PROGRAM REPORT

NOVEMBER 2021

Global HOPE Africa

Bristol-Myers Squibb Foundation

Submitted as part of Access Accelerated

Access Observatory

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The information in this report has been submitted by the company concerned to the Access Observatory as part of its commitment to Access Accelerated. The information will be updated regularly. For more information about the Access Observatory go to www.accessobservatory.org

The information contained in this report is in the public domain and should be cited as: Bristol-Myers Squibb, Global HOPE - Africa (2021), Access Observatory Boston, US 2021 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Global HOPE (Africa)

2 Diseases program aims to address

- Cancer (Childhood)
- Other NCD (Blood Disorder)

3 Beneficiary population

- Children (under 5yrs)
- Youth (5-18yrs)
- People with low income
- Rural Populations, Urban Populations

4 Countries

- Botswana
- Malawi
- Uganda

5 Program start date

November 01, 2016

6 Anticipated program completion date

December 31, 2021

7 Contact person

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8 Program summary

Global HOPE (Hematology-Oncology Pediatric Excellence) is a comprehensive initiative launched in 2016 by Texas Children's Hospital in partnership with Baylor College of Medicine which aims to build long-term capacity to treat and dramatically improve the survival of thousands of children with cancer and blood disorders in Africa.
The Bristol-Myers Squibb Foundation has committed $50 million over five years to fund the training of healthcare providers as well as clinical infrastructure and operations. Texas Children's Hospital (TCH) is raising an additional $50 million for the initiative.

TCH - Global HOPE partners with local governments and Ministries of Health (MOH) to strengthen the existing healthcare infrastructure and build local medical capacity to diagnose and treat children with blood disorders and cancer in Africa. Global HOPE has active programs in Botswana, Malawi and Uganda, and is building new partnerships with several other countries.

The initiative has set seven primary goals that are common to all sites. These high level goals are adapted for each country based on its current capabilities and priorities.

- Health Equity. Global HOPE will improve access to care for pediatric hematology-oncology patients, accuracy and timeliness of diagnoses, and delivery and adherence to treatment. This will be accomplished through training of local healthcare workers, improving overall awareness of the community, and the implementation and equipping of the Global HOPE Pediatric Hematology-Oncology Centers of Excellence.
- Health Outcomes. Global HOPE aims to improve the quality of care for pediatric hematology-oncology patients to positively affect clinical outcomes We plan to provide diagnosis and treatment to more than 5000 new patients in Botswana, Malawi and Uganda..
- Capacity Building. Global HOPE will train African physicians, nurses, and other members of the local healthcare workforce in pediatric hematology-oncology to establish local expertise and leadership. A major aim initiative is to create a unique and comprehensive pediatric hematology/oncology training programs. This program will produce fully trained pediatric hematology/oncology sub-specialists, as well as the nurses, pharmacists, other physicians, and healthcare providers necessary to deliver the comprehensive multi-disciplinary care needed to treat pediatric cancer effectively.

Program Overview

8 Program summary cont.

Overall, we aim to train more than 5000 African physicians, nurses, pharmacists and other healthcare workers.

- Operational Excellence. Strengthen local healthcare systems and infrastructure to support excellence in pediatric hematology/oncology care. Global HOPE will enhance business processes, train local leadership and administrative roles, strengthen stakeholder involvement, support strong organizational performance and provide access to well-equipped Pediatric Hematology-Oncology Centers of Excellence to deliver the comprehensive multi-disciplinary care needed to treat pediatric cancer effectively.
- Community Involvement and Mobilization. Global HOPE develops pediatric hematology and oncology advocacy at every level to increase community involvement and mobilization. A critical strategic element will be to emphasize increasing awareness through education and advocacy among the stakeholders in each country. A key component of this approach will be the engagement of community stakeholders in each country to include the patient survivors, families, community health works, and other influential individuals.
- Sustainability and Replication. Global HOPE will ensure program sustainability and replication across all sites. During the initial five-year period of Global HOPE, Global HOPE will focus on building pediatric hematology/oncology centers of excellence in Botswana, Malawi, and Uganda in partnership with local governments and Ministries of Health (MOH), healthcare facilities and academic institutions. Fundraising and partnership strategies will be implemented to sustain the program. In the long-term, Global HOPE anticipates that this initiative will expand to other countries through and beyond the existing Global HOPE pediatric hematology/oncology sites and Baylor International Pediatric AIDS Initiative (BIPAI) Network.
- Creating a Network. The Global HOPE pediatric hematology/oncology centers of excellence will serve as true flagship institutions, and as foundational centers of clinical, education, research, and healthcare management excellence. To do this, Global HOPE intends to establish a network of pediatric hematology/oncology centers of excellence in pediatric cancer and blood disorders throughout sub-Saharan Africa that will serve as a vehicle for sharing of treatment guidelines, training materials and other resources and supporting the conduct of cooperative clinical trials. This network, the Children's Hematology-Oncology Group of Africa (CHOGA), will advance clinical care in sub-Saharan Africa by implementing common clinical trials, quality improvement initiatives, evidence-based guidelines, and educational, research, and healthcare management programs. The Children's Hematology-Oncology Group of Africa will set a high standard of care and ensure continual improvement in patient prognosis.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Global HOPE addresses the stigma and lack of awareness surrounding pediatric hematology and oncology (PHO) through community awareness initiatives, to improve early and accurate diagnosis of cancer patients and referrals to PHO center for treatment. Strategies includes developing education materials for target audiences, and using various approaches for dissemination including patients, parents, healthcare workers and community stakeholders peers to peers education, use of videos, as well as websites & podcast to broadcast information to general public.
Planning	Global HOPE's Communtiy Outreach and Awareness division is actively engaged in planning community awareness activities and developing educational tools and materials.
Infrastructure	Global HOPE is developing educational materials to inform and raise awareness of pediatric cancers and blood disorders.
Mobilization	Global HOPE partners with and support local community organizations, parent support groups and pediatric cancer survivors. Global HOPE organizes various Childhood Cancer Day and Cancer Survivor Day celebrations and activities to mobilize local community.
Technology	Global HOPE uses new information technology to broadcast awareness of pediatric cancers and blood disorders such as websites, blogs, YouTube videos. Global HOPE has partnered with Project ECHO® to provide on-line video conferences for nurses, pharmacists, doctors and other healthcare workers to review patient cases and increase knowledge.
Funding	Global HOPE seeks additional funding to support community awareness initiatives.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	Global HOPE engages with local governments to strengthen pediatric hematology and oncology services and infrastructure in referral hospitals, and partners with medical schools to develop training programs to build pediatric hematology oncology capacity.
Training	Global HOPE establishes and implements PHO Fellowship Programs sub-Saharan Africa, to train doctors in specialized PHO care. The program develops pediatric hematology oncology specialty training opportunities and provides onsite and virtual training to healthcare providers and students, including physicians, nurses, social workers and other ancillary providers. Global HOPE has partnered with Project ECHO® to provide on-line video conferences for nurses, pharmacists, doctors and other healthcare workers to review patient cases and increase knowledge.

Program Strategies & Activities

9 Strategies and activities, Cont.

Infrastructure	Global HOPE strengthen existing public healthcare infrastructures through clinical space renovations, introduction of hazardous compounding certified pharmacies and state of the arts laboratory spaces. The initiative will develop three regional Pediatric Hematology-Oncology (PHO) Centers of Excellence treatment and training sites, located in Botswana, Malawi and Uganda.
Technology	Global HOPE introduces medical technology and installs cutting-edge diagnostic devices in Global HOPE sites to strengthen lab and pathology infrastructure and ensure adequate access to optimal diagnostic services such as flow cytometers, point of care instrumentation for chemistry. The program also uses virtual platforms to expand training and awareness reach.
Management	We train local leaders in PHO program management and leadership, including Medical Directors, PHO fellows, other healthcare professionals and PHO administrative leaders. The goal is to create strong, local leadership to further build and sustain programs.
Funding	We seek additional funding to support health service strengthening.

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Diagnosis	Global HOPE strengthens lab and pathology infrastructure to ensure adequate access to optimal diagnostic services and to facilitate early diagnosis of children with pediatric blood disorders and cancer.
Treatment	Global HOPE provides access to pediatric cancer and blood disorder drugs and standardized treatment protocols and clinical practice guidelines to positively affect treatment outcomes.
Retention	Psychosocial supports, parents and caregivers' education, home visits, nutritional support, and transportation assistance are provided to retain patients throughout their treatment. Phone contact is also established with patients and families for scheduled visit reminders, and follow-up after any missed visits.

Program Strategies & Activities

9 Strategies and activities, Cont.

Strategy 4: Supply Chain

ACTIVITY	DESCRIPTION
Planning	One of Global HOPE's objectives it to improve the supply chain system at each site to optimally manage and ensure continuous availability of critical oncology and hematology drugs and supplies for nursing, pharmacy and laboratories.
Training	Global HOPE invests time in training local staff on supply chain management, including ordering and receiving goods, inventorying and tracking consumption with introduction of par level, as well as drugs and supplies forecasting.
Infrastructure	Supply chain infrastructure is strengthen at each site through the development of process maps and standard operating procedures and use of a coordinated inventory management tool. Global HOPE also installs medical supply storage containers equipped to provide adequate cold and room temp storage in a secured, temperature-controlled environment.
Technology	Global HOPE uses on-line technology to uniformly track and project supply and pharmaceutical inventory needs.
Management	Global HOPE trains local staff and management teams in the SOPs for managing and projecting inventory.
Funding	Global HOPE has established strong partnerships with manufacturing and distribution partners to improve access to donated supplies and medications at Global HOPE sites.

Strategy 5: Regulation & Legislation

ACTIVITY	DESCRIPTION
Advocacy	Representative Michael T. McCaul has initiated the Global HOPE Act of 2019 in the 116th U.S. Congress to authorize the Secretary of State to pursue public-private partnerships, innovative funding mechanisms, research partnerships, and coordination with international and multilateral organizations to address childhood cancer globally.

Program Strategies & Activities

9 Strategies and activities, Cont.

Strategy 6: Medicine Donation

ACTIVITY	DESCRIPTION
Donation	Global HOPE partners with pharmaceutical and supply manufacturing companies on PHO drug and supply donations to improve access at Global HOPE sites.
Delivery	In order to ensure optimal management of donated medicines and supplies, Global HOPE has centralized the coordination of drug ordering and distribution and has strengthened sites' capacity to manage reception and storage of medicines and supplies. Process maps, standard operating procedures, tracking and reporting tools are developed and implemented at each site. Global HOPE coordinates with local NGO and government partners.
Communication	Regular meetings are organized with partners to communicate on and coordinate donated products.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Botswana, Malawi, Uganda
Health Service Strengthening	Botswana, Malawi, Uganda
Health Service Delivery	Botswana, Malawi, Uganda
Supply Chain	Botswana, Malawi, Uganda
Regulation & Legislation	Botswana, Malawi, Uganda
Medicine Donation	Botswana, Malawi, Uganda

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Bristol-Myers Squibb	Co-Sponsor and co-funder. Bristol Myers Squibb (BMS), via the Bristol Myers Squibb Foundation (BMSF), has committed $50 million in funding over the next five years to create an innovative pediatric hematology-oncology treatment network that aims to build long-term capacity to treat and dramatically improve the prognosis of thousands of children with blood disorders and cancer in southern and east Africa. BMS and its implementing partners are working with the governments of Botswana, Malawi and Uganda to develop the comprehensive treatment network and provide financial and in-kind resources to the program.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Botswana Ministry of Health	Government partner in the development of the pediatric oncology network and the regional Pediatric Hematology-Oncology (PHO) Center of Excellence treatment and training site in Botswana. http://www.moh.gov.bw/	Public
Bristol-Myers Squibb Foundation	Co-sponsor and co-funder. BMSF is Bristol Myers Squibb's CSR Foundation, which BMS uses as a mechanism to fund public/global health initiatives. https://www.bms.com/about-us/responsibility/bristol-myers-squibb-foundation.html	Private
Malawi Ministry of Health	Government partner in the development of the pediatric oncology network and the regional Pediatric Hematology-Oncology (PHO) Center of Excellence treatment and training site in Malawi. http://www.health.gov.mw/	Public
Texas Childrens Cancer and Hematology Centers	Texas Children's Cancer and Hematology Centers (TXCH), as part of Texas Children's Hospital, is the primary implementing and managing partner. TXCH oversees Global HOPE program operations, treats PHO patients and trains healthcare professionals in Botswana, Malawi and Uganda. TXCH will oversee the construction of the three PHO Centers of Excellence, and has committed to contribute an additional $50 million to the initiative. http://txch.org/	Voluntary
Uganda Ministry of Health	Government partner in the development of the pediatric oncology network and the regional Pediatric Hematology-Oncology (PHO) Center of Excellence treatment and training site in Uganda. http://health.go.ug/	Public

Companies, Partners & Stakeholders

12 Funding and implementing partners, Cont.

Baylor International Pediatric Aids Initiative (BIPAI)	Implementing partner, in collaboration with the BIPAI-affiliated local NGO in each country. Provides legal infrastructure for Global HOPE activities in-country, facilitates connections and partnerships with local government institutions, key stakeholders and other organizations in each country, supports fundraising, and provides core administrative support for program operations. http://bipai.org/	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
Bristol-Myers Squibb Foundation	Botswana, Malawi, Uganda
Botswana Ministry of Health	Botswana
Baylor International Pediatric Aids Initiative (BIPAI)	Botswana, Malawi, Uganda
Malawi Ministry of Health	Malawi
Uganda Ministry of Health	Uganda
Texas Children's Hospital	Botswana, Malawi, Uganda

Companies, Partners & Stakeholders

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED
Government	Global HOPE partners with local Ministry of Health in Botswana, Malawi and Uganda through Memoranda of Agreement. http://www.wvi.org/	Infrastructure: Yes Human Resources: Yes Funding: Yes Monitoring or Oversight: No Other resource: Yes
Non-government organization (NGO)	Global HOPE partners local BIPAI-affiliated NGOs: Botswana-Baylor Children's Centre of Excellence Trust, Baylor College of Medicine Children's Foundation-Malawi, Baylor College of Medicine Children's Foundation Uganda.	Infrastructure: Yes Human Resources: Yes Funding: No Monitoring or Oversight: No Other resource: No
Faith Based Organization	Global HOPE partners with various faith based organizations in each African country to host cancer awareness event, or raise in kind donations to support the program.	Infrastructure: No Human Resources: Yes Funding: Yes Monitoring or Oversight: No Other resource: No
Commercial Sector	Global HOPE partners with various corporations and companies from commercial sector in each African country to host cancer awareness events, or raise in kind donations to support the program.	Infrastructure: Yes Human Resources: Yes Funding: Yes Monitoring or Oversight: No Other resource: Yes
Local Hospitals/Health Facilities	Global HOPE operates its pediatric hematology oncology program at public referral hospitals in African countries and conducts cancer awareness activities at local hospitals /healthcare facilities to improve early referrals to Global HOPE. Local hospital partners include: Mulago National Referral Hospital (Uganda), Kamuzu Central Hospital, Princess Marina Hospital (Botswana).	Infrastructure: Yes Human Resources: Yes Funding: No Monitoring or Oversight: Yes Other resource: Yes
Local universities	Global HOPE develops partnerships with local Universities to support formal PHO and pediatric education opportunities across SSA. Local partners include: Makerere University College of Health Sciences (Uganda), the University of Botswana, and the Malawi College of Health Sciences.	Infrastructure: Yes Human Resources: Yes Funding: Yes Monitoring or Oversight: Yes Other resource: Yes

Local Context, Equity & Sustainability

15 Local health needs addressed by program

In the United States, 80 percent of children with cancer survive. In sub-Saharan Africa, the overwhelming majority of pediatric patients do not survive. The mortality rate is estimated to be as high as 90 percent, meaning that thousands of children die from cancer across Africa each year. While global public attention has been largely and understandably focused on HIV/AIDS, malaria and tuberculosis, cancer kills more people in low- and middle-income countries than all of these terrible diseases combined. This is in large part due to an inadequate healthcare infrastructure and a significant lack of expert physicians and other healthcare workers trained to treat children with cancer.

In 2016, there were only six pediatric oncologists in the countries of Botswana, Malawi and Uganda combined, five of whom were members of Global HOPE. There are simply not enough expert doctors to treat all the children who experience blood disorders and cancer. It is estimated that in these countries there are more than 11,000 new cases annually of pediatric cancer and 40,000 new cases of serious, life-threatening blood disorders such as sickle cell disease and hemophilia. Because of these staggering numbers, more healthcare providers with special expertise are urgently needed.

Global HOPE was invited by the Ministries of Health (MOH) in Botswana, Malawi and Uganda to help address pediatric hematology oncology (PHO) needs; these partnerships with each MOH were formalized with the signing of Memoranda of Agreement (MOA) with the MOH in each country. Global HOPE (Hematology-Oncology Pediatric Excellence) aims to directly and effectively address the significant unmet healthcare needs for childhood cancer in eastern and southern Africa by building developing and operating an innovative pediatric hematology-oncology (PHO) treatment network to build long-term capacity to treat and dramatically improve the prognosis of thousands of children.

a How needs were assessed

Site assessments were conducted in each country with a multidisciplinary team of PHO physicians and administrators prior to start ing the program. Countries healthcare infrastructure were assessed, key stakeholders visited and interviewed, PHO needs and gaps were evaluated. A proposal for interventions aiming at bridging identified PHO gaps were developed and submitted to countries' governments for approval.

b Formal needs assessment conducted

Yes.

16 Social inequity addressed

In the United States, 80 percent of children with cancer survive. This is in stark contrast to sub-Saharan Africa, where up to 90% of pediatric cancer patients die. This disparity is in large part due to an inadequate healthcare infrastructure and a significant lack of expert physicians and other healthcare workers trained to treat children with cancer.

Global HOPE's aims to increase access to and improve the quality of pediatric hematology and oncology (PHO) care in Sub-Saharan Africa, thus decreasing the disparity in PHO survival between SSA and the United States. Global HOPE aims to address this inequity by building PHO capacity in the healthcare systems in Botswana, Malawi, Uganda, and other countries in the region.

Local Context, Equity & Sustainability

16 Social inequity addressed, cont.

Cost is often a barrier to accessing PHO care; in many low-income countries, private health facilities may be the only option to receive care/treatment for pediatric cancers. By operating within national health system in each country, Global HOPE is strengthening the quality of care in public healthcare facilities, providing quality PHO services at little or no cost to patients and their families. Global HOPE also provides transportation assistance, offsetting travel costs that can place a financial strain on families of PHO patients and/or deter families from seeking treating, many of whom must travel long distances to receive care.

The implementation of the Global HOPE Centers of Excellence will also contribute to decreasing the inequity in access to PHO services. These state-of-the-art facilities will be specifically designed to provide quality PHO care, and will be outfitted with high quality cancer diagnostic and laboratory equipment and treatment facilities.

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	Global HOPE's objectives are aligned with Ministry of Health's national strategic plans in each of our partner countries, and are specifically linked with national strategic objectives addressing child mortality, cancer and non-communicable diseases (specifically cancers and blood disorders).
Procurement Procedures	Yes	Global HOPE implements its program through local legal entities Baylor College of Medicine Children's Foundations, which are familiar with local procurement procedures.
Standard treatment guidelines	Yes	Local standard treatment guidelines were reviewed and taken into consideration prior to developing Global HOPE standardized treatment guidelines.
Quality and safety requirements	Yes	Local standard treatment guidelines were reviewed and taken into consideration prior to developing Global HOPE standardized treatment guidelines.
Remuneration scales and hiring practices	Yes	Staff salary scale were determined by our legal entities Baylor Children's Foundations which have solid knowledge of local remunerations and hiring regulations.

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

[No response provided]

Local Context, Equity & Sustainability

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

TYPE	COMMERCIAL NAME	INTERNATIONAL NON-PROPRIETARY NAME (INN)
Device	HB03 HemoCue	
Device	Piccolo Express	
Device	OLO Complete Blood Count Analyzer	
Device	Flow Cytometers	
Device	V Path Scanners	
Device	Hematology Analyzers	
Device	Chemotherapy Hoods	
Medicine	All Trans Retinoic Acid (ATRA)	
Medicine	Arsenic Trioxide	
Medicine	Asparaginase	
Medicine	Bleomycin	
Medicine	CARBOplatin	
Medicine	CISplatin	
Medicine	Cyclophosphamide	
Medicine	Cytarabine	
Medicine	Dactinomycin	
Medicine	DAUNOrubicin	
Medicine	DOXOrubicin	
Medicine	Etoposide	
Medicine	Fludarabine	
Medicine	Fluorouracil (5-FU)	
Medicine	Hydroxyurea	
Medicine	Ifosfamide	
Medicine	Imatinib Mesylate	
Medicine	Irinotecan Hydrochloride	
Medicine	ISOtretinoin	
Medicine	Mercaptopurine (6-MP)	
Medicine	Methotrexate	

Local Context, Equity & Sustainability

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

TYPE	COMMERCIAL NAME	INTERNATIONAL NON-PROPRIETARY NAME (INN)
Medicine	Paclitaxel	
Medicine	Tretinoin	
Medicine	VinBLAStine	
Medicine	VinCRIStine	

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

Yes. Global HOPE provided health technologies, including diagnostic medical devices and medicines, which were necessary for the diagnosis and treatment of pediatric cancer patients. These technologies needed to diagnose and treat pediatric cancer are limited in our partner countries. In the past 5 years, local standard treatment guidelines have been developed in each country through active engagement with local MOH and is inclusive of all necessary health technologies to treat pediatric cancers and blood disorders.

21 Health technologies are covered by local health insurance schemes

Yes. Health technologies used are covered by local health insurance schemes.

22 Program provides medicines listed on the National Essential Medicines List

Yes, all medicines listed.

Local Context, Equity & Sustainability

23 Sustainability plan

Global HOPE has engaged a number of local partners, including local government entities, hospitals, educational institutions and other local organizations; this engagement included the signing Memoranda of Agreement (MOA) with the Ministries of Health in Botswana, Malawi and Uganda. As part of the MOAs, Ministries of Health are supporting the development of the Pediatric Hematology-Oncology (PHO) Centers of Excellence (COEs), which will treat patients and train professionals after the funding period has ended. To help sustain the COEs, we are establishing local PHO advisory boards, which will review progress toward sustainability at regular intervals.

Global HOPE has established the first ever PHO Fellowship in East Africa in Kampala, Uganda, and plans to establish other regional PHO Fellowship for Southern Africa in Botswana and South Africa. This accredited two-year fellowship accepts a new class of 4 to 6 fellows each year, and trains physicians from around the East Africa region in the PHO specialty; in addition to medical training, fellows receive training in PHO program management and leadership. As part of our Memorandum of Agreement, the Ministry of Health of Uganda has agreed to hire the PHO Fellowship Program graduates, providing job security and an incentive for PHO Fellows to continue to practice in Uganda in the public sector, helping to prevent brain drain. The PHO Fellowship Program curriculum is accredited by the Uganda Medical and Dental Practitioners Council and is therefore a nationally certified and recognized PHO training program. As part of its capacity building activities, Global HOPE is utilizing a train-the-trainer model to train local healthcare workers through each country and subsequently transfer PHO expertise and knowledge to the local health workforce at all levels of the national healthcare system. In addition to training clinical healthcare professionals, Global HOPE is training local leaders in PHO program operations and administration: Global HOPE is hiring and training local program managers, financial analysts, Monitoring and Evaluation (M&E) officers, education and research coordinators, and other administrative staff in each of these sites (Botswana, Malawi and Uganda), to create truly locally led PHO Centers of Excellence that have the capacity to manage PHO program operations.

Finally, Global HOPE has initiated active fundraising campaigns, with local governments committing funds and resources.

Additional Program Information

24 Additional program information

Not at this time.

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.

Program Indicators

PROGRAM NAME

Global HOPE (Africa)

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

INDICATOR	TYPE	STRATEGY	2017	2018	2019	2020
1 Number of people trained	Output	Health Service Strengthening	233 people	793 people	799 people	1353 people
2 Number of Oncology patients initiating treatment	Outcome	Health Service Delivery	241 people	235 people	330 people	304 people
3 Number of Hematology patients initiating treatment	Output	Health Service Delivery	172 people	137 people	373 people	136 people

INDICATOR **Number of people trained**

STRATEGY HEALTH SERVICE STRENGTHENING

1

	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
	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Texas Children's Hospital	Training facilitators ask training participants to sign an attendance form at each training. Fellows track their training activities and report to local M&E Officer on a monthly basis. Trainings occur on an ongoing basis (lectures, mock- exams, clinical rotations, etc.). Data is collected after each training by our M&E team and entered into our training database.	Ongoing
31	Data processing	Texas Children's Hospital	Attendance forms and training records are given to Monitoring & Evaluation (M&E) and Data Entry staff, who enter data into the relevant database. Entries are reviewed every month by M&E Officers at each site and M&E specialist in Houston for data quality control to identify duplicates, errors and missing data. If any data need to be clarified or corrected, M&E officers & M&E specialist take appropriate steps to correct them.	Every month
32	Data validation		Local M&E Officers at each site will conduct monthly quality control measures. M&E staff from Texas Children's Hospital will also visit each site once per year to conduct data quality assessments and verify data collection and management procedures.	

33 Challenges in data collection and steps to address challenges

Challenges include: tracking unique number of trainees, time spent on data cleaning and de-duplication, and difficulty getting complete information on sign-in sheets or reading hand writing on sign in sheets.

INDICATOR	2017	2018	2019	2020
1 Number of people trained	233 people	793 people	799 people	1353 people

Comments: N/A.

INDICATOR

Number of Oncology Patients Initiating Treatment

STRATEGY HEALTH SERVICE DELIVERY

2

	ITEM	DESCRIPTION
	Definition	The number of patients with a pediatric cancer diagnosis initiating treatment during the reporting period.
	Method of measurement	Count of patients with an oncology diagnosis who have initiated treatment.
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Texas Children's Hospital	Medical staff routinely update medical records. Medical staff abstract relevant medical data, including treatment info, which is then given to data entry staff, who enter data into database.	Ongoing
31	Data processing	Texas Children's Hospital	Sites medical staff review and update medical records, including diagnosis info, on an ongoing basis. Monitoring & Evaluation (M&E) staff review and process clinical data, including diagnosis information, on a monthly basis. Processing steps include: Monthly review of clinical data for completeness and accuracy, following-up with medical staff to collect missing data, recoding or cleaning variables, combining data sources as needed.	Every month
32	Data validation		Local M&E Officers at each site conduct monthly quality control measures. M&E staff and physicians from Clinical Division review data submitted monthly from Texas Children's Hospital and takes measures to correct data in collaboration with sites when needed. M&E staff and Clinical Division from Texas Children's Hospital will also visit each site once per year to conduct data quality assessments and verify data collection and management procedures.	

33 Challenges in data collection and steps to address challenges

Challenges include: use of different data collection systems at each site, health facilities utilize paper medical records, requiring more time to abstract clinically relevant data (files can be disorganized, handwriting can be illegible, combining data from multiple sources, etc.), the addition of data entry staff will alleviate this burden and we are currently exploring electronic medical records (EMR) and other records management solutions.

INDICATOR	2017	2018	2019	2020
2 Number of Oncology Patients Initiating Treatment	241 people	235 people	330 people	304 people

Comments: 2016, 2017: Uganda not included.

INDICATOR

Number of Hematology Patients Initiating Treatment

3

STRATEGY HEALTH SERVICE DELIVERY

	ITEM	DESCRIPTION
	Definition	The number of patients with a pediatric blood disorder diagnosis initiating treatment during the reporting period.
	Method of measurement	Count of patients with a hematology disorder diagnosis who have initiated treatment.
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Texas Children's Hospital	Local medical staff routinely update medical records. Medical staff abstract relevant medical data, including treatment info, which is then given to data entry staff, who enter data into database.	Every month
31	Data processing	Texas Children's Hospital	Sites medical staff review and update medical records, including diagnosis info, on an ongoing basis. Monitoring & Evaluation (M&E) staff review and process clinical data, including diagnosis information, on a monthly basis. Processing steps include: Monthly review of clinical data for completeness and accuracy, following-up with medical staff to collect missing data, recoding or cleaning variables, combining data sources as needed.	Every month
32	Data validation		Local M&E Officers at each site conduct monthly quality control measures. M&E staff and physicians from Clinical Division review data submitted monthly from Texas Children's Hospital and takes measures to correct data in collaboration with sites when needed. M&E staff and Clinical Division from Texas Children's Hospital will also visit each site once per year to conduct data quality assessments and verify data collection and management procedures.	

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INDICATOR	2017	2018	2019	2020
3 Number of Hematology Patients Initiating Treatment	172 people	137 people	373 people	136 people

Comments: Uganda not included.

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.