PROGRAM REPORT

PROGRAM ENDED - NO END DATE PROVIDED

Healthy Communities

Pfizer Inc.

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: Pfizer, Healthy Communities (2020), Access Observatory Boston, US 2020 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Healthy Communities

2 Diseases program aims to address

• Cardiovascular disease: Hypertension, Cardiovascular disease (general)

3 Beneficiary population

• Age Group: Adults (15 - 64), Elderly (65 +)

.Gender: Female, male

•Special Populations: None

4 Countries

• Myanmar
• Vietnam

5 Program start date

February 1, 2017

6 Anticipated program completion date

June 30, 2018

7 Contact person

[No response provided]

8 Program summary

Population Service International (PSI), an international non-profit organization and Pfizer, Inc. are collaborating to expand access to life-saving hypertension medicines and treatment services in Myanmar and Vietnam with the Healthy Communities Program. The program aims to develop sustainable and scalable models of hypertension management inhigh-burden countries, with the initial goal to screen more than 500,000 people and train up to 400 healthcare workers to provide hypertension management services in 360 private sector health facilities in Myanmar and Vietnam.

PROJECT OBJECTIVES IN MYANMAR: Designed to improve the health of people at-risk of hypertension, Healthy Communities is implementing a market development approach in Myanmar. With information gleaned through the initial market analysis, the program aims to:

1. Increase awareness and education of hypertension, its risk factors, and the importance of screening and proper management; and create informed demand for healthy behaviors, blood pressure measurement, diagnosis, and treatment among adults >40 years. PSI/Myanmar is developing hypertension education materials designed to: increase general awareness of hypertension among the clinic patient population (hypertension information pamphlet and posters); increase awareness of adherence and blood pressure monitoring among patients with hypertension (blood pressure monitoring "patient passport"); and promote blood pressure screening and/or healthy lifestyle among the general public through a promotional item given to hypertension patients (small zipper pouch with healthy lifestyle and/or blood pressure screening message and graphic on the exterior). Additionally, to increase the awareness of hypertension and promote hypertension screening in the community, Sun Quality Health Providers will organize and conduct clinic-based events where providers and nurse/clinic assistants will conduct health talk sessions and hypertension screening in the community.

(continued on next page)

Program Overview

8 Program summary cont.

2. Improve healthcare provider training and treatment guidelines promoting hypertension screening, diagnosis, and care; PSI Myanmar, in collaboration with a representative of the Ministry of Health (MOH), has developed and held training workshops for health care providers within PSI's franchised network of providers and their medical assistants. Trainings are based on international hypertension guidelines and hypertension guidelines endorsed by the Myanmar Medical Association's Endocrine Society. Currently, health care providers rely on different hypertension guidelines depending on their personal preference (guidelines most commonly used in the private sector are JNC7, NICE, and Myanmar Internal Medical Society). PSI/Myanmar is engaging with the Myanmar General Practitioners (GP) Society of the Myanmar Medical Association (MMA GPS) to develop standardized hypertension guidelines for the private sector, based on international guidelines. These guidelines will ultimately be endorsed and owned by the Myanmar MOH or MMA GPS.

3. Improve access to quality hypertension screening and treatment services. Additional hypertension screening access points (community health worker training/mobilization in Myanmar) in addition to health care provider training to screen clients 40 years and older will increase access to screening services. Referrals generated through increased screening, along with improved health care provider capacity due to tailored hypertension training, increases access to appropriate and quality hypertension treatment services.

PROJECT OBJECTIVES IN VIETNAM: Healthy Communities will contribute to increased coverage, quality, and impact of private sector hypertension services in Vietnam. The program will:

1. Improve convenient access to quality, hypertension screening, diagnosis, and management in private clinics and pharmacies serving low-income communities. Access will be improved through training, monitoring and motivating private providers to updated provider tools to improve compliance with national guidelines and global best practices for hypertension detection and management.

2. Improve awareness and demand for hypertension diagnosis, and treatment adherence among low-income adults at risk for hypertension; PSI Vietnam designed the 'Numbers that Matter" campaign with input from low-income men and women over age 40—to emphasize the benefits of regular BP checks, including stroke prevention. The campaign was finalized with pre-test feedback from the target group as well as Ministry of Health Non-Communicable Disease Division input and launched officially on World Hypertension Day 2017. Since then, the campaign has been placed in targeted channels accessible to low-income adults over age 40 in Healthy Communities provinces including: billboards near markets, commune entrances, and private clinics trained to offer quality hypertension care; hanging and wall posters placed in trained clinics and pharmacies; and stickers on chopstick holders in restaurants popular among low-income workers and standees used to draw attention to community hypertension screening services. In addition, the campaign includes posters and a client 'passport' designed to promote treatment adherence and other positive lifestyle changes among individuals diagnosed with hypertension. The campaign was officially endorsed by the Ministry of Health and placed on its official "Health Communications" website in November 2017: https://suckhoetoandan.vn/

3. Demonstrate how the private sector can contribute to Vietnam's national response to hypertension detection and management. The program also directly contributes to building institutional capacity to develop high quality models to address hypertension care across PSI's global network of 50+ countries through cross-country learning and sharing of insights and best practices .

Healthy Communities data and approaches to strengthening private sector contributions to hypertension care have been developed in close consultation with key stakeholders at both national and provincial levels, namely the Non-Communicable Disease Division within the MOH and provincial Departments of Health with a view toward informing broader efforts to reduce the national hypertension burden in Vietnam. Examples of specific Healthy Communities materials which have been developed in close coordination with the MOH at national and provincial levels in Vietnam include: Provider Behavior Change tools, Numbers that Matter campaign creative and Anti-hypertensive Market scan findings.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	In Vietnam, a hypertension awareness campaign has been launched to increase demand for and uptake of hypertension screening services. In Myanmar, a promotional item (small zipper pouch) with reminders to have blood pressure measured is provided to Sun Quality Health hypertension patients. Educational materials (pamphlet and patient passport to monitor existing hypertension patients) have been developed for use in Sun clinics.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Training of providers and other health workers in hypertension detection and management according to national guidelines (Vietnam) or international guidelines in the absence of national guidelines (Myanmar). Ongoing Quality Assurance (QA) measures and provider incentives including supportive supervision and continuing medical education (CME) opportunities.
Management	Monitoring and Supervision of private sector providers. Development of job aids. Development of clinical guidelines for hypertension detection and management in the private sector in Myanmar. These guidelines will be developed by PSI in collaboration with the Ministries of Health (MOHs), General Practitioners (GP) Society, and Myanmar Medical Association. Final endorsement and ownership of the clinical guidelines will be by the Myanmar MOH.

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	Myanmar: Screening services provided through PSI's network of private sector providers. Vietnam: Screening services provided through PSI's network of private sector providers, affiliated private pharmacies, and community screening events.
Diagnosis	Diagnosis services provided through PSI's network of private sector providers in both Vietnam and Myanmar. In Vietnam, referral for diagnosis provided through affiliated private pharmacies and community screening events.
Treatment	Treatment services provided through PSI's network of private sector providers in both Vietnam and Myanmar.

Program Strategies & Activities

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Vietnam
Health Service Strengthening	Myanmar, Vietnam
Health Service Delivery	Myanmar, Vietnam

11 Company roles

COMPANY	ROLE
Pfizer Foundation	Pfizer Inc provided grant funding to PSI to support implementation of this project. PSI is leading the project and is responsible for the design, management and evaluation of the project.

Companies, Partners & Stakeholders

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Population Services International (PSI)	PSI Global's role in Healthy Communities is to provide overall management and coordination of project activities, budget, and communication; to ensure reporting from the Vietnam and Myanmar teams is consistent with reporting indicators and methods at the central level; and to distill lessons learned from the project and disseminate both internally and with global partners, emphasizing alignment with PSI's Global Strategy. PSI's Global Strategy: NCDs, including hypertension, have been identified as a priority area for PSI in the new Strategic Plan. In addition to advancing PSI's NCD portfolio and reputation in the NCD space, Healthy Communities aligns with the strategy's three priorities and builds towards consumer empowered healthcare. https://www.psi.org/	Voluntary
PSI/Myanmar	In Myanmar, the implementing partner is PSI/Myanmar through Sun Quality Health, a franchise of private general practitioner clinics across the country.PSI has operated in Myanmar since 1995 and is one of the largest NGOs in the country, delivering significant health impact in nearly all 330 townships. PSI/Myanmar is based in the country's former capital and its commercial center, Yangon, with eight project offices nationwide. PSI/Myanmar works to address the largest contributors to Myanmar's burden of disease: HIV, tuberculosis, malaria, pneumonia, diarrhea, reproductive and maternal health, nutrition, diabetes, and hypertension.PSI/Myanmar is responsible for the implementation and monitoring of Healthy Communities project activities in Myanmar, through the Sun Quality Health network. The network is comprised of more than 1,300 private medical doctors that PSI/Myanmar trains and monitors, ensuring that health services are provided in accordance with national guidelines and international quality standards. PSI/Myanmar is responsible for evaluation and reporting of project activities implemented in Myanmar, with support from the PSI global NCD Team to review and modify program strategies regularly with local teams, as necessary https://www.psi.org/country/myanmar/#about	Voluntary

Companies, Partners & Stakeholders

12 Funding and implementing partners cont.

PARTNER	ROLE/URL	SECTOR
PSI/Vietnam	In Vietnam, the implementing partner is PSI/Vietnam through Good Health, Great Life (GHGL), a franchise of private general practitioner clinics across the country, and private pharmacies affiliated with GHGL clinics. With the goal of strengthening the national health system, PSI/Vietnam's interventions focus on building the private sector's capacity and commitment to providing quality, affordable health products and services. Communications campaigns designed around insights about what matters most to underserved consumers position healthier behaviors in terms that resonate with target audiences and, together with improved access to essential products and services, prompt behavior change. Behavioral and market-transformation results achieved by PSI/Vietnam have been acknowledged by the Ministry of Health and other partners within Vietnam and have been published in international peer-reviewed journals. Since launching in 2005, PSI/Vietnam has social marketing techniques to fill market gaps and motivate improved health behaviors related to safe water and hygiene, undernutrition, hypertension, tuberculosis, HIV/AIDS, and viral hepatitis. Today PSI/Vietnam applies global best practices to motivate private clinics to provide quality, affordable services designed to address key national health priorities including child health, reproductive health, tuberculosis, and hypertension. In 2012, PSI/Vietnam launched the Good Health, Great Life social franchise network. It represents smaller, community-level, private clinics accessible to low-income, uninsured and marginalized communities. The Good Health, Great Life network has since grown to include over 280 private clinics in five provinces around Vietnam. In 2016, franchise clinics detected more than 1,318 tuberculosis cases and 13,273 hypertension cases. Their efforts also represent a 40% increase in private provider capacity to deliver preventive child health services, including appropriate use of Lyzivita micronutrient powder to prevent undernutrition among rural children. PSI/Vietnam is responsible for the implementation and monitoring of project activities in Vietnam, through the Good Health, Great Life (GHGL) network. PSI/Vietnam is responsible for evaluation and reporting of project activities implemented in Vietnam, with support from the PSI global NCD Team to review and modify program strategies regularly with local teams, as necessary. psi.org/vietnam	Voluntary

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
PSI/Myanmar	Myanmar
PSI/Vietnam	Vietnam

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	There is continuous engagement with government officials at central, state and local levels in both countries while securing government approvals for project activities and when national Ministry of Health/Noncommunicable Diseases (MOH/NCD) agencies were engaged to provide technical guidance and tools, including during provider training design and rollout and development of clinical guidelines, training materials, and indicators for monitoring service delivery data.
Local Hospitals/ Health Facilities, please explain	Healthy Communities is scaling up hypertension service provision through PSI's networks of private sector providers in Myanmar and Vietnam. These providers have been engaged through project planning, in clinical trainings, and continued QA activities. Additionally, in Vietnam, Healthy Communities is training, monitoring and motivating pharmacy operators to screen customers >40 years of age and refer to nearby trained clinics (without pharmacy licenses). These customers, if diagnosed with hypertension, are then referred back to the same pharmacies to purchase medication. This is viewed as a referral incentive for the pharmacy as they would likely receive future customers from the patients should they require treatment.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Selection of countries in which to implement Healthy Communities was based on the epidemiological context (prevalence of hypertension and other cardiovascular risk factors as reported through WHO STEPS surveys), the need for increased access to hypertension services and medicines (determined through an analysis of use and need for hypertension services, also based on STEPS data), and the desire of PSI's network of health providers to provide those hypertension services for consumers. Based on the particular needs and challenges in Myanmar and Vietnam, the program activities are tailored to each country context. In Myanmar, a market analysis using PSI's Market Development Approach (MDA) was undertaken to identify constraints and failures in the hypertension market. Data gleaned from the MDA, along with consumer and provider insights gathered through interviews, are being used to further refine the project implementation strategy in Myanmar to maximize impact and efficiency of the interventions.

In Vietnam, Healthy Communities is building on previous hypertension programming by:

i) measuring impact of care provided through affiliated private clinics on blood pressure control.

ii) increasing scale of quality hypertension services by increasing the number and geographic coverage of trained private clinics and pharmacies engaged.

iii) developing practical provider tools that can be used to improve adherence with national quality guidelines for hypertension care and the "Numbers that Matter" campaign to promote the benefits of regular blood pressure checks and treatment adherence.

In both countries, inadequate access to quality hypertension care is being addressed through scale-up of services in the private sector. There is continuous engagement with government officials at central, state and local levels in both countries, while securing government approvals for project activities and when national Ministry of Health/Noncommunicable Disease (MOH/NCD) agencies were engaged to provide technical guidance and tools, including during healthcare provider training design and rollout and development of clinical guidelines, training materials, and indicators for monitoring service delivery data. The project remains responsive to participating healthcare providers' needs throughout implementation, and builds provider and private sector health system capacity to address hypertension through training for health providers and other health workers, clinical mentoring and supportive supervision, and development of job aids and guidelines.

a How needs were assessed

[No response provided]

b Formal needs assessment conducted

[No response provided]

16 Social inequity addressed

Yes. Quality healthcare is often least accessible to lower-income populations. This is due to a variety of influencing factors, including inadequate availability of care at the primary health care level. The public health systems in Myanmar and Vietnam do not have adequate capacity to meet the countries' needs to improve awareness, detection and management of hypertension among adults due to the high burden of disease; innovative approaches and channels must be employed to bring essential hypertension services to those who need them. As the private sector is often a consumer's first point of interaction with the health system in Myanmar and Vietnam, increasing provision of quality services within PSI's established and widespread network of private primary care providers, and affiliated private pharmacies in Vietnam, directly addresses the issue of access to care. Market research is used in both countries to identify gaps in access and affordability of anti-hypertensives and design interventions to improve care and treatment. [1,2,3,4]

Local Context, Equity & Sustainability

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

PSI adheres to local policies, practices and laws for the implementation of all its health programs in Myanmar and Vietnam. The franchise providers who are participating in the program for hypertension service delivery all have valid medical licenses and the facilities in which they operate are frequently audited to ensure that a minimum standard of care is provided. In Vietnam, only registered pharmacies are engaged in the project. Training and quality assurance/quality control is designed to build not only provider capacity, but commitment to adhere to evidence-based guidelines introduced through training and supported with appropriate job aids.

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

[No response provided]

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

No

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

Sustainability will be achieved through improved provider knowledge and practices aligned with national and global clinical standards. Clinical guidelines, job aids, and other supportive materials will continue to serve as useful resources for providers and other health workers beyond the life of the Healthy Communities project.

Additional Program Information

24 Additional program information

[No response provided]

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. Latt NN, Cho SM, Htun NM, Saw YM, Myint MN, Aoki F, Reyer JA, Yamamoto E, Yoshida Y, Hamajima N. Healthcare in Myanmar. Nagoya journal of medical science. 2016 May;78(2):123.
2. Montagu D et al. Equity and the Sun Quality Health Private Social Franchise: comparative analysis of patient survey data and a nationally representative TB prevalence survey. International Journal for Equity in Health. 2013;12:5.
3. Nguyen DH and Hoan VM. Publis health in Vietnam: scientific evidence for policy changes and interventions. Glob Health Action. 2013, 6: 20443.4. Le DC, Kubo T, Fujino Y, Pham TM, Matsuda S. Health care system in Vietnam: current situation and challenges. Asian Pacific Journal of Disease Management. 2010;4(2):23-30.
4. 4. Le DC, Kubo T, Fujino Y, Pham TM, Matsuda S. Health care system in Vietnam: current situation and challenges. Asian Pacific Journal of Disease Management. 2010;4(2):23-30.

Program Indicators

PROGRAM NAME

Healthy Communities

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

	INDICATOR	TYPE	STRATEGY	2017	2018	2019
1	Number of people trained	Output	Health Service Strengthening	727 people	173 people	89 people

INDICATOR

Number of people trained

STRATEGY HEALTH SERVICE STRENGTHENING

1

	ITEM	DESCRIP
	Definition	Number
	Method of measurement	Counting CALCULA Sum of th
28	Data source	Routine p
29	Frequency of reporting	Twice pe

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: PSI/Myanmar, PSI/Vietnam	PSI Vietnam Procedure: In order to capture the number of people trained, For clinic providers, training attendance sheets and pre/post training questionnaires are issued, collected and submitted to the PSI Vietnam MIS team by PSI/Vietnam's Health Services team responsible for leading hypertension trainings. For pharmacy operators, training documentation is completed by PSI Vietnam's Product Social Marketing or Field-Based Quality Improvement Team members responsible for conducting onsite trainings for pharmacy operators. PSI Myanmar Procedure In order to capture the Number of Myanmar Sun Quality Health doctors (private GPs) trained in hypertension under the project, an organizer of the PSI Myanmar CME team asks each Sun Quality Health (SQH) doctor (e.g., private general practitioners) attending the training program to sign an attendance form. These attendance sheets are then submitted to PSI/Myanmar's Management Information Systems (MIS) department after the completion of each activity.	This data is collected as training activities are conducted.

INDICATOR **Number of people trained**

1

STRATEGY HEALTH SERVICE STRENGTHENING

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
31 Data processing	Implementing partners: PSI/Myanmar, PSI/Vietnam	PSI Vietnam Procedure For clinic providers, PSI/Vietnam's health services team reviews clinic training registration data against completed pre/post questionnaires. Only providers satisfying requirements – they are listed on the registration form and have completed both pre- and post-tests – are submitted to MIS team for data entry and aggregation to contribute to the number of providers trained each month. For pharmacy operators trained, the director of Product Social Marketing reviews trip reports submitted by the Product Social Marketing or Quality Improvement team members regarding pharmacies trained and sporadically conduct random cross-checks using phone before submitting trip notes to the MIS team for data entry and aggregate analysis. PSI Myanmar Procedure An organizer of the PSI Myanmar CME team reviews the attendance forms after the completion of each training program and matches signatures and names of the Sun Quality Health doctors (e.g., trainees). Once the CME Manager reviews and confirms the form is accurate and complete, the form is then submitted to PSI/Myammar's MIS department where a data manager will input the trainee into the database. The number of providers trained is reported to the program team at PSI Headquarters on a monthly basis. These are maintained in a monthly services tracking log.	This data is collected as training activities are conducted.
32 Data validation		This process is managed by the lead implementing organization, PSI. Please refer the process steps outlined by PSI above.	

33 Challenges in data collection and steps to address challenges

[No response provided.]

INDICATOR	2017	2018	2019
1 Number of people trained	727 people	173 people	89 people

Comments: Value is inclusive of doctors and pharmacy operators.

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.