PROGRAM REPORT

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KiDS and Diabetes in School

Sanofi

Submitted as part of Access Accelerated

Access Observatory

Contents

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

Program Description

Program Overview

1 Program Name

KiDS and Diabetes in School

2 Diseases program aims to address

• Diabetes (Type 1; Type 2)

• NCD (Non-Communicable Disease Care, General)

3 Beneficiary population

• Age: Youth (5-14 yrs)

. Gender: All genders

• Special Populations: Teachers, parents of children with diabetes, parents in general

4 Countries

• Argentina

• Brazil

• Egypt

• Hungary

• India

• Japan

• Pakistan

• Philippines

• Poland

• United Arab Emirates

5 Program start date

September 30, 2013

6 Anticipated program completion date

Completion date not specified.

7 Contact person

[No response provided]

8 Program summary

The KiDS project is an educational program co-created by Sanofi with the International Diabetes Federation (IDF), in collaboration with the International Society for Pediatric and Adolescent Diabetes (ISPAD), Public Health Foundation of India (PHFI), Sociedade Brasileira de diabetes (SBD) and Associação de Diabetes Juvenil of Brazil (ADJ), to fight diabetes. The program was piloted in India and Brazil and is currently being expanded in various countries. The program is targeted primarily at teachers, school nurses and school staff, school students (6-14 years old) and parents, but also policy makers and governmental officials.

The program objectives are:

- To foster a safe and supportive school environment for children with type 1 diabetes to manage their condition and avoid discrimination.
- To raise awareness of diabetes and the benefits of healthy diets and physical activities among all school-age children.

The KiDS project involves a Global 'Diabetes in Schools' Toolkit to roll out the project in countries interested. The Toolkit was culturally and contextually adapted, pre-tested and tailored for use by the targeted audience. It is divided in four sections dedicated to each audience, i.e. teachers, school nurses and school staff, school students (6-14 years old) and parents (including parents of a child with diabetes). It is available in multiple languages and cultural adaptations, free of charge on the IDF KiDS website (https://kids.idf.org/). It was also developed for Android and an IOS version for iPad.

An educational guide on nutrition was developed on the same model and as a complementary resource to the existing toolkit. The guide was created to raise awareness and inform on the important role of nutrition in the management and prevention of diabetes, as well as a healthy and balanced lifestyle from the young age.

The KiDS project is implemented through awareness meetings and activities in schools, with key stakeholders including school authorities, NGOs, nurses, teachers, parents and children.

The ultimate goal of this project is to support policy changes on the management of type 1 diabetes and healthy habits at schools by introducing training for teachers and school staffs on diabetes in the national curriculum.

For further information, the program is presented on the International Diabetes Federation KiDS website: https://kids.idf.org/

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	The program provides diabetes education to teachers, school nurses and school staff, school students (6-14 years old) and parents (including parents of a child with diabetes).
Technology	An educational toolkit was developed, complemented by additional resources that are translated and culturally adapted to the local needs.

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	[No response provided]

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Sanofi	Sanofi is sponsoring the program.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
International Diabetes Federation (IDF)	The International Diabetes Federation (IDF) was incorporated in 1950 under the Belgian law for international not for profit organisations of 27th June 1921 (AISBL). Its Articles of Association, last amended on 10th March 2015, provide the legally binding purpose of IDF. KiDS is an initiative of IDF; IDF created the educational material with its partners. https://www.idf.org/	Voluntary
International Society for Pediatric and Adolescent Diabetes (ISPAD)	The International Society for Pediatric and Adolescent Diabetes was founded as ISGD, the International Study Group for Diabetes (in childhood and adolescence) in 1974. It is an academic society that contributed to co-create the material. http://www.ispad.org/	Voluntary
Public Health Foundation of India	Public Health Foundation of India (PHFI) is an independent foundation headquartered in New Delhi and its constituent Indian Institutes of Public Health (IIPH) set up by PHFI, have a presence in Hyderabad (Andhra Pradesh), Delhi National Capital Region (NCR), Gandhinagar (Gujarat) and Bhubaneswar (Odisha). The Foundation is managed by an empowered governing board comprising senior government officials, eminent Indian and international academic and scientific leaders, civil society representatives and corporate leaders. PHFI's school partner HRIDAY has a network of 300 schools in Delhi and 500 schools in India. PHFI contributed to build the program and HRIDAY to the implementation in India. www.phfi.org	Voluntary
Associação de Diabetes Juvenil of Brazil (ADJ)	The Associação de Diabetes Juvenil of Brazil (ADJ) is a non-governmental and non-profit entity, legally registered in the Civil Registry of Legal Entities under number 32.791/80 (Book A), founded on March 10, 1980 by a group of parents of children with diabetes. ADJ contributed to creating the material and helped implement the program in Brazil. http://www.adj.org.br/	Voluntary
Diabetes Association of Pakistan	DAP contributes to local adaptation of the program. http://www.dap.org.pk/	Voluntary
Lahore Grammar School	LGS is a chain of schools that contributes to the implementation of the program in pilot schools. http://lgs.edu.pk/	Private
Sociedad Brasileira de diabetes (SBD)	Sociedad Brasilea de diabètes (SBD) is an NGO that contributed to create the material and helped implement the program in Brazil. http://www.diabetes.org.br/publico/	Voluntary

Companies, Partners & Stakeholders

UAE Ministry of Education	United Arab Emirates (UAE) Ministry of Education is supporting the UAE Ministry of Health & Prevention in implementing KiDs in schools. https://www.moe.gov.ae/En/Pages/Home.aspx	Public
UAE Ministry of Health & Prevention	United Arab Emirates (UAE) Ministry of Health & Prevention is leading the adaptation and implementation of the program in UAE. http://www.mohap.gov.ae/en/Pages/default.aspx	Public
Japan Association for Diabetes Education and Care (JADEC)	In Japan, contribute to adapt medical contents and material and conduct trainings. https://www.idf.org/our-network/regions-members/western-pacific/members/105-japan.html?layout=details&mid=154	Voluntary
Egyptian Society of Pediatric Endocrinology and Diabetes	In Egypt, ESPED conducts trainings and awareness sessions of trainers (train the trainers).	Voluntary
University of Rzeszow	In Poland, in the Podkarpacie region, the University of Rzeszów contributed to train teachers and conducted a special diabetes lecture for all medical students of the University. It also facilitated further selection and additional trainings for students (Train the Trainers). http://www.ur.edu.pl/en	Public
Hungarian Diabetes Association	In Hungary, contributed to adapt medical contents and material. Healthcare professionals held presentations about diabetes to students at thematic days. https://diabet.hu/info.aspx?sp=31&web_id=	Voluntary
Egyptian Association for Comprehensive Development	In Egypt, ESPED implements the program in schools through plays and theater style sessions. In addition, Community Health Workers raise awareness among parents. http://www.eacdonline.org/?lang=en	Voluntary
Zindagi Trust	In Pakistan, Zindagi Trust contributes identifying the schools and implementing the program. http://www.zindagitrust.org/	Private
One Drop Foundation (Egy Csepp Figyelem Alapitvany)	Organize and conduct trainings and thematic days in schools in Hungary. http://www.egycseppfigyelem.hu/	Voluntary
Health Department of the State of Goa	In India, the Health Department of the State of Goa is having ownership of the program and is guiding the State children's health program to partner with teachers in implementing the program in schools. http://dhsgoa.gov.in/	Public
Education Department of the State of Goa	In India, the Education Department of the State of Goa is mobilising teachers for training and directing the schools to roll out the programs for the children. https://www.education.goa.gov.in/	Public
National Education Foundation	NEF works for raising education standards in the disadvantaged segments of the northern areas of Pakistan. NEF is ensuring coordination with the schools'management and faculty. https://www.nef.gov.pk/	Public

Companies, Partners & Stakeholders

Polish Association of Diabetics, Bialystok	In Poland, PSD is coordinator of KiDS program in podlaskie voivodeship http://diabetycy.bialystok.pl/pl/o_nas.aspx	Voluntary
Polish Association of Diabetics, Pomorze	In Poland, PSD, Pomorze ensures project governance and coordination http://www.psd-gdansk.cba.pl/	Voluntary
Argentina Society of Diabetes	In Argentina, SAD is managing the implementation of KiDS http://www.diabetes.org.ar/	Voluntary

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
International Diabetes Federation (IDF)	[No response provided]
International Society for Pediatric and Adolescent Diabetes (ISPAD)	[No response provided]
Public Health Foundation of India	[No response provided]
Associação de Diabetes Juvenil of Brazil (ADJ)	[No response provided]
Diabetes Association of Pakistan	[No response provided]
Lahore Grammar School	[No response provided]
Sociedad Brasilea de diabetes (SBD)	[No response provided]
UAE Ministry of Education	[No response provided]
UAE Ministry of Health & Prevention	[No response provided]
Japan Association for Diabetes Education and Care (JADEC)	[No response provided]
Egyptian Society of Pediatric Endocrinology and Diabetes	[No response provided]
University of Rzeszow	[No response provided]
Hungarian Diabetes Association	[No response provided]
Egyptian Association for Comprehensive Development	[No response provided]
Zindagi Trust	[No response provided]
One Drop Foundation (Egy Csepp Figyelem Alapitvany)	[No response provided]
Health Department of the State of Goa	[No response provided]
Education Department of the State of Goa	[No response provided]
National Education Foundation	[No response provided]
Polish Association of Diabetics, Pomorze	[No response provided]
Polish Association of Diabetics, Bialystok	[No response provided]
Argentina Society of Diabetes	[No response provided]

Companies, Partners & Stakeholders

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKE-
Government	Together with our partners, we engage in discussions with government to identify need/feasibility of the project (e.g. selection of the schools where the program will be piloted). In question 12, the list of country governments and respective ministries is provided.	Infrastructure: [No response provided] Human Resources: [No response provided] Funding: [No response provided] Monitoring or Oversight: [No response provided] Other resource: [No response provided]
Non-governmental organizations (NGO)	We work with International Diabetes Federation (IDF) and International Society for Pediatric and Adolescent Diabetes (ISPAD) in co-creating and developing the program, such as creating the educational toolkit. Local NGOs are contributing by adapting material, conducting the information sessions and organizing events.	Infrastructure: [No response provided] Human Resources: [No response provided] Funding: [No response provided] Monitoring or Oversight: [No response provided] Other resource: [No response provided]
Local universities	In Poland, the University of Rzeszów contributed to implement the program. Please refer to question 12.	Infrastructure: [No response provided] Human Resources: [No response provided] Funding: [No response provided] Monitoring or Oversight: [No response provided] Other resource: [No response provided]
Other	Together with our partners, we are working with local schools to provide diabetes education to students, teachers and school staff.	Infrastructure: [No response provided] Human Resources: [No response provided] Funding: [No response provided] Monitoring or Oversight: [No response provided] Other resource: [No response provided]

Local Context, Equity & Sustainability

15 Local health needs addressed by program

- Diabetes is increasingly becoming a public health emergency, with 463 million adults affected across the world. If no action is taken, this number is expected to rise to 700 million by 2045, especially in low- and middle-income countries of the Middle East, North Africa and South-East Asia

- In addition, there are currently over 1.1 million children and adolescents under the age of 20 living with type 1 diabetes. This makes the condition one of the most common chronic childhood diseases globally. With increasing levels of obesity and physical inactivity, type 2 diabetes in childhood also has the potential to soon become a global public health issue for the younger generations, if not prevented efficiently

- Teachers and school staff, nutritionists or nurses need to be adequately trained to deal with diabetes and its implications, in order to create a more supportive classroom environment for children with type 1 diabetes. There is also a lack of awareness in schools of the importance of a healthy lifestyle in preventing young people from developing type 2 diabetes.

Sanofi partnered with the International Diabetes Federation (IDF) and the International Society for Pediatric and Adolescent Diabetes (ISPAD) to produce an educational toolkit that is then translated and culturally adapted by each implementing country with local partners/ local IDF members[1,2,3,4.]

a How needs were assessed

Before initiating the program in a country, a feasibility assessment is performed. It includes the review of the following: diabetes epidemiologic data, national policies/plans and existing projects/campaigns regarding awareness on diabetes and the benefits of healthy diet and physical activity among school-age children, stigma against children with diabetes and lack of knowledge on diabetes.
The program started with a pilot in India and Brazil. There was a feasibility assessment that allowed designing and adapting the toolkit to local needs, practices, and regulations. Other countries are now evaluating above criteria to identify the need and potential implementation.

b Formal needs assessment conducted

Yes

16 Social inequity addressed

People living with diabetes constantly need to balance medication, food and physical activity every day to maintain long-term health. This is no different for children with diabetes, and yet, the school environment, where these children spend a significant proportion of their time, can pose significant challenges ranging from difficulties to receive treatment, to exclusion from certain activities. Evidence has highlighted that a lack of diabetes knowledge within the school environment leads to poor support, isolation, stigma and discrimination for the concerned children. The KiDS program aims to fight against discrimination of people living with type 1, more specifically children with type 1 diabetes by fostering a safe and supportive school environment. Through the awareness component of the program (educational sessions and materials), it contributes to health literacy of children irrespective of their social status.

Local Context, Equity & Sustainability

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

[No response provided]

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

N/A.

23 Sustainability plan

The ultimate goal of KiDS is to support policy changes on the management of type 1 diabetes and healthy habits at schools by introducing training for teachers on diabetes in the national curriculum of the countries of interest. An advocacy leaflet has been prepared during the development of the program to answer to this need and the KiDS advocacy toolkit has recently been issued.

Additional Program Information

24 Additional program information

On 26 August 2020, the KiDS programme in Goa, India was awarded with The Silver Award in the Health Impact Awareness Category at the 4th CSR Health Impact Awards 2020.

In 2019, results of the evaluation of the pilot in India and Brazil showed that:
- Diabetes knowledge among the school staff and parents of children without diabetes was very limited prior to the KiDS project in both countries.
- After introducing KiDS, both groups mentioned increased knowledge on the management of diabetes. This was reflected through healthier food choices at school and the encouragement of physical activities.
- Increased knowledge and understanding in the school staff were observed by parents and children with diabetes
Ref.: Chinnici D, Middlehurst A, Tandon N, et al. Improving the school experience of children with diabetes: Evaluation of the KiDS project. J Clin Transl Endocrinol. 15(2019) 70-75 - doi:10.1016/j.jcte.2018.12.001.

In 2018:
- Results of the initiative in Brazil were published: Bechara GM, Castelo Branco F, Rodrigues AL, et al. "KiDS and Diabetes in Schools" project: Experience with an international educational intervention among parents and school professionals. Pediatr Diabetes. 2018;19:756-760. https://doi.org/10.1111/pedi.12647
- The successful implementation of KiDS in Poland resulted in the project receiving the 2018 European Federation of Pharmaceutical Industries (EFPIA) Health Collaboration Award in the Prevention & Awareness category. https://www.efpia.eu/news-events/the-efpia-view/statements-press-releases/efpia-announces-winner-of-the-2018-health-collaboration-awards/

The descriptions of the program as well as results from the pilots conducted in India and Brazil have been presented in several international and local congresses, here are some key references:
- World Diabetes Congress 2015 - Poster: Children with Diabetes in Schools (KIDS project) – First results on satisfaction of the educational intervention. D. CHINNICI et al.
- World Diabetes Congress 2015 - Oral: Evaluating the impact of the KiDS project in schools in India and Brazil. D. CHINNICI et al.
- 6th World Congress on Diabetes in Chennai: abstract : Profiling Project KiDS: Kids and Diabetes in School, N. Tandon
- 8th European Public Health Conference 2015 (Milan 14 - 17 October 2015): First evaluation on satisfaction of the KiDS project in India and Brazil (phase I: 2013-2014); D. Chinnici et al

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.

SANOFI, KIDS AND DIABETES IN SCHOOL

Resources

1. International Diabetes Federation. IDF Diabetes Atlas, 9th edition. Brussels, November 2019. Accessed 04.02.2020 at https://diabetes-atlas.org/en/
2. International Diabetes Federation. IDF Recommendation on the Prevention of obesity and type 2 diabetes in the school environment. Brussels, November 2019. Accessed 04.02.2020 at https://idf.org/our-activities/advocacy-awareness/resources-and-tools/160-prevention-of-obesity-and-type-2-diabetes-in-the-school-environment.html
3. Dabelea D, Mayer-Davis EJ, Saydah S, Imperatore G, Linder B, Divers J, et al. Prevalence of type 1 and type 2 diabetes among children and adolescents from 2001 to 2009. Jama. 2014; 311(17):1778-86.
4. Lange, K. et al. Pediatric Diabetes. 2009, 10: 28-36
5. Chinnici D, Middlehurst A, Tandon N, et al. Improving the school experience of children with diabetes: Evaluation of the KiDS project. J Clin Transl Endocrinol. 15(2019) 70-75 - doi:10.1016/j.jcte.2018.12.001.
6. European Federation of Pharmaceutical Industries and Associations. EFPIA Announces the Winners of the 2018 Health Collaboration Awards. November 2018. Accessed at https://www.efpia.eu/news-events/the-efpia-view/statements-press-releases/efpia-announces-winner-of-the-2018-health-collaboration-awards/

Program Indicators

PROGRAM NAME

KiDS and Diabetes in School

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

INDICATOR	TYPE	STRATEGY	2017	2018	2019	2020
1 Tools in use	Output	Community Awareness and Linkage to Care	2 tools	6 tools	18 tools	6 tools
2 Population exposed to community communication activities	Output	Community Awareness and Linkage to Care	17,642 people	59,977 people	91,221 people	76,173 people

INDICATOR

Tools in use

1

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

	ITEM	DESCRIPTION
	Definition	Number of tools (e.g., mHealth, EMR, etc.) introduced and in use by the program
	Method of measurement	Counting the number of tools created and in use by the program CALCULATION: Sum of number of tools created by the program
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	International Diabetes Federation (IDF)	The implementing partner is reviewing and approving the locally translated and adapted educational toolkit and keeps record of the number of tools approved and in use by the program.	Ongoing
31	Data processing	International Diabetes Federation (IDF)	The implementing partner designed material with the support and review of experts in the field. Local partners ensure local translation and adaptation. The partner then reviews the consistency of local adaptation and translation with the original core material prior to its publication on the IDF website.	Ongoing
31	Data validation		No specific process.	

33 Challenges in data collection and steps to address challenges

Most of the tools are available free of charge and anyone can download and adapt them. Guidelines for adaptation of the tools and implementation of the program are also provided free of charge. Thus it is not possible to keep a complete record of all potential tools that have been adapted and created from our tools. To minimize the impact of this challenge, local partners are strongly encouraged to share the tools they adapt and develop.

INDICATOR	2017	2018	2019	2020
1 Tools in use	2 tools	6 tools	18 tools	6 tools

INDICATOR

Tools in use

1

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

Comments:

2017: Two tools were introduced in 2017: KiDS and Diabètes in Schools, the story of Tom video, available at https://www.idf.org/our-activities/education/kids-project.html and educational videos in portuguese available at: http://www.adj.org.br/ (click on "Playlist ADJ KiDS"). In addition, between 2013 and 2017, the following tools were produced and are available for use: - KiDS information pack in 10 languages: Arabic, Chinese, English, English India, French, Hindi, Greek, Portuguese, Russia, Spanish, available at: https://www.idf.org/e-library/education/73-kids-diabetes-information-pack.html - KiDS app available for iOS and Android tablets. The app is designed to offer diabetes management and prevention tips to teachers, parents and children alike. It also features games on healthy eating and managing blood sugar. Available in 8 languages - Arabic, Chinese, English, French, Hindi, Portuguese (Brazil), Russian and Spanish at: https://itunes.apple.com/us/app/kids-diabetes-in-schools/id909846748?l=nl&ls=1&mt=8 and https://play.google.com/store/apps/details?id=org.idf.kids - Guidelines for using the KiDS information pack: https://www.idf.org/images/site1/content/KiDS-information-pack-guidelines.pdf - KiDS flyer to present the project: https://kids.idf.org/downloads/Kids_flyer-update1115.pdf - Advocacy leaflet: https://kids.idf.org/downloads/Kids-advocacy-leaflet_2015-update1911.pdf - Video to present KiDS and Diabètes in School project: https://kids.idf.org/

2018: In 2018, the KiDS information pack was translated and culturally adapted in 5 additional languages: Hungarian, Japanese, Polish, Portuguese (for Portugal), Urdu. A new educational material was designed: the KiDS and Diabetes in Schools educational guide was developed as a complimentary resource to the Kids and Diabetes Information Pack. The guide is an awareness and information tool developed to inform teachers, parents of children with diabetes as well as all parents and children of the important role of nutrition and a healthy and balanced lifestyle in the management and prevention of diabetes.

2019: In 2019, in line with the extension of the program in new countries, the KiDS information pack was adapted to Argentina. End of 2019, it is available in 16 languages and adaptations. In addition, an educational video "The story of Tom" was made available in 3 languages: English, https://www.youtube.com/watch?v=pOHpnnF3mlw Spanish (Argentina) https://www.youtube.com/watch?v=ijPlqA-icga4&t and Arabic (Egypt) subtitles https://www.youtube.com/watch?v=FGdPnEJaiX4&t The KiDS nutrition guide developed in 2018 in English was translated and adapted in Polish, French, Hindi, Hungarian, Spanish and Greek: https://idf.org/e-library/education/148-educational-guide-on-nutrition-and-diabetes-in-schools.html Derived from the KiDS Educational Guide on Nutrition and Diabetes in Schools, the NutriQuiz is a quiz about nutrition, healthy lifestyle choices and their role in the prevention of type 2 diabetes and the management of all types of diabetes. Is is available in 6 languages: English, French, Spanish, Brazilian Portuguese, Albanian and European Portuguese: https://www.idf.org/our-activities/education/kids-project.html To support advocacy on prevention of diabetes, the IDF issued a position statement that focuses primarily on the role that education systems and school environments should play in the prevention of childhood obesity and type 2 diabetes: https://www.idf.org/our-activities/advocacy-awareness/resources-and-tools.html Finally, a video presenting KiDS and its implementation was produced end of 2019: https://www.youtube.com/watch?v=k8S_QwvW_5E&t=

2020: In 2020, in line with the extension of the program in new countries/new regions, the KiDS information pack was adapted to Colombia and translated in Marathi. End of 2020, it is available in 18 languages and adaptations that can be downloaded free of charge at: https://kids.idf.org/resource/ The educational video "The story of Tom" is now available in 5 languages with the Urdu version produced in 2020: https://www.youtube.com/watch?v=IMqb_0F9hJs&list=PLYvsqlKJFSCwCwE37yVUCkTEXq4pF3LOg&index=4 The KiDS nutrition guide developed in 2018 in English was translated and adapted in Spanish for Colombia: https://kids.idf.org/resource/ in addition to the existing 7 adaptations. Derived from the KiDS Educational Guide on Nutrition and Diabetes in Schools, the NutriQuiz is a quiz about nutrition, healthy lifestyle choices and their role in the prevention of type 2 diabetes and the management of all types of diabetes. It is now available in 7 languages: English, French, Spanish, Brazilian Portuguese, Albanian and European Portuguese with the Russian one produced in 2020. They can be accessed at: https://kids.idf.org/resource/ Finally, all educational material and information on the program, including experiences of countries and testimonials were gathered on a new dedicated KiDS website: https://kids.idf.org/

INDICATOR

Population exposed to community communication activities

2

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

	ITEM	DESCRIPTION
	Definition	Number of population reached through a community awareness campaign
	Method of measurement	Counting of participants that attend campaign meetings or reached by media messaged disseminated CALCULATION: Number of people or participants in the target audience segment who participatedor attended the community awareness campaign recorded in a given period of time
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	International Diabetes Federation (IDF); Public Health Foundation of India; UAE Ministry of Health & Prevention; Zindagi Trust; Egyptian Association for Comprehensive Development; One Drop Foundation (Egy Csepp Figyelem Alapitvany); Japan Association for Diabetes Education and Care (JADEC), Health Department of the State of Goa, Argentina Society of Diabetes, National Education Foundation, Polish Association of Diabetics, Pomorze Other: Third party in Poland and Pakistan	A member of the local team (the implementing partner) asks each school to count the number of sessions and number of attendees (teachers and students) per session. Collection of information is done on an ongoing basis, at the time the session occurs.	Ongoing
31	Data processing	International Diabetes Federation (IDF); Public Health Foundation of India; UAE Ministry of Health & Prevention; Zindagi Trust; Egyptian Association for Comprehensive Development; One Drop Foundation (Egy Csepp Figyelem Alapitvany); Japan Association for Diabetes Education and Care (JADEC), Health Department of the State of Goa, Argentina Society of Diabetes National Education Foundation, Polish Association of Diabetics, Pomorze Other: Third party in Poland and Pakistan	A member of the team of the implementing partner gathers on an ongoing basis the number of attendees per session. This allows consolidating at the end of one calendar year the total number of people exposed.	Ongoing
32	Data validation		No specific process.	

INDICATOR

Population exposed to community communication activities

2

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

33 Challenges in data collection and steps to address challenges

It is not easy to find a time that is conducive to getting parents to attend, and depending on the schools, there are difficulties to get parents to attend the sessions, even when the timing was agreeable and accepted by them at first instance.

In addition, the KiDS educational material is available on the IDF website. Therefore, anyone can download the information pack and organise educational sessions that would not be counted in this reporting.

INDICATOR	2017	2018	2019	2020
2 Population exposed to community communication activities	17,642 people	59,977 people	91,221 people	76,173 people

Comments: 2017: Since the program started, it is estimated that trainings allowed raising awareness among 69707 people: 60673 children, 7725 teachers, 207 school staff and 1102 parents in India, Brazil, UAE and Pakistan

2018:Since the program started, it is estimated that trainings allowed raising awareness among more than 126500 people, including almost 104000 children, over 11000 teachers and other school staff and more than 11 500 parents.

2019: Since the program started, it is estimated that trainings allowed to raise awareness among close to 189 000 children, 13 750 teachers and other school staff and more than 15 000 parents.

2020: During 2020, the program was adversely affected by school closures due to COVID-19 pandemic. However, virtual classroom sessions were conducted wherever possible. Since the program started, it is estimated that trainings allowed to raise awareness among over 248 000 children, close to 18 700 teachers and other school staff and close to 26 800 parents.

Program Documents

Program Documents

1. In 2019, results of the evaluation of the pilot in India and Brazil were published in the J. Clin. Transl. Endocrinol.

Chinnici, D., Middlehurst, A., Tandon, N., et al. Improving the school experience of children with diabetes: Evaluation of the KiDS project. J Clin Transl Endocrinol. 2019 March (15): 70-75. https://doi.org/10.1016/j.jcte.2018.12.001

2. KiDS is based on an educational package to be used in a school setting and co-created by IDF and its partners. A pilot evaluation of diabetes knowledge and behaviors on caregivers and school staff was performed in Brazil.

Bechara, G.M. Castelo Branco, F., Rodriguez, A.L., et al. KiDS and Diabetes in Schools project: Experience with aninternational educational intervention among parents and school professionals. KiDS project. Pediatr Diabetes. 2018 Jun;19(4):756-760. Available at: https://onlinelibrary.wiley.com/doi/abs/10.1111/pedi.12647

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.