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RACE Risk Factor Awareness drive through CSI Expert's group

Merck KGaA, Darmstadt, Germany

Submitted as part of Access Accelerated

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

The information contained in this report is in the public domain and should be cited as: Merck KGaA, Darmstadt, Germany, RACE Risk Factor Awareness drive through CSI Expert's group (2021), Access Observatory Boston, US 2021 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

RACE Risk Factor Awareness drive through CSI Expert's group

2 Diseases program aims to address

- Hypertension
- Cardiovascular Disease, General

3 Beneficiary population

- Age groups: Adults (15-64), Elderly (65+)
- Genders: All genders
- Special populations: None

4 Countries

- India

5 Program start date

January 1, 2021

6 Anticipated program completion date

Completion Date not specified

7 Contact person

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8 Program summary

The objective of the program is to partner with the largest cardiology body of India, CSI (Cardiological Society of India) to spread awareness among people who have high risk of developing CVD, as well as to raise awareness among healthcare providers on how to treat this population group.

The program has two parts :

1) Creating Awareness Amongst the Clinicians – Focusing on risk factors like High Heart Rate - screening/Management.

The awareness drive shall be carried out by the CSI members through Webinars. The session will cover the need to focus at Managing and Treating the risk factors like Heart Rate in high risk population.

2) The Members of the CSI shall participate in Public Awareness initiatives - Via video snippets, Poster, Radio messages and TV.

The Awareness is spread by Drs who are CSI members. Time to time in their daily practice they share messages in the form of videos / posters. Additionally on Radio and on TV the public awareness messages are released to reach out to larger population.

The Program is Present Across Nation. CSI has close to 6500 Cardiologist as its active members. Drs are in various cities of India.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Planning	Along with CSI the program to be planned, which included spreading awareness and training.
Communication	Health care providers' that are members of CSI, disseminate messages to the general public through radio and press to raise awareness on risk factors of CVD (High Heart Rate in certain Patient type who are Smokers, Obese, etc.)

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Training	Train HCPs to detect and treat Heart Rate in High Risk Patients. During trainings, evidence and experience relating to risk factors and management of high heart rate will be shared among HCP peers..

10 Strategy by country

[No response provided]

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Merck KGaA, Darmstadt, Germany	Merck's role is to partner CSI and support them with resources (Digital platforms / Radio Program coordination / Press Releases)

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
CSI (Cardiological Society of India)	<p>Cardiology Society of India is the largest body of Cardiologist. Its an Independent body. The society works towards prevention of Cardiovascular Diseases (CVD) and the eradication of cardio-vascular mortality to raise awareness among the people about cardiovascular diseases and nutrition diets. Work towards increasing awareness about the co-relation between cardiovascular diseases and the environment & lifestyle. Merck has approached the President of Society to plan and conduct the programs also with the members of the society to raise awareness about the treatment of the high Risk factors in CVD. CSI role : 1) Scientific Program to bring focus on Risk Factors -including Heart Rate 2) Calling out the Clinicians to Cast their Vote for finalizing the 1st Symbol for HR 3) CSI members participating in the Public Awareness message – Radio 4) CSI members participating in spreading information about risk factors thru Newspaper articles / Video Clips</p> <p>https://csi.org.in/</p>	Voluntary

Companies, Partners & Stakeholders

13 Funding and implementing partners by country

PARTNER	COUNTRY
CSI (Cardiological Society of India)	India

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT	REQUESTED OR RECEIVED FROM STAKEHOLDER
CSI (Cardiological Society of India)	The tracking of the Program will happen in the following ways: 1) No. HCPs engaged 2) Reach of the Public Awareness programs carried out Cardiological Society of India activities and funds are not managed by the National Health Initiatives Department.	[No response provided]

Local Context, Equity & Sustainability

15 Local health needs addressed by program

The RACE program, which aims to create awareness of CVD among the general population and healthcare providers, is called for as the prevalence of hypertension in India is alarmingly high 29.8%. According to the India Heart Study, the resting heart rate of Indians is 82 beats per minute, while the desired is 72 beats per minute. To add to this, India has a rising number of young hypertensives.

This program partners with CSI, the largest cardiology body of India, in creating awareness. The CSI is an active player in driving national treatment protocols and guidelines that are followed by cardiology specialists across the country. The CSI's knowledge about the existing infrastructure, capacity, environment and local context is critical for the program.

India forms 18% of the world's population & expected to be the world's most populous country by 2025, and its ability to improve hypertension care will thus have a decisive impact on the world's ability to achieve international NCD goals, including the Sustainable Development Goals and the WHO's Global Action Plan for the Prevention and Control of NCDs.

a How needs were assessed

No formal needs assessment was done

b Formal needs assessment conducted

No.

16 Social inequity addressed

None

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	No	N/A
Procurement procedures	No	N/A
Standard treatment guidelines	Yes	International and local guidelines establish a medical need for Heart Rate Control in the management of Coronary Artery Disease / Heart Failure
Quality and safety requirements	No	N/A
Remuneration scales and hiring practices	No	N/A
Other, please specify	No	N/A

Local Context, Equity & Sustainability

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

The tracking of the Program will happen in the following ways: 1) No. HCPs engaged; 2) Reach of the Public Awareness programs carried out. Cardiological Society of India activities and funds are not managed by the National Health Initiatives Department. The CSI members discussed the plan during their board meetings, they are driven by the purpose to spread awareness and are committing their time to the cause. Thus the allocated funds for the RACE initiative shall be utilized as per the plan without any deviation.

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 Cardiological Society of India conducts public awareness programs coinciding with the important Heart Health Days like:

17th May – World Hypertension Day

28th Sep – World Heart Day

In the current year we are supporting the CSI to spread awareness. In the coming years the CSI shall continue to spread these messages for the benefit of the larger public as awareness cannot be created in a single year. On hammering of the same messages year on year impact will be created.

Additional Program Information

24 Additional program information

In order to bring focus on managing and treating high heart rate in high risk patients Cardiological Society of India with the support from Merck carried out a drive:

- Cardiological Society of India's president shared a video message addressing HCPs to participate and to share their vote to finalize the Worlds first Heart Sate Symbol
- Merck India team reached out to the HCPs to cast their vote for the Heart Rate symbol
- In February 5200 HCPs participated in this activity
- CSI's president invited the HCPs to join the webinar in which the importance of managing and treating heart rate in high risk patients was addressed
- On 17th May the Heart Rate symbol was launch during the CSI program supported by Merck

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

PROGRAM NAME

RACE Risk Factor Awareness Drive through CSI Experts' Group

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

INDICATOR	TYPE	STRATEGY	2021
1 Staff time spent planning	Output	Community Awareness and Linkage to Care	20 Hours
2 Number of People Trained	Output	Health Service Strengthening	1900 people
3 Staff time	Input	N/A	0.008 FTE

INDICATOR **Staff time spent planning**

STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

ITEM	DESCRIPTION
Definition	The total amount of time in hours that program staff dedicated to plan the program activities related to the overall strategy. This indicator excludes volunteers.
Method of measurement	The number of program staff hours is often registered via time sheets that employees to their supervisor to account for their time spent on different activities. Calculation: Sum of the program staff hours dedicated to the planning activities related to the overall program strategy
28 Data source	Routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	CSI (Cardiological Society of India)	Time spent in Planning - Staff Members involved in planning with focus on the number of hours invested to come up with the concrete numbers. The data collection is done by CSI our implementing partner through a digital tool with the support of Medicom. The staff refers to all Merck colleagues involved in the planning preparation for the training, as well as the CSI members who supports us on the planning for the event.	Ongoing
31 Data processing	CSI (Cardiological Society of India)	Time was invested through digital mediums – Zoom Calls / Phone calls / Meetings with core members of Cardiological Society of India. Our team was continuously tracking the timing data through spreadsheets. At the end, the data related to the time spent on planning was aggregated.	Once per year
32 Data validation		None	

33 Challenges in data collection and steps to address challenges

At first it was challenging to fully capture all time related to phone calls and ideating. Only towards the final stages, when the plan was shaping up and formal meetings were conducted, data could be captured more systematically.

INDICATOR

2021

1 Staff time spent planning	20 Hours
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Comments:

INDICATOR **Number of People Trained**

STRATEGY HEALTH SERVICE STRENGTHENING

2

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	Non-routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	CSI (Cardiological Society of India)	The webinar format of the training of HCPs gave us good opportunities to track the number of people trained through digital tracking with the official log-ins.	Ongoing
31 Data processing	CSI (Cardiological Society of India)	Webinars were conducted for training the HCPs. This format helped the Cardiological Society of India and our team to keep track of the number of people trained.	Once per year
32 Data validation		Invites to the Webinar were shared with the members of the Cardiological Society of India. All the Logs in are authentic. The data was aggregated after the webinar.	

33 Challenges in data collection and steps to address challenges

[No response provided]

INDICATOR

2021

2 Number of People Trained	1900 people
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Comments: N/A.

ITEM	DESCRIPTION
Definition	The ratio of the total number of paid hours during a year by the number of working hours in that period. This indicator excludes the time of volunteers or staff time for external partners.
Method of measurement	The ratio is also called Full Time Equivalent (FTE). Calculation: Sum of the number of paid hours per year/Total number of working hours per year
28 Data source	Non-routine program data
29 Frequency of reporting	Once per year

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	CSI (Cardiological Society of India)	The time CSI and Merck staff members spent on preparation and planning of webinar/ trainings and time invested during the live training session was tracked. All working time pf staff for planning was tracked via a spreadsheet.	Ongoing
31 Data processing	CSI (Cardiological Society of India)	[No response provided]	Once per year
32 Data validation		[No response provided]	

33 Challenges in data collection and steps to address challenges

As this is an event-based project, it was challenging to have a continuous data collection involved. By “event based project” we mean that the data collection and analysis is mainly done during the period of the event/campaign. There are not enough resources available to track the data outside these particular periods. Therefore, it is challenging to have a continuous data collection involved.

INDICATOR

2021

3 Staff time	1:120 Hours
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Comments: Numerator:15, Denominator: 1800, Based on data tracked for 7 people working on preparing this project.

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.

