PROGRAM REPORT

INTEGRATED WITH 'BLUEPRINT FOR INNOVATIVE ACCESS' IN 2020

Integrated Cancer Curriculum

Takeda

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 at Boston University. The information will be updated regularly. For more information about the Observatory go to www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Takeda, Integrated Cancer Curriculum

2 Diseases program aims to address

- Cancer (General)

3 Beneficiary population

- Age Group: All ages
- Gender: All genders
- Special Populations: Rural

4 Countries

- Kenya

5 Program start date

September 1, 2018

6 Anticipated program completion date

Not specified.

7 Contact person

Philip Towle, Philip.towle@takeda.com

8 Program summary

The Integrated Cancer Management Training program was established by Takeda along with local and regional partners to improve early diagnosis, quality and impact of cancer care for patients in sub-Saharan Africa (SSA). The program follows an assessment by Takeda, together with the Cancer Alliance (led through the secretariat of Amref Health Africa) and the National Cancer Institute (NCI) of Kenya, that identified gaps and opportunities in cancer care training in Kenya that were in urgent need of addressing.

Improving the speed of diagnosis was identified as one such critical factor in the fight against cancer in sub-Saharan Africa – the third largest cause of death in Kenya. Diagnosis in Africa can often take much longer than in more developed parts of the world due to several factors, including the lack of trained professionals, the distance to clinics from patients' homes, and public understanding of treatment options as well as the importance of regular check-ups.

The curriculum has been specifically designed to address these needs and build capacity for patient support in Kenya. Together with our partners, including the National Cancer Care Program; Kenyatta National Hospital; Moi Teaching and Referral Hospital; Kenya Hospices and Palliative Care Association (KEHPCA); the Nursing Council of Kenya (NCK); the ELEWA Foundation; Amref Health Africa; Kenyan Network of Cancer Organizations (KENCO); and the Kenya Medical Research Institute (KEMRI), Takeda has developed innovative training courses and delivery methods that combine in-person training with mobile and online learning to ensure that Primary Healthcare Practitioners (PHPs) and Community Healthcare Workers (CHWs) are able to receive the training, mentorship and knowledge sharing they so desperately need.

The initiative includes advanced training and content delivered through a combination of in-person interactions and e-learning modules for PHPs. For CHWs, the program also adopts a dual level training approach, utilizing face-to-face training, whilst integrating a mobile learning functionality that is delivered through SMS and voice messaging. Healthcare workers are certified following their participation in the training, which grants recognition and legitimacy with institutions across Kenya.

Program Overview

8 Program summary cont.

Once trained, Trainers of Trainers (TOTs) will be identified and become a resource to the National Cancer Institute (NCI) and Ministry of Health of Kenya to support the ongoing cancer management training of other PHPs. The TOTS will also double up as mentors to those PHPs who have been trained. Through the NCI and Elewa foundation, there will be a mentorship program for TOTs, where oncology experts will deliver face-to-face training on the technical components of diagnosis. The curriculum will further be adopted and integrated as part of the pre-service academic curriculum used to train undergraduate and graduate medical students.

The sustainability of the program depends on the continued commitment of our partners, which is why we are working closely with local hospitals, organizations and government agencies and have made sure that ownership of the Integrated Cancer Care Curriculum sits with the National Cancer Institute under the National Ministry of Health of Kenya. These programs will be evaluated on an ongoing basis to assess their impact.
This program aims to reach 10,000 healthcare workers by 2019.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Training	CHWs are trained on raising cancer awareness at the community level and the programme including the awareness campaigns and outreach.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Training of Primary Healthcare Practitioners (PHPs) on cancer diagnosis and management through a combination of in person interactions and e-learning modules making use of the Amref innovative electronic and mobile Health Platforms. Training of Trainers of Trainer (TOTs) on the National Oncology Curriculum, to support the face-to-face component of the blended training platform. The TOTS who are based in local healthcare facilities will be a resource to the National Cancer Institute (NCI) and Ministry of Health (MoH) of Kenya, to support the ongoing cancer management training of Primary Healthcare Professionals (PHPs). The TOTS will further act as mentors to those Primary Healthcare Professionals trained Provide mentorship program, delivered by Oncology Experts to the TOTs through the National Cancer Institute (NCI) and ELEWA Foundation. This will include face to face training of 20 Medical Officers on the Technical components of diagnosis. The National Integrated Cancer Curriculum will be adopted and integrated as part of the pre-service academic curriculum to train the undergraduate and graduate students. This will be done in addition to the up skilling of – Nurses, Nutritionists, Medical Officers (MOs) and Clinical Officers (COs) currently working directly with cancer patients
Management	1) Review of the current curricula (local and international), adapt and develop an integrated National oncology curriculum for Kenya. 2) Develop a blended (Face-to-Face and Digital) cancer care training curriculum from the National Oncology Curriculum. Convert the relevant content of the blended curriculum into digital e learning content for electronic and mobile delivery, for training of Primary Healthcare Professionals (PHPs) including Nurses, Clinical Officers, Medical officer, nutritionists. 3) Develop a simplified and basic blended (Face-to-Face and Digital) training curriculum for CHWs. Convert the relevant content of the CHW training curriculum into digital content for mobile delivery. This platform will cater for all level of mobile users, including basic (through SMS and voice messaging) and smart phones. 4) Develop and integrate the standard Operating Procedures (SOPs) and basic training curriculum for the cancer registry curriculum – for data collection purposes, and support of the registry.

Program Strategies & Activities

10 Strategy by country

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

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Takeda	Takeda have supported this program with funding and expert knowledge from initial planning and will continue to support the implementation therof.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
The Cancer Alliance	The Cancer Alliance is driving the program through AMREF, who are acting as Secretariat of the Cancer Alliance.	Voluntary
Moi Teaching and Referral Hospital	Implementing Partner. http://www.mtrh.go.ke/	Public
Kenya Hospices and Palliative Care Association	Implementing Partner http://kehpca.org/	Voluntary
The Nursing Council of Kenya	Implementing Partner https://nckenya.com/	Voluntary
Elewa Foundation	Implementing Partner https://elewacancerfoundation.org/	Voluntary
Amref Health Africa	Implementing Partner https://amref.org/	Voluntary
Kenyan Network of Cancer Organizations	Implementing Partner https://kenconetwork.org/	Voluntary
The Kenya Medical Research Institute	Implementing Partner https://www.kemri.org/	Public

Companies, Partners & Stakeholders

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
The National Cancer Institute of Kenya	The National Cancer Institute, under the National Ministry of Health of Kenya, is the owner of this program. The Cancer Alliance is driving the program through AMREF, who are acting as Secretariat of the Cancer Alliance. The rest of the partners are supporting the delivery of this program. Partners include: • The National Cancer Institute of Kenya • The Cancer Alliance •The National Cancer Care Program •Kenyatta National Hospital http://knh.or.ke/ • Moi Teaching and Referral Hospital http://www.mtrh.go.ke/ •Kenya Hospices and Palliative Care Association http://kehpca.org/ •The Nursing Council of Kenya https://nckenya.com/ •Elewa Foundation https://elewacancerfoundation.org/ • Amref Health Africa https://amref.org/ •Kenyan Network of Cancer Organizations https://kenconetwork.org/ •The American Cancer Society (as a proxy through KEHPCA) https://www.cancer.org/ •The Kenya Medical Research Institute https://www.kemri.org/	Public
The National Cancer Care Program	Implementing Partner.	Public
Kenyatta National Hospitalation	Implementing Partner http://knh.or.ke/	Public

13 Funding and implementing partners by country

PARTNER	COUNTRY
The Cancer Alliance	Kenya
Moi Teaching and Referral Hospital	Kenya
Kenya Hospices and Palliative Care Association	Kenya
The Nursing Council of Kenya	Kenya
Elewa Foundation	Kenya
Amref Health Africa	Kenya
Kenyan Network of Cancer Organizations	Kenya
The Kenya Medical Research Institute	Kenya

Companies, Partners & Stakeholders

13 Funding and implementing partners by country cont.

PARTNER	COUNTRY
The National Cancer Institute of Kenya	Kenya
The National Cancer Care Program	Kenya
Kenyatta National Hospitalation	Kenya

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Government	Prior to the start of any activity, our partners are required to align with Ministries of Health and governments to ensure that local policies, practices and laws are adhered to. Because this is a National Cancer Curriculum, this initiative is being led by by the National Cancer Institute and the National Cancer Control Program.	Infrastructure: No Human Resources: No Funding: No Monitoring or Oversight: Yes Other resource: Yes
Non-government organization (NGO)	NGOs have been have been engaged through the Cancer Alliance and Amref Health Africa as secretariat of the Cancer Alliance. Takeda is a founding partner of the Cancer Alliance.	Infrastructure: No Human Resources: Yes Funding: Yes Monitoring or Oversight: Yes Other resource: No
Local universities	Universities have been have been engaged through the Cancer Alliance and Amref Health Africa as secretariat of the Cancer Alliance. Takeda is a founding partner of the Cancer Alliance.	Infrastructure: No Human Resources: Yes Funding: No Monitoring or Oversight: No Other resource: No

Local Context, Equity & Sustainability

15 Local health needs addressed by program

All Takeda AtM initiatives are based on addressing significant local unmet medical needs and gaps in healthcare capacity. We work together with our NGO partners and local clinicians, researchers, healthcare workers and Ministries of Health to identify these gaps and the unmet need. This ensures that resources are focused on public health priorities.

With cancer being the third highest cause of death in Kenya and with few cancer professionals, there is a substantial need for innovative ways of introducing effective and accessible courses for non-specialists to assist in care delivery under supervision. Diagnosis in Africa can often take much longer than in more developed parts of the world, due to a number of factors including the number of trained professionals, the distance to clinics from patients' homes, and the general public's level of understanding of the options available to them and the importance of regular check-ups. Improving the speed of diagnosis is a critical factor in the fight against cancer in sub-Saharan Africa.

The curriculum has been specifically designed to address the unmet needs in Kenya and build capacity for patient support. The curriculum has been created from the ground up, and together with our partners we have developed innovative training courses and delivery methods that combine in-person training with mobile and online learning to ensure that Primary Healthcare Practitioners (PHPs) and Community Healthcare Workers (CHWs) are able to receive the training, mentorship and knowledge sharing that they so desperately need.

The Ministry of Health through the National Cancer Institute and the National Cancer Control Program have taken the lead on this project, thereby ensuring itis aligned and adheres with local policies, practices and laws.

a How needs were assessed

Takeda has worked closely with local partners to identify the gap / need for this program in order to improve the quality and impact of cancer care.

b Formal needs assessment conducted

Yes.

16 Social inequity addressed

Improving cancer care for the entire population of Kenya, by improving the quality of care and supporting early diagnosis.

Local Context, Equity & Sustainability

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	The National Cancer Institute and National Cancer Control program have led this initiative, thereby ensuring it is aligned to National policy.
Procurement procedures	[No response provided]	
Standard treatment guidelines	Yes	The National Cancer Institute and National Cancer Control program have led this initiative, thereby ensuring it is aligned to National policy.
Quality and safety requirements	Yes	[No response provided]
Remuneration scales and hiring practices	[No response provided]	[No response provided]

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

Although public and other resources have been required for both leading and for the actual development of curriculum, this has been kept to an absolute minumum through a very structured approach. The future time saved for these resources through the development of this curriculum, which is delivered through a blended platform (Face-to-Face and e learning) will far outweigh the initial time invested as part of the development and ongoing management of this program.

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

No.

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

Not applicable.

21 Health technologies are covered by local health insurance schemes

Not applicable.

22 Program provides medicines listed on the National Essential Medicines List

Not applicable.

Local Context, Equity & Sustainability

23 Sustainability plan

- The integrated oncology care training program would be scaled up in Kenya and also adopted in other countries where AMREF Health Africa has operations
- The integrated oncology care programme will be accredited as a CPD course and healthcare workers will earn CPD points for them to be maintained in their respective practice register. This certification following their participation ensures recognition and legitimacy with institutions across Kenya.
- Healthcare workers will form cancer journal groups/clubs where discussions and seminars on oncology care will be advanced through Continuous Medical Education (CME) and to promote knowledge practical case studies.
- The Community Health Worker Program will be supported by Amref through funding received from the National Health Insurance Fund (NHIF). NHIF provides Amref with 5% of the revenues received from individuals signing up in the relevant community. Amref Health Africa is working with the communities to establish CHWs Bureau and 3% of the 5% of revenues will be used to fund stipends to the CHWs as well as ensuring sustainability of the programs.
- The National Cancer Institute under the National Ministry of Health of Kenya will own the integrated cancer care curriculum and they will be responsible for regularly reviewing and updating the content. This will make it easier to define national policies on training in cancer care which will be cascaded down to the devolved county governments.

Additional Program Information

24 Additional program information

Governance structure, incl. management of conflict of interest

- The Integrated Cancer Curriculum Initiative, brings together all of activity, and coordinates that of our partners to ensure that resources and activities are developed, delivered and prioritised where, when and how they are needed.
- Takeda is a founding partner of the Cancer Alliance, who, through the secretariat of Amref Health Africa, is driving this initiative under the guidance and on behalf of the National Cancer Institute (NCI) of Kenya
- While Takeda will not be a part of the Governance structure, we will receive regular feedback and reports on the ongoing progress of the program
- The initiative continuously reviews current local and international curricula to adapt and develop a national integrated oncology curriculum for Kenya.
- The Cancer Alliance is committed to ensuring clear accountability for its operations and the delivery of cancer services in SSA. Clear governance structures are in place, through which the monitoring and evaluation of initiatives is embedded through targeted policies and procedures. A Board of Directors is responsible for overseeing, discussing and deciding on projects, campaigns, initiatives, new partnerships, budgets, meeting schedules and any other activities undertaken by the Cancer Alliance. The board is also responsible for overseeing and finalizing the formation of policies and procedures governing the work plan and prioritization of activities.
- To ensure governance procedures are followed, various focused committees are being implemented to oversee the activities of the Alliance, including a Financial Committee and a Program Evaluation Committee. The committees aim to assist the Board of Directors in their mandate.
- Takeda commits to business with fairness, transparency and integrity. Takeda policies and company-wide Compliance programs ultimately foster continuous education for its employees' to adhere to the principle of avoiding conflicts when engaging with third parties.
- Takeda's Global Anti-Corruption Policy requires prior to entering into any agreements with third parties to apply a risk-based approach and the conduct of appropriate due diligence to identify and address potential red flags that pose any actual or potential risks for Takeda
- The provision of monetary or in-kind donations to non-profit organizations, and any forms of charitable donations must be made without any commercial motive, conflict of interest or the appearance thereof.
- Takeda avoids conflicts of interest in its interactions with patient organizations and patients.

Impact

- In the short term, the initiative will train 100 healthcare professionals and 500 CHWs.
- By 2019, the aspiration is to reach 10,000 healthcare workers. Takeda recognised the urgency and need to advance cancer training in sub-Saharan Africa, and that in order to do this effectively and sustainably, has brought together a number of its existing initiatives into the National Integrated Cancer Care Curriculum. Therefore, the following initiatives are now included as part of this initiative:
- Cancer education for primary healthcare professionals in Kenya
- Oncology Nursing in Kenya
- Patient Support and Palliative in Kenya

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

Not yet available for this program.

PROGRAM ENDED

PROGRAM NAME

Integrated Cancer Curriculum

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

INDICATOR	TYPE	STRATEGY	2017
1 Percentage of professionals trained out of total number targeted	Output	Health Service Strengthening	---
2 Tools in use	Output	Health Service Strengthening	1 tool
3 Number of people trained	Output	Health Service Strengthening	618 people
4 Health provider knowledge change	Outcome	Health Service Strengthening	---

INDICATOR

Percentage of professionals trained out of total number targeted

1

STRATEGY HEALTH SERVICE STRENGTHENING

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

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: Elewa Foundation, Amref Health Africa.	Elewa Foundation trains the primary health care workers, whilst Amref is responsible for the Community Health Worker trainings. Both implementing partners have set their target number of Master Trainers and trained PHC workers and CHWs. They are responsible for recording attendance, cadre, additional demographic details (such as gender, etc.) which are signed by participants.	Ongoing
31	Data processing	Implementing partner: Amref Health Africa.	Amref is the project owner and reviews attendance sheets that specify cadre, demographic information, etc. and submits reports to Takeda.	Once per year
32	Data validation		Takeda conducts ad-hoc site visits and therefore is unable to validate the data. However, Takeda interrogates the submitted data in project management meetings.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2017
1 Percentage of professionals trained out of total number targeted	---

Comments: N/A.

INDICATOR **Tools in use**

STRATEGY HEALTH SERVICE STRENGTHENING

2

	ITEM	DESCRIPTION
	Definition	Number of tools (e.g., mHealth, EMR, etc.) introduced and in use by the program (please distinguish from "Management Procedures in Use" indicator)
	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	Implementing partner: Amref Health Africa.	Amref is capitalising on its digital platforms in order to deliver a blended (face to face and digital) training program. Amref is responsible for converting content to the digital tools, and report on their use and provide technical support to users.	Ongoing
31	Data processing	Implementing partner: Amref Health Africa.	Amref is capitalising on its digital platforms in order to deliver a blended (face to face and digital) training program. Amref is responsible for converting content to the digital tools, and report on their use and provide technical support to users.	Once per year
32	Data validation		Takeda conducts ad-hoc site visits and therefore is unable to validate the data. However, Takeda interrogates the submitted data in project management meetings.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2017
2 Tools in use	1 tool

Comments: Amref customised and used the LEAP mobile training platform that allows for a blended (face to face and digital) training approach.

INDICATOR **Number of people trained**

STRATEGY HEALTH SERVICE STRENGTHENING

3

	ITEM	DESCRIPTION
	Definition	Number of trainees
	Method of measurement	Counting of people who completed all training requirements Calculation: Sum of the number of people trained
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: Elewa Foundation, Amref Health Africa.	Elewa Foundation trains the primary health care workers, whilst Amref is responsible for the Community Health Worker trainings. Both implementing partners record attendance, cadre, additional demographic details (such as gender, etc.)	Ongoing
31	Data processing	Implementing partner: Amref Health Africa.	Amref is the project owner and reviews attendance sheets that specify cadre, and submits reports to Takeda.	Once per year
32	Data validation		Takeda has conducted ad-hoc site visits and therefore is unable to validate the data. However, Takeda interrogates the submitted data in project management meetings.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2017
3 Number of people trained	618 people

Comments: This represents data collected by Amref. 618 represents the number of people trained; Of the 618, these may be disaggregated by HEALTHCARE PROVIDER Community Health Workers (CHWs) = 576 Community Health Extension Workers (CHEWs) = 42 Of the trained 576 CHWs, they are disaggregated by SEX Male - 166 Female - 410.

INDICATOR **Health provider knowledge change** 4

STRATEGY HEALTH SERVICE STRENGTHENING

	ITEM	DESCRIPTION
	Definition	The percentage change in providers' knowledge after training. The assessment should be designed to assess the possession of the skills and knowledge to be able to comply with predefined standards
	Method of measurement	The assessment of provider skills and knowledge occurs through a written, oral, or observational assessment that providers have to undergo before and after the training. The percentage change in score after the training is calculated. Calculation: $\frac{\text{Post-training score} - \text{Pre-training score}}{\text{Pre-training score}} \times 100$
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	Implementing partners: Elewa Foundation, Amref Health Africa.	Elewa Foundation and Amref both conduct pre- and post-tests to examine health worker knowledge and understanding. This activity also includes mentorship, which creates the opportunity for continued learning and supervised application of knowledge.	Ongoing
31	Data processing	Implementing partner: Amref Health Africa.	Amref is the project owner and reviews and compiles all the data, processes it and submits narrative reports to Takeda.	Once per year
32	Data validation		Takeda conducts ad-hoc site visits and therefore is unable to validate the data. However, Takeda interrogates the submitted data in project management meetings.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2017
4 Health provider knowledge change	---

Comments: N/A.

Appendix

This program report is based on the information gathered from the Access Observatory questionnaire below.

Program Description

PROGRAM OVERVIEW

1 Program Name

2 Diseases program aims to address:

Please identify the disease(s) that your program aims to address (select all that apply).

3 Beneficiary population

Please identify the beneficiary population of this program (select all that apply).

4 Countries

Please select all countries that this program is being implemented in (select all that apply).

5 Program Start Date

6 Anticipated Program Completion Date

7 Contact person

On the public profile for this program, if you would like to display a contact person for this program, please list the name and email address here (i.e. someone from the public could email with questions about this program profile and data).

8 Program summary

Please provide a brief summary of your program including program objectives (e.g., the intended purposes and expected results of the program; if a pilot program, please note this). Please provide a URL, if available. Please limit replies to 750 words.

PROGRAM STRATEGIES & ACTIVITIES

9 Strategies and activities

Based on the BUSPH Taxonomy of Strategies, which strategy or strategies apply to your program (please select all that apply)?

10 Strategy by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g. some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (program strategies), please identify which country/countries these apply.

COMPANIES, PARTNERS AND STAKEHOLDERS

11 Company roles

Please identify all pharmaceutical companies, including yours, who are collaborating on this program:

What role does each company play in the implementation of your program?

12 Funding and implementing partners

Please identify all funding and implementing partners who are supporting the implementation of this program (Implementing partners is defined as either an associate government or non-government entity or agency that supplements the works of a larger organization or agency by helping to carry out institutional arrangements in line with the larger organization's goals and objectives.)

a. What role does each partner play in the implementation of your program? Please give background on the organization and describe the nature of the relationship between the organization and your company. Describe the local team's responsibilities for the program, with reference to the program strategies and activities. (response required for each partner selected).

b. For each partner, please categorize them as either a Public Sector, Private Sector, or Voluntary Sector partner. (Public Sector is defined as government; Private Sector is defined as A business unit established, owned, and operated by private individuals for profit, instead of by or for any government or its agencies. Generation and return of profit to its owners or shareholders is emphasized; Voluntary Sector is defined as Organizations whose purpose is to benefit and enrich society, often without profit as a motive and with little or no government intervention. Unlike the private sector where the generation and return of profit to its owners is emphasized, money raised or earned by an organization in the voluntary sector is usually invested back into the community or the organization itself (ex. Charities, foundations, advocacy groups etc.))

c. Please provide the URL to the partner organizations' webpages

13 Funding and implementing partners by country

If you have registered one program for multiple countries, this question allows you to provide a bit more specificity about each country (e.g., some countries have different strategies, diseases, partners, etc.). Please complete these tables as applicable. For each portion you have you selected from above (funding and implementing partners), please identify which country/countries these apply.

14 Stakeholders

Please describe how you have engaged with any of these local stakeholders in the planning and/or implementation of this program. (Stakeholders defined as individuals or entities who are involved in or affected by the execution or outcome of a project and may have influence and authority to dictate whether a project is a success or not (ex. Ministry of Health, NGO, Faith-based organization, etc.). Select all that apply.

- Government, please explain
- Non-Government Organization (NGO), please explain
- Faith-based organization, please explain
- Commercial sector, please explain
- Local hospitals/health facilities, please explain
- Local universities, please explain
- Other, please explain

LOCAL CONTEXT, EQUITY & SUSTAINABILITY

15 Local health needs addressed by program

Please describe how your program is responsive to local health needs and challenges (e.g., how you decided and worked together with local partners to determine that this program was appropriate for this context)?

a. How were needs assessed

b. Was a formal need assessment conducted

(Yes/No) If yes, please upload file or provide URL.

16 Social inequity addressed

Does your program aim to address social inequity in any way (if yes, please explain). (Inequity is defined as lack of fairness or justice. Sometime 'social disparities,' 'structural barriers' and 'oppression and discrimination' are used to describe the same phenomenon. In social sciences and public health social inequities refer to the systematic lack of fairness or justice related to gender, ethnicity, geographical location and religion. These unequal social relations and structures of power operate to produce experiences of inequitable health outcomes, treatment and access to care. Health and social programs are often designed with the aim to address the lack of fairness and adjust for these systematic failures of systems or policies.*)

*Reference: The definition was adapted from Ingram R et al. Social Inequities and Mental Health: A Scoping Review. Vancouver: Study for Gender Inequities and Mental Health, 2013.

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

How have local policies, practices, and laws (e.g., infrastructure development regulations, education requirements, etc.) been taken into consideration when designing the program?

18 How diversion of resources from other public health priorities 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.