

PROGRAM ENDED IN 2018

PRRR-GSK Cervical Cancer Prevention Project

GlaxoSmithKline

Submitted as part of Access Accelerated

Contents

Program Description	3
Program Overview	4
Program Strategies & Activities	6
Companies, Partners & Stakeholders	8
Local Context, Equity & Sustainability	10
Additional Program Information	12
Resources	13
Program Indicators	14
Appendix	15

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Program Description

Program Overview

1 Program Name

PRRR-GSK Cervical Cancer Prevention Project

2 Diseases program aims to address

- Cancer (Cervical)

3 Beneficiary population

- Women

4 Countries

- Ethiopia

5 Program start date

September 01, 2015

6 Anticipated program completion date

August 31, 2018

7 Contact person

The GSK/PRRR partnership is now coming to an end, so there is not really a point person in charge of managing this program. Please contact, Harleigh Lawrinson (Chettoe: Harleigh.x.lawrinson-chettoe@gsk.com) if needed.

8 Program summary

GlaxoSmithKline (GSK) has partnered with Pink Ribbon Red Ribbon (PRRR) by providing financial support to run PRRR's Tier 1 support program in Ethiopia. It is expected that this program will raise awareness of cervical cancer, necessary to increase access to quality services for the screening and treatment of the diseases among Ethiopians.

PRRR provides policy support and raises awareness to encourage capacity building and to increase access to services across the continuum of care in Ethiopia. Through the provision of human papilloma virus (HPV) vaccinations, cervical cancer screening and cryotherapy, PRRR is helping to reduce morbidity and mortality from cervical and breast cancer. PRRR also assists in the development of a National Cancer Control Strategy to regionalize cancer treatment. In addition, the partnership performs monitoring and evaluation activities to measure the results of the cervical cancer strategy.

The overarching targets of the partnership are; firstly, to achieve at least 80% HPV vaccination coverage of girls within the target population. Secondly, the partnership aims to reach at least 80% coverage of screening and treatment for pre-invasive cervical cancer within the appropriate target populations of women.

Other objectives of this partnership include:

- Assisting in the drafting and publishing of an Ethiopian National Cancer Control Strategy.
- Supporting the implementation and evaluation of the Ethiopian Federal Ministry of Health's ("FMoH") human papillomavirus (HPV) vaccination demonstration program in 2015.
- Screening and treatment of pre-invasive cervical cancer among women aged 30 to 49 at 26 sites in the Oromia and Southern Nations, Nationalities and Peoples (SNNPR) Regions, as part of the FMoH's plan to make such services available nationwide.

(continued on next page)

Program Overview

8 Program summary cont.

- Ensuring systems are in place to adequately monitor and evaluate the results of the National Cancer Control Strategy and the roll-out of screening and treatment services for cervical cancer.
- Supporting the strengthening of palliative care services at Black Lion Hospital in Addis Ababa, and at community level. The partnership has initiated training of health workers and provision of facilities across Ethiopia to conduct mass screening campaigns and mobile outreaches for better coverage of the target population.

For more information on this program check: IFPMA Partnership Directory. GSK: Pink Ribbon Red Ribbon.

<http://partnerships.ifpma.org/partnership/gsk-pink-ribbon-red-ribbon>

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Cervical cancer awareness campaigns to target populations.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Training and equipping public and private healthcare providers to screen and treat breast and cervical cancer.
Infrastructure	Increasing access to diagnostics, products, treatments, and providing care and support, including transportation.
Management	Contribution to Ethiopia's National Cancer Strategy which will inform policy and the management of cervical cancer treatment and prevention.

Strategy 3: Health Service Delivery

ACTIVITY	DESCRIPTION
Screening	Screening women for breast and cervical cancer, including through visual inspection with acetic acid (VIA) and HPV DNA testing.
Diagnosis	Increasing access to diagnostic resources from advocacy through education and increasing diagnostic resources available.
Treatment	Treating women for cervical cancer with low cost methods: cryotherapy, thermal coagulation and Loop Electrosurgical Excision Procedure (LEEP).
Vaccination	HPV vaccination for young girls.

Program Strategies & Activities

10 Strategy by country

STRATEGY	COUNTRY
Community Awareness and Linkage to Care	Ethiopia
Health Service Strengthening	Ethiopia
Health Service Delivery	Ethiopia

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
GlaxoSmithKline	GSK provides financial support to PRRR, whereby the grant contributes to meet the objectives of the project.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Doctors with Africa (CUAAM)	<p>CUAMM is also a prime recipient of the GSK grant for the “See-and-Treat” approach implemented in SNNP and Oromia Regions where CUAMM oversees the activities of the sub-grantees, including the training of health care providers and health extension workers (HEWs), the procurement and installation of equipment, supportive supervision, and quality assurance. In SNNP Region, CUAMM manages Pathfinder International and Grounds for Health as sub-recipients to cover a network composed of Hawassa University Referral Hospital (HURH) as the regional hub and 14 primary health centers as the satellite facilities. CUAMM also implements the PRRR program directly in the Wolisso catchment area of Oromia Region, at St. Luke Catholic Hospital as the regional hub and ten surrounding primary health care satellite facilities.</p> <p>http://www.mediciconlafrica.org/en/</p>	Voluntary.
Grounds for Health (GfH) Mathiwos Wondu, Ethiopia Cancer Society	<p>GfH is the second sub-recipient to CUAMM and has used the grant to scale up screening and treatment for cervical pre-cancer by primary health care providers in 14 fixed satellite healthcare facilities, and through mobile outreaches. GfH has trained healthcare providers and continues the implementation of the program in the Sidama zone.</p> <p>http://www.groundsforhealth.org/</p>	Voluntary.
Mathiwos Wondu Ye-Ethiopia Cancer Society (MWECS)	<p>MWECS, an indigenous non-profit organization, is a prime recipient of the GSK grant to support the secondment of the National Technical Advisor on cancer at the FMOH. MWECS also raises grassroots awareness in Addis Ababa, Oromia and SNNP Regions to reduce stigma that hinders early presentation for screening by women, educate communities on the need for and availability of basic screening and treatment for cervical pre-cancer and provides psychosocial support for female cancer patients.</p> <p>http://mathycancersoc.org/wp/</p>	Voluntary.

Companies, Partners & Stakeholders

Pathfinder International	<p>Pathfinder International is one of the sub-recipients under CUAMM and was tasked with procuring the cryotherapy and LEEP equipment for all the program sites. This activity was completed in 2016, except for digital timers and sponge forceps which were unavailable in the local market in Ethiopia. The team has completed the procurement of these items and is in process of shipping them to Ethiopia from the U.S. Pathfinder is also the main trainer and mentors the healthcare providers at the two regional hub hospitals of Hawassa University Teaching Hospital in SNNP Region and St. Luke Catholic Hospital in Oromia Region.</p> <p>https://www.pathfinder.org/</p>	Voluntary.
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13 Funding and implementing partners by country

PARTNER	COUNTRY
Doctors with Africa (CUAAM)	Ethiopia.
Grounds for Health (GfH) Mathiwos Wondu, Ethiopia Cancer Society	Ethiopia.
Mathiwos Wondu Ye-Ethiopia Cancer Society (MWECS)	Ethiopia.
Pathfinder International	Ethiopia.

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	PRRR-GSK partnership work with Ethiopia Federal Ministry of Health (FMoH) in the drafting and publishing of an Ethiopian National Cancer Strategy. We also work with the FMoH to ensure systems are in place to adequately monitor and evaluate the results of the National Cancer Strategy and the roll-out of screening and treatment services for cervical cancer.
Local Hospitals and Health Facilities	Outreach facilities are being trained in screening and treatment for cervical cancer.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

Ethiopia is one of the leading countries with increasing yearly incidence and mortality due to cervical cancer. This disease represents a huge unmet need. There are approximately 29.4 million women aged 15 years and older in Ethiopia who are at risk of developing cervical cancer.¹ There are an estimated 7,095 new cases of cervical cancer and 4,732 deaths each year resulting from cervical cancer within this group, which ranks as the second-most frequent cancer among women aged 15-44 in Ethiopia.^{1,2} About 68% of invasive cervical cancer in Eastern Africa, the region Ethiopia belongs to, is attributed to Human Papilloma Virus (HPV) 16 or 18.¹ Therefore, in line with the national government's commitment to address cancer as a key area of focus, Ethiopia has been identified as a key country for PRRR to support, to aid the development of a strategic plan to control the disease.³ PRRR is the leading public-private partner that catalyzes the global community in reduction of these deaths in sub-Saharan Africa.

a How needs were assessed

[No answer provided.]

b Formal needs assessment conducted

[No answer provided.]

16 Social inequity addressed

Cervical cancer prevention through screening is rarely advocated in Ethiopia, with access to services extremely limited in rural areas. Breast cancer is the most common cancer among women in Ethiopia (31.5 percent of newly developed cancers in women in 2012), and cervical cancer is the second-most-common cancer among women in the country (17.25 percent of newly developed cancers in women in 2012).

In 2014, PRRR began supporting the Government of Ethiopia in its establishment of a comprehensive cancer control program, which includes breast cancer. On the request of the First Lady, PRRR will also be establishing a comprehensive breast cancer early detection program in the Southern Nations, Nationalities and Peoples' Region of the country in 2017. The integration of cancer awareness into national policy will allow for more accessible screenings, and treatment if needed, across Ethiopia therefore reducing preventable mortality of girls and women across the country.

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

The GSK grant will contribute to the objectives of the PRRR programme, which include assisting in the drafting and publishing of an Ethiopian National Cancer Strategy. It will also support the implementation and evaluation of the Ethiopian Federal Ministry of Health's (FMOH) human papillomavirus (HPV) vaccination demonstration program in 2015. PRRR is supporting the Government of Ethiopia to launch a demonstration vaccination program in two districts of the country that will reach at least 80 percent of eligible girls with the vaccine.

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)

Yes.

Local Context, Equity & Sustainability

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

No.

To make treatment and screening to cervical cancer more accessible, and in turn reduce Ethiopia's morbidity and mortality rates. This will be done through awareness raising, policy support, service provision, and increasing access to services with capacity building across the continuum of care.

21 Health technologies are covered by local health insurance schemes

No.

To make treatment and screening to cervical cancer more accessible, and in turn reduce Ethiopia's morbidity and mortality rates. This will be done through awareness raising, policy support, service provision, and increasing access to services , and capacity building across the continuum of care.

22 Program provides medicines listed on the National Essential Medicines List

No.

To make treatment and screening to cervical cancer more accessible, and in turn reduce Ethiopia's morbidity and mortality rates. This will be done through awareness raising, policy support, service provision, and increasing access to services , and capacity building across the continuum of care.

23 Sustainability plan

The PRRR-GSK partnership is working closely with Ethiopia Federal Ministry of Health (FMoH) to draft and publish an Ethiopian National

Additional Program Information

24 Additional program information

[No response provided]

25 Access Accelerated Initiative participant

Yes.

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

Yes.

Resources

1. ICO Information Centre on HPV and Cancer. Ethiopia. Human Papillomavirus and Related Cancers, Fact Sheet 2017. http://www.hpvcentre.net/statistics/reports/ETH_FS.pdf
2. WHO. Cancer country profile 2014. Ethiopia. http://www.who.int/cancer/country-profiles/eth_en.pdf
3. IFPMA. GSK: Pink Ribbon Red Ribbon. <http://partnerships.ifpma.org/partnership/gsk-pink-ribbon-red-ribbon>.

Program Indicators

Not yet available for this program

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 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

- Responsible party: For this indicator, please indicate the party/parties responsible for data collection.
- Data collection — Description: Please briefly describe the data source and collection procedure in detail.
- Data collection — Frequency: For this indicator, please indicate the frequency of data collection.

31 Data processing

- Responsible party: Please indicate all parties that conduct any processing of this data.
- 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.
- 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.

