PROGRAM REPORT

NOVEMBER 2021

Health Camp Against NCDs

Chugai

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

Health Camp against NCDs

2 Diseases program aims to address

- Diabetes: Type1, Type 2
- Hypertension
- Cardiovascular Disease (General)
- Cancer (General)
- Respiratory Disease (General)
- Mental and Neurological Disorders (General)
- Non-Communicable Disease Care (General)
- Arthritis
- Blood Disorder

3 Beneficiary population

- Age Group: All ages
- Gender: All genders
- Special Populations: People with low income, Rural populations

4 Countries

- Myanmar

5 Program start date

November 1, 2018

6 Anticipated program completion date

December 31, 2021

7 Contact person

Aya Harada, haradaay@chugai-pharm.co.jp

8 Program summary

The main objective of this program is to build basic systems for preventing and treating NCDs in a rural area of Myanmar, including capacity building for the Township Health Bureau.

NCDs, e.g. cancer, cardiovascular diseases, diabetes are looming as challenges which could not be overlooked in Myanmar. According to a World Health Organization (WHO) survey in 2014, 36.9% of those diagnosed with hypertension had no history of blood-pressure check-ups. Even after the diagnosis, only 34.9% had taken antihypertensive drugs. The Ministry of Health and Sports recognizes insufficiency of aid on NCDs from other countries, and strongly advocates the necessity of support at meetings with UN Organizations and international NGOs.

Since November 2018, Chugai, in partnership with AMDA – MINDS (AMDA - Multisectoral and Integrated Development Services) helps detection and treatment of NCDs in rural villages of Meiktila Township in Mandalay Region, located in the central-dry-zone of Myanmar and known for relatively high extent of poverty due to limited agricultural success.

This program offers to support patients through operating mobile medical clinics which provide medical check-ups and follow-up treatment. It also facilitates in-hospital care for patients in severe condition due to NCDs and provides villagers with educational health-care courses and brochures to prevent NCDs.

The program is designed to strengthen the implementation and management capabilities for conducting NCD measures by encouraging the active participation of regional hospitals and health authorities. Therefore, the details of the plans are decided at workshops run by staff from the Township Health Bureau and Meiktila General Hospital.

In two years (2019-2020), we provided the mobile clinics in 36 health centers as a pilot program and screened 3,300 residents, among which around 34% were NCD patients with diabetes, hypertension or cardiovascular diseases. Some of the patients continue the follow-up treatment.

For more program information, refer to:

https://www.chugai-pharm.co.jp/english/sustainability/activity/detail/20210422000000_64.html

https://www.chugai-pharm.co.jp/english/sustainability/activity/detail/20200617000000_51.html?year=&category=2

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Educational healthcare courses to the villagers.

Strategy 2: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	Providing mobile medical clinics.
Diagnosis	Providing mobile medical clinics.
Treatment	Providing mobile medical clinics and facilitating hospital care for severe patients.

10 Strategy by country

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

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Chugai	General planning and funding

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
AMDA-MINDS	Chugai and AMDA-MINDS worked together in building a master plan. AMDA-MINDS made the detailed plan and works with local staffs in its implementation. http://www.amda-minds.org/english/	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
AMDA-MINDS	Myanmar

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
Government	Health Bureau of Meiktila Township supervises and also cooperates (e.g. announcement to local people) with us.	Infrastructure: Yes Human Resources: Yes Funding: No Monitoring or Oversight: Yes Other resources: No
Local Hospitals/ Health Facilities	Meiktila General Hospital	Infrastructure: Yes Human Resources: Yes Funding: No Monitoring or Oversight: Yes Other resources: No

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Meiktila region, where the program is implemented, is located in the central-dry-zone of Myanmar and known for relatively high extent of poverty due to limited agricultural success.

Our partner, AMDA - MINDS, has been implementing livelihoods recovery projects including microfinance, hygiene education and job training since 2002 in Meiktila Township. Preventing NCDs is also recognized by the Ministry of Health and Sports as an urgent issue and the project utilizes AMDA-MINDS know-how obtained from previous projects.

The Ministry of Health and Sports in Myanmar also recognizes the insufficiency of NCDs care and the director general in the Public Health Bureau strongly advocated for the necessity of support for NCDs at meetings with UN Organizations and international NGOs in February 2018.

According to the Report on National Survey of Diabetes Mellitus and Risk Factors for Non-communicable Diseases in Myanmar (2014), among all respondents, 36.9% of those diagnosed as hypertension had no history of blood-pressure check-ups. Even after the diagnosis, only 34.9% had taken antihypertensive drugs.

a How needs were assessed

The project has been designed based on several surveys conducted by AMDA-MINDS. First, they consulted both central and local governments to choose the area for the project. After the collection of basic information, AMDA-MINDS conducted many interviews with the villagers and made draft plans. The plans were also shared in the village meeting with the participation of Government officers.

b Formal needs assessment conducted

No.

16 Social inequity addressed

The program aims to narrow the gap between the rural and urban areas of Myanmar in terms of preventing NCDs by providing NCDs check-ups and healthcare education, facilitating hospital care for patients in severe condition in the rural areas. The program is also designed to strengthen the implementation and management capabilities for conducting NCD measures by encouraging the active participation of regional hospitals and health authorities.

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	MoU(Memorandum of Understanding) between Ministry of Health and Sports and AMDA-MINDS.
Procurement procedures guidelines	Yes	Same as above
Standard treatment	Yes	Same as above
Quality and safety requirements	Yes	Same as above
Remuneration scales and hiring practices	Yes	AMDA-MINDS Staff Rules & Regulations

Local Context, Equity & Sustainability

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

Preventing NCDs is one of the top priorities in Myanmar's health policy.

NCDs, e.g. cancer, cardiovascular diseases, diabetes are looming as challenges which could not be overlooked in Myanmar. According to a World Health Organization (WHO) survey in 2014, 36.9% of those diagnosed with hypertension had no history of blood-pressure check-ups. Even after the diagnosis, only 34.9% had taken antihypertensive drugs. The Ministry of Health and Sports recognizes insufficiency of aid on NCDs from other countries, and strongly advocates the necessity of support at meetings with UN Organizations and international NGOs.

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

No.

20 Health technology(ies) 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 program is designed to strengthen the implementation and management capabilities for conducting NCD measures by encouraging the active participation of regional hospitals and health authorities. Therefore the details of the plans are decided at workshops run by staff from the Township Health Bureau and Meiktila General Hospital.

The program also provides educational healthcare courses and brochures, which make the villagers aware of the importance of preventing NCDs and support to improve dietary and medication adherence for them even after the program has ended. This contributes sustaining the health gains achieved by the program.

Additional Program Information

24 Additional program information

[No response provided]

a Potential conflict of interest disussed with government entity

No.

25 Access Accelerated Initiative participant

Yes.

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

Yes.

Program Indicators

PROGRAM NAME

Health Camp against NCDs

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

	INDICATOR	TYPE	STRATEGY	2017	2018	2019	2020
1	Number of Patients on Treatment	Output	Health Service Delivery	---	324 people	---	794 people
2	Number of Patients Diagnosed	Output	Health Service Delivery	---	742 people	---	2,549 people
3	Proportion of users satisfied with services received	Impact	All Program Strategies	---	---	---	---

INDICATOR **Number of patients on treatment** 1

STRATEGY HEALTH SERVICE DELIVERY

	ITEM	DESCRIPTION
	Definition	Number of people that received treatment through the program
	Method of measurement	Counting of people who received treatment through the program. Calculation: Sum of the number of people treated
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	AMDA-MINDS	AMDA-MINDS collects data from local executors for some treatments provided.	Every three months
31	Data processing	AMDA-MINDS	Following procedures will be maintained. 1. Community Development Facilitator, CDF, report the results to the Team leader. 2. Team leader compile the data and report to the Project Coordinator, PC. 3. PC analyze the data with the Promotion Officer and the Monitoring Officer. 4. PC report to the Project Manager, PM. 5. PM check and revise the report. 6. PM report to the Head Quarter of AMDA-MINDS.	Every three months
32	Data validation	Chugai	The members of our company visit the local team at least once to verify the data collection and management procedures.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2017	2018	2019	2020
1 Number of patients on treatment	---	324 people	---	794 people

Comments: 2018: It turned out that around 44% of the residents (324 patients) who visited the mobile clinics suffered from NCDs.

2020: It turned out that around 31% of the residents, who visited the mobile clinics, are suffered from NCDs.

INDICATOR **Number of patients diagnosed**

STRATEGY HEALTH SERVICE DELIVERY

2

	ITEM	DESCRIPTION
	Definition	Number of patients that were diagnosed with disease through the program
	Method of measurement	Counting of people who were diagnosed with disease through the program Calculation: Sum of the number of people diagnosed with disease
28	Data source	Routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	AMDA-MINDS	AMDA-MINDS collects data from local executors for some diagnostics provided.	Every three months
31	Data processing	AMDA-MINDS	Following procedures will be maintained. 1. Community Development Facilitator, CDF, report the results to the Team leader. 2. Team leader compile the data and report to the Project Coordinator, PC. 3. PC analyze the data with the Promotion Officer and the Monitoring Officer. 4. PC report to the Project Manager, PM. 5. PM check and revise the report. 6. PM report to the Head Quarter of AMDA-MINDS.	Every three months
32	Data validation	Chugai	The members of our company visit the local team at least once to verify the data collection and management procedures.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2017	2018	2019	2020
2 Number of patients diagnosed	---	742 people	---	2,549 people

Comments: 2020: Health checkups and treatment were conducted in 28 villages

INDICATOR

Proportion of users satisfied with services received

3

STRATEGY ALL PROGRAM STRATEGIES

	ITEM	DESCRIPTION
	Definition	Proportion of users who report satisfaction with services received
	Method of measurement	Calculating the proportion of users who reported satisfaction with services received Calculation: Number of users who report satisfaction with services received / Total number of users surveyed
28	Data source	Non-routine program data
29	Frequency of reporting	Once per year

		RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30	Data collection	AMDA-MINDS	AMDA-MINDS collects data from local executors for some treatments or diagnostics provided. The local executors of the project conduct ongoing satisfaction survey of patients receiving services at the mobile clinic. The proportion of patients that are satisfied with services received is then calculated.	Ongoing
31	Data processing	AMDA-MINDS	Following procedures will be maintained. 1. Community Development Facilitator, CDF, report the results to the Team leader. 2. Team leader compile the data and report to the Project Coordinator, PC. 3. PC analyze the data with the Promotion Officer and the Monitoring Officer. 4. PC report to the Project Manager, PM. 5. PM check and revise the report. 6. PM report to the Head Quarter of AMDA-MINDS.	Ongoing
32	Data validation	Chugai	The members of our company visit the local team at least once to verify the data collection and management procedures.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR	2017	2018	2019	2020
3 Proportion of users satisfied with services received	---	---	---	---

Comments: As a pilot questionnaire.

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.