populations: People with low income, Urban populations

4 Countries
- Nepal

5 Program start date

January 1, 2021

6 Anticipated program completion date

December 31, 2023

7 Contact person

Katsuhiro Kawakami : kawakami.katsuhiro.ic@daiichisankyo.co.jp

Jun Yamamoto : yamamoto.jun.gn@daiichisankyo.co,jp

Kanako Takahashi : takahashi.kanako.du@daiichisankyo.co.jp

8 Program summary

1) Program objective;
The objective of our program is to improve access to breast/cervical cancer screening test in target area of Gokarneshwar Municipality , Kathmandu District, Nepal

2) Program activities and a description of how the activities contribute to achieving the program objectives;
     - Knowledge about breast and cervical cancers is improved among community people, including women who have never received screening of breast/cervical cancer (especially age 30-65), their husbands, and Female Community Health Volunteers (FCH-Vs). All FCHVs have basic knowledge on major age groups suffering from breast/cervical cancer, including signs and symptoms, risk factors, preventative measures, availability of HPV vaccine, recommended age and frequency of breast/cervical cancer screening test, and breast self examination.
     - Screening service system is established at health facilities. The details of the screening is as follows;
          A) Cervical Cancer Screening Service provided at   Basic Health Center/Health Post/Primary Health Center/Basic Hospital in Kathmandu District.
The available services include: i) Screening by using Visual Inspection of the Cervix with Acetic Acid (VIA) technique; ii) Referral to a higher center for counseling and further diagnosis and treatment.
          B) Breast Cancer Screening Service provided at Basic Health Center/Health Post/Primary Health Center/Basic Hospital in Kathmandu District. The available services include: i) Self-examination of breast and counseling services; ii) Clinical breast examination by health workers, iii) Refer the patient to specialist services in case of suspicious growth, augmentation or nodules and other signs & symptoms.

3) Program partners and a description of how the partnership(s) contribute to achieving the program objectives;
- AMDA-Minds : Program Coordinator
- AMDA-Nepal : Program Supervisor, Admin//Finance Officer, Medical Team

Program URL: URL: https://www.daiichisankyo.com/sustainability/performance-reports/news/detail/index_4121.html

Program Strategies & Activities

⑨ Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Planning	Hold community engagement and planning meeting. "Planning activities" include the followings: Baseline Survey for designing the program, coordination meeting with the local government, monthly reporting from AMDA-Nepal to AMDA-MINDS, and review meeting among concerned parties (local government, AMDA-Nepal, and AMDA-MINDS)
Communication	Conduct awareness meetings and campaigns in communities.
Technology	Provide information systems and tools used in the communication campaign.
Other	The program does not provide additional services to the government standard.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	"Planning activities" include the followings: Baseline Survey for designing the program, coordination meeting with the local government, monthly reporting from AMDA-Nepal to AMDA-MINDS, and review meeting among concerned parties (local government, AMDA-Nepal, and AMDA-MINDS).
Infrastructure	Provision of Medical equipment to health posts/centers and AMDA-Nepal Office
Training	Train Female Community Health Volunteers, community healthcare workers and healthcare professionals.
Technology	Technical screening method; consultation, visual palpation, visual examination, and VIA(Visual Inspection with Acetic acid).
Other: Advocacy	Coordination meeting with local government

Program Strategies & Activities

9 Strategies and activities, Cont.

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	1) Acceptance and informed consent 2) Interview and blood pressure measurement 3) Cervical cancer screening 4) Breast Cancer Screening 5) Explanation, consultation, and guidance after medical examination
Diagnosis	1) Cervical cancer screening (visual inspection with acetic acid) 2) Breast Cancer Screening (Inspection and Palpation) 3) Explanation, consultation, and guidance after medical examination
Treatment	Carry out detailed examinations and treatments in well-equipped medical facilities.
Other	The program does not provide additional services to the government standard.

10 Strategy by country

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

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Daiichi Sankyo	1. Planning, monitoring and evaluating the program with NGO (Plan International). 2. Provision of mobile healthcare van. 3. Funding.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Local government & associations	1.Cooperate in promoting policies such as national and regional awareness and prevention of cancer. 2.Support and coordination in the selection of study sites and conduction of baseline survey. 3. Residents diagnosed as needing detailed examination and treatment by project screening will cooperate with national and regional hospitals to promote cancer control. [No URL provided]	Public
AMDA-MINDS	AMDA-MINDS's role is the preparation of the project, establishment of the implementation plan and execution of the plan. AMDA-MINDS has an experience for the project in Nepal and already has established a good relationship with local administration. Also it has the local organization(AMDA-Nepal) and office in this area. < About AMDA-MINDS> A non-governmental, non-profit organization, headquartered in Okayama City that works to improve people's living in some developing countries through human resources development and activation of rural communities. It currently implements projects in Asia, Africa, and Latin America where approximately 100 staff members are engaged in social development activities in the field of public health, WASH (water, sanitation and hygiene), improvement of livelihood, agriculture, and youth development. In Japan, it promotes social education through education for international understanding and corporate collaboration. AMDA-MINDS, established in 2007 with Shunsuke Suzuki as Managing Director, is a member organization of the AMDA (Association of Medical Doctors of Asia) Group. https://www.amda-minds.org/english/	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
Local Government	Nepal
AMDA-MINDS	Nepal

Local Context, Equity & Sustainability

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLD-
Government	Coordination meeting with local government	Infrastructure: No Human Resources: No Funding: No Monitoring or Oversight: No Other resource: No
Local Hospitals/ Health Facilities	Residents diagnosed as needing detailed examination and treatment by project screening will cooperate with regional hospitals to promote cancer control.	nfrastructure: No Human Resources: No Funding: No Monitoring or Oversight: No Other resource: No

15 Local health needs addressed by program

Breast and cervical cancers are the most common cancers among women in Nepal. This has placed substantial burden in Nepal's health system. Both cancers present to the hospitals atadvanced stage of the disease and usually associated with high morbidity and mortality. However, early detection programs including screening for both cancers in women will improve the outcomes even resource limited countries. The prognosis of breast cancer is good if detected early even in low- middle- income countries. Breast and cervical cancer screening could be an effective strategy to reduce breast and cervical cancer burden. However, the late presentation of breast cancer is still common which has worsened the economic and health outcomes in Nepal. Most of the women seek medical treatment in the last stages of cancer which makes treatment difficult increasing the morbidity for the disease. The early detection of the cancer is affected by several factors like inadequate services, lack of knowledge and information, stigma and discrimination related breast and cervical cancer, etc. The availability of the screening services and awareness about the services could be a useful tool in addressing the problems. National health policy has also called for integrated screening program for breast and cervical cancer in Nepal. Earlier studies have shown that the problem is serious in Nepal. These problems are prevalent in Kathmandu valley also. So, to conduct the screening program is needed to improve the situation of breast and cervical cancer in this regions.

a How needs were assessed

We conducted baseline survey; Baseline survey was conducted from Dec 2020 to Jan 2021; it included an interview according

to a questionnaire and a semi-structured interview, which targeted community females (257), community health volunteers (111) and staff working for public health institutes in the target area.

Please refer to the Baseline Survey report.

b Formal needs assessment conducted

Yes.

Local Context, Equity & Sustainability

16 Social inequity addressed

The program aims to address social inequity since the program targets females who live in "male dominant" society of Nepal. With a Gender Inequality Index value of 0.476, Nepal ranks 115th out of 162 countries, which means Nepal has still a long way to achieve gender equality.

In addition, there are still various discrimination based on cates/ ethnicity and financial background.

The program addresses these inequalities through providing free screening services with females regardless of their castes/ ethnicities.

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	[No response provided]
Procurement procedures	[No response provided]	[No response provided]
Standard treatment guidelines	[No response provided]	[No response provided]
Quality and safety requirements	[No response provided]	[No response provided]
Remuneration scales and hiring	Yes	Family Health Division, Ministry of Health and Population. National Guidelines for Cervical Cancer Screening and Prevention in Nepal [Internet]. 2010 [cited 2021 Jan3].

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

Breast and cervical cancers are the most common cancers among women in Nepal. This has placed substantial burden in Nepal's health system. Breast and cervical cancer screening could be an effective strategy to reduce breast and cervical cancer burden.

National health policy has also called for integrated screening program for breast and cervical cancer in Nepal.

So, this Screening project will be chosen for one of the highest priority project.

Local Context, Equity & Sustainability

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

Yes.

TYPE	COMMERCIAL NAME	INTERNATIONAL NON-PROPRIETARY NAME (INN)
Device	Portable ultrasound diagnostics equipment for breast.	[No response provided]
Device	Digital mammography equipment	[No response provided]
Medicine	Colposcopy machine	[No response provided]

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

Yes. Guidelines for Free Screening Services for Women's Cervical and Breast Cancer from Local Health Institution 2077 (2020) issued by the Department of Health Services, Ministry of Health and Population, Government of Nepal.

21 Health technologies are covered by local health insurance schemes

No.

22 Program provides medicines listed on the National Essential Medicines List

No.

23 Sustainability plan

Our company will transition the activities to the local government at the end of the program and we are in ongoing discussions with the local government on how to make this transition.

Please refer the following URL;

https://www.daiichisankyo.com/sustainability/performance-reports/news/detail/index_4121.html

Additional Program Information

24 Additional program information

This program is designed based on the government policies issued under the Ministry of Health and Population, and it has got an approval from the concerned ministries according to NGO laws. In addition, all the activities are operated under a close coordination with local government.

a Potential conflict of interest discussed with government entity

Yes.

25 Access Accelerated Initiative participant

Yes.

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

Yes.

Program Indicators

Breast and Cervical Cancer Screening Camp in Nepal

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

INDICATOR	TYPE	STRATEGY	2020
1 Value of resources	Input	All Program Strategies	---
2 Staff time spent planning	Output	Community Awareness and Linkage to	---
3 Percentage of professionals trained out of total number targeted	Output	Health Service Strengthening	---
4 Population exposed by community awareness campaign out of total target population	Output	Community Awareness and Linkage to Care	---
5 Patients properly diagnosed	Outcome	Health Service Strengthening	---

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	AMDA-MINDS; Daichii Sankyo	AMDA-MINDS and Daiichi Sankyo record all program expenditures in a timely manner as they occur.	Once per year
31 Data processing	AMDA-MINDS; Daichii Sankyo	AMDA-MINDS and Daiichi Sankyo review the program administrative record for all expenditures of the program once a year.	Once per year
32 Data validation	Daiichi Sankyo	A member of Daiichi Sankyo visits the local team once per year to verify administrative and financial data collection and management procedures. A member of Daiichi Sankyo audits all expenditures in the report.	

33 Challenges in data collection and steps to address challenges

At this present time, we do not have a significant problem.

INDICATOR	2020
1 Value of resources	—

Comments: N/A

ITEM	DESCRIPTION
Definition	The total amount of time in hours that program staff dedicated to plan the program activities related to the overall strategy. This indicator excludes volunteers.
Method of measurement	The number of program staff hours is often registered via time sheets that employees to their supervisor to account for their time spent on different activities. Calculation: Sum of the program staff hours dedicated to the planning activities related to the overall program strategy
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Daichii Sankyo	Members of my company working on this project track the number of hours they spend planning the project and visiting target villages.	Ongoing
31 Data processing	Daichii Sankyo	A member of Daiichi Sankyo calculates the time spent on meeting and site visits once a year.	Once per year
32 Data validation		We do not have the process to validate the quality of the data.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2020
2 Staff time spent planning	—

Comments: N/A

Percentage of professionals trained out of total number targeted

3

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

		RESPONSIBLE	DESCRIPTION	FREQUENCY
30	Data collection	AMDA-MINDS	A member of AMDA records the number of trainees or asks each person participated in a training to sign her name on the attendance sheet. All FCHVs(Female Community Health Volunteer) understand basic knowledge* about breast/cervical cancer. *basic knowledge= major age group suffers from breast/cervical cancer, sign and symptoms, risk factor, preventative measures, availability of HPV vaccine, Recommended age and frequency of breast/cervical cancer screening test, Breast self examination FCHV training; Y1:1time/111FCHVs, Y2:1 time/111FCHVs	Every three months
31	Data processing	AMDA-MINDS	A member of AMDA confirms attendance sheets and aggregate these data every 3 months. Then AMDA reviews it and constructs the final database of attendance.	Every three months
32	Data validation	Daiichi Sankyo	A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members form Daiichi Sankyo and AMDA have a meeting every three months to review and construct the final database from the training attendance sheets.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR	2020
3 Percentage of professionals trained out of total number targeted	---

Comments: N/A.

Population exposed by community aware-
ness campaign out of total target popula-
tion

4

	ITEM	DESCRIPTION
	Definition	Percentage of population reached through a community awareness campaign out of total population targeted
	Method of measurement	Counting of participants that attend campaign meetings or reached by media messaged disseminated and number of people in the target population.
		Calculation: Sum of people/participants in the target audience segment participated/attended the community awareness campaign recorded divided by the number of people targeted by the campaign
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE	DESCRIPTION	FREQUENCY
30	Data collection	AMDA-MINDS	The activity of educational for basic knowledge in community, such as advocacy on screening to targeted population by FCHV through door-to-door visit and hold the events like Breast Cancer day, they counts the number of participants. Data are collected at the time of each visit and/or each event.Community women understand basic knowledge* about breast/cervical cancer. *basic knowledge= major age group suffers from breast/cervical cancer, sign and symptoms, risk factor, preventative measures, availability of HPV vaccine, Recommended age and frequency of breast/cervical cancer screening test, Breast self examination .	Ongoing
31	Data process-ing	AMDA-MINDS	A member of AMDA confirms the attendance and aggregate these data every 3 months. Then AMDA reviews it and constructs the final database of attendance.	Ongoing
32	Data valida-tion	Daiichi Sankyo	A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members form Daiichi Sankyo and AMDA have a meeting every three months to review and construct the final database from the training attendance sheets.	

33 Challenges in data collection and steps to address challenges

At this present time, we do not have a significant problem.

INDICATOR	2020
4 Population exposed by community awareness campaign out of total target population	---

Comments: N/A.

ITEM	DESCRIPTION
Definition	Number of individuals correctly diagnosed with the disease out of the total number of individuals
Method of measurement	Correct diagnosis can be measured in different ways depending on the local standard for diagnosis. For instance, evaluators collect data through observing and interview¬ing providers at selected health care facilities offering the diagnostic services. Providers are assessed on history taking and ex¬amination. To assess correct diagnosis the evaluators confirm whether the provider arrived at the right diagnosis based on history and examination according to national standard treatment guidelines (STG). In case national STG are not available international guidelines can be an appropriate benchmark. For other diseases a biometric measure may be taken to confirm whether the clinical diagnosis without biometric measure was correct. Calculation: Number of individuals correctly diagnosed with the disease /Number of individuals with the disease
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	AMDA-MINDS	Record of the number of diagnosed patients who partici-pated in the screening camp.	Every three months
31 Data processing	AMDA-MINDS	When the screening camp is held, local AMDA staff and medical professional conduct a diagnosis and record the diagnosis results. Diagnosis results are aggregated and reported to Daiichi Sankyo. The report is evaluated and confirmed by Daiichi Sankyo.	Every three months
32 Data validation	Daichii Sankyo	We communicate with the local team through the AMDA Minds in Japan every three months to verify the data collec-	

33 Challenges in data collection and steps to address challenges

The screening camp may not be held as scheduled due to the COVID-19 pandemic. We will consider the feasibility of operation of the screening camps on a scale, frequency, and method that suits the local situation.

INDICATOR	2020
5 Patients properly diagnosed	---

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 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 is avoided

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

19 Program provides health technologies

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

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

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

21 Health technologies are covered by local health insurance schemes

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

22 Program provides medicines listed on the National Essential Medicines List

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

23 Sustainability plan

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

ADDITIONAL PROGRAM INFORMATION

24 Additional program information

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

a Potential conflict of interest discussed with government entity

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

25 Access Accelerated Initiative participant

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

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

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

Program Indicators

INDICATOR DESCRIPTION

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

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

28 Data source

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

29 Frequency of reporting

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

30 Data collection

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

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

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

31 Data processing

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

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

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

32 Data validation

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

33 Challenges in data collection and steps to address challenges

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

Company-submitted Situation Analysis

1. Singh YG, Ojha NL, Regmi S, Acharya UP, Shreshta S & Dulal S. (2021). Baseline Survey Report on Knowledge and Practice relating to Breast and Cervical Cancer for Establishing Breast and Cervical Cancer Screening program in Gokarneshwar Municipality, Kathmanu, Nepal.