

APRIL 2018

Cultivating Healthcare Workers in China

Daiichi Sankyo

Submitted as part of Access Accelerated

Contents

Program Description	3
Program Overview	4
Program Strategies & Activities	5
Companies, Partners & Stakeholders	7
Local Context, Equity & Sustainability	8
Additional Program Information	10
Resources	11
Program Indicators	12
List of indicator data	13
Staff time spent planning	14
Population exposed to community communication activities	15
Buildings	16
Community groups supported	17
Number of people trained	18
Number of users receiving tools	19
Management procedures in use	20
Number that adopted preventive health behaviors	21
Health provider knowledge	22
Value of resources	23
Appendix	24

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: Daiichi Sankyo, Cultivating Healthcare Workers in China (2018), Access Observatory Boston, US 2018 (online) available from www.accessobservatory.org

Program Description

Program Overview

1 Program Name

Cultivating Healthcare Workers in China

2 Diseases program aims to address

- Respiratory Disease (Asthma)
- Other Non-NCD (Anemia)
- Non-Communicable Disease Care, General (Health System)

3 Beneficiary population

- Children (under 5yrs)

4 Countries

- China

5 Program start date

January 01, 2015

6 Anticipated program completion date

December 31, 2019

7 Contact person

Mr. Takuji Hirota (hirota.takuji.f5@daiichisankyo.co.jp)

Ms. Asami Kokufuda (kokufuda.asami.at@daiichisankyo.co.jp)

Mr. Osamu Watanabe (watanabe.osamu.kp@daiichisankyo.co.jp)

8 Program summary

Cultivating Healthcare Workers in China¹ is a program Daiichi Sankyo started in 2015 to improve access to medical services in the Yunnan province of China. Our broad goal is to improve health and nutritional conditions of children under the age of five in impoverished areas where ethnic minorities reside through improvement of the healthcare system. Our specific objectives include:

- To decrease under-5 mortality rate (per 1,000 live births) from a baseline of 18.9** to 15.
- To increase the percentage of caregivers who have proper knowledge on exclusive breastfeeding (among all interviewed caregivers who has children under five) from a baseline of 3.5%** to 30%.
- To increase the percentage of caregivers who have proper knowledge on food to prevent anemia (among all interviewed caregivers who have children under five) from a baseline of 10%** to 50%.

Together with Plan International, the following initiatives will be implemented in six townships (approximately 60,000 households) in Guangnan County, Yunnan Province to improve health and nutritional conditions of children under the age of five in impoverished areas where ethnic minorities reside through improvement of the healthcare system.

The project aims to:

1. Develop medical professionals in community healthcare through training on integrated management of childhood illnesses, including the management of pneumonia, diarrhea, asthma, and other non-communicable childhood diseases.
2. Offer education to improve the capability of local pediatric care by establishing a community center based on:
 - Data published by Health Administration of Guangnan County.
 - Data from a baseline by Plan International.

Program Strategies & Activities

9 Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

ACTIVITY	DESCRIPTION
Communication	Program conducts awareness meetings and campaigns in communities.
Planning	Program holds community engagement and planning meetings.
Infrastructure	Program builds community centers.
Mobilization	Program engages parent groups in community child development network.

Strategy 2: Health Service Strengthening

ACTIVITY	DESCRIPTION
Planning	Hold program planning meetings.
Training	Program trains healthcare workers using the Integrated Management of Childhood Illness guidelines.
Technology	Provide information system and tools (e.g. a copy of Integrated Management of Childhood Illness guidelines) for trained healthcare workers.
Management	Program developed procedures that will support healthcare workers implement the Integrated Management of Childhood Illness practices.

10 Strategy by country

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

Companies, Partners & Stakeholders

11 Company roles

COMPANY	ROLE
Daiichi Sankyo	<ol style="list-style-type: none"> 1. Planning, monitoring and evaluating the program with NGO (Plan International). 2. Dialogue with Guangnan County Health Bureau and Guangnan County Women's Federation. 3. Funding.

12 Funding and implementing partners

PARTNER	ROLE/URL	SECTOR
Guangnan County Health Bureau	Guangnan County Health Bureau is operating IMCI training.	Public
Guangnan County Women's Federation	They are operating Community Child Development Network in Community Center.	Public
Plan International	Planning, operating and evaluating the program. https://plan-international.org/	Voluntary

13 Funding and implementing partners by country

PARTNER	COUNTRY
Guangnan County Health Bureau	China
Guangnan County Women's Federation	China
Plan International	China

14 Stakeholders

STAKEHOLDER	DESCRIPTION OF ENGAGEMENT
Government	We dialogue with Consulate-General of Japan in Chongqing and Embassy of Japan in China to implement this program. We are engaging Guangnan County Health Bureau in developing medical professionals through training on integrated management of childhood illnesses. We are working with Guangnan County Women's Federation in offering education to improve the capability of local pediatric care by operating a community center.
NGO	We are working with Plan International in planning, implementing and reporting this program and in coordinating other parties involved in this program.

Local Context, Equity & Sustainability

15 Local health needs addressed by program

In China, the medical services available to children and mothers can vary greatly by region, and this situation has resulted in child mortality rates that are anywhere from two to five times higher in rural areas than in urban areas. Moreover, roughly 40% of children under the age of five in rural areas display stunted growth. For this reason, there is an urgent need to improve the capacity of healthcare professionals (village doctors)¹ in rural areas to respond to child illnesses while also increasing the ability of local residents to react properly to such illnesses. In 2015, Daiichi Sankyo embarked on a project aimed at improving access to medical services in six townships in Guangnan County in the Yunnan province of China. This area has a particularly high number of children suffering from developmental disorders, and we hope to contribute to better health for these children as well as their mothers through this project. Together with Plan International, this project will be carried out over a five-year period through collaboration with government health authorities and mother-child health-care institutions

More information about China's village doctors can be found at Bulletin of the World Health Organization. China's village doctors take great strides. <http://www.who.int/bulletin/volumes/86/12/08-021208/en/>

16 Social inequity addressed

Yes, we will contribute to improve health and nutritional conditions of children under the age of five in impoverished areas where ethnic minorities reside through improvement of the healthcare system for all children in these areas.

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

In China, the medical services available to children and mothers can vary greatly by region, and this situation has resulted in child mortality rates that are anywhere from two to five times higher in rural areas than in urban areas. Moreover, roughly 40% of children under the age of five in rural areas display stunted growth. For this reason, there is an urgent need to improve the capacity of healthcare workers in rural areas to respond to child illnesses while also increasing the ability of local residents to react properly to such illnesses. Consequently, we planned a project to improve access to medical services in Guangnan County in the Yunnan province of China. In keeping with local policies and laws, we are training the healthcare workers using the integrated management of childhood illnesses (IMCI) guidelines, a guideline produced by the World Health Organization and approved for use in China.

18 How program meets or exceeds local standards

This program provides training based on IMCI training. What is IMCI?² IMCI is an integrated approach to child health that focuses on the well-being of the whole child. IMCI aims to reduce death, illness and disability, and to promote improved growth and development among children under five years of age. IMCI includes both preventive and curative elements that are implemented by families and communities as well as by health facilities. The strategy includes three main components: Improving case management skills of health-care staff, improving overall health systems, and improving family and community health practices. In health facilities, the IMCI strategy promotes the accurate identification of childhood illnesses in outpatient settings, ensures appropriate combined treatment of all major illnesses, strengthens the counselling of caretakers, and speeds up the referral of severely ill children. In the home setting, it promotes appropriate care seeking behaviours, improved nutrition and preventative care, and the correct implementation of prescribed care.

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

No.

23 Sustainability plan

Our company is going to transfer the implementation of the activities of this program to the local government at the end of the program. We are in an ongoing discussion with the local government on how to make this transition, but there is currently no explicit commitment from the local government.

Additional Program Information

24 Additional program information

The program is listed on “Book of Japan’s Practices for SDGs” of Japan Science and Technology Agency. This book was distributed at Open Symposium on SDGs and Science, Technology and Innovation at United Nations University, Tokyo in September 2017.

We communicate with the organizations through this program as the initiative for SDGs.³

25 Access Accelerated Initiative participant

Yes.

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

Yes.

Resources

1. Daiichi-Sankyo. Activities in Yunnan, China. Accessed from http://www.daiichisankyo.com/about_us/responsibility/csr/business/medical/china/index.html
2. World Health Organization. Accessed from <http://www.who.int/en/>
3. Book of japan's Practices for SDG's. Retrieved from http://www.jst.go.jp/EN/about/sdgs/doc/book_of_practices_for_SDGs_201709.pdf

Program Indicators

PROGRAM NAME

Cultivating Healthcare Workers in Chiina

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

INDICATOR	TYPE	STRATEGY
1 Staff Time Spent Planning	Output	Communit Awareness and Linkage to Care
2 Population Exposed to Community Communication Activities	Output	Community Awareness and Linkage to Care
3 Buildings	Output	Community Awareness and Linkage to Care
4 Community Groups Supported	Output	Health Service Strengthening
5 Number of People Trained	Output	Community Awareness and Linkage to Care
6 Number of Users Receiving Tools	Output	Health Service Strengthening
7 Management Procedures in Use	Output	Health Service Strengthening
8 Number that Adopted Preventive Health Behaviors	Outcome	Community Awareness and Linkage to Care
9 Health Provider Knowledge	Outcome	Health Service Strengthening
10 Value of Resources	Input	All Program Strategies

ITEM	DESCRIPTION
Definition	The total amount of time in hours that program staff dedicated to plan the program activities related to the overall strategy.
Method of measurement	The number of program staff hours in often registered via time sheets that employees to their supervisor to account for their time spent on a 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	Company.	Members of my company working on this project track the number of hours they spend planning the project.	Ongoing.
31 Data processing	Company.	A member of Daiichi Sakyō calculates the time spent on meetings and site visits once a year.	Once per year.
32 Data validation		For the in-house administrative data we do not have a verification procedure in place.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

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

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Plan International; Guangnan County Women's Federation.	A member of the implementing partner asks each participant (community residents, parents) attending the health education program at the community center to sign an attendance form.	More than once per month.
31 Data processing	Plan International.	A member of the implementing partner reviews the attendance form once every 3 months and construct the final database of attendance.	Every three months.
32 Data validation		A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members from Daiichi and Plan International have a meeting every three month to review and construct the final database of the attendance.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

ITEM	DESCRIPTION
Definition	Number of infrastructure units finalized and in use.
Method of measurement	The number of facilities or infrastructure units which are in use and where services are offered. CALCULATION Sum of the numerical count of facilities or infrastructure units constructed, supported and/or in use.
28 Data source	Routine Program Data.
29 Frequency of reporting	One-time event.

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Plan International; Guangnan County Women's Federation.	Cultivating Healthcare Workers Program in China built a community center in Guangnan County of Yunnan Province, China. Plan International (implementing partner) and Daiichi Sankyo held an opening ceremony for the community center http://www.daiichisankyo.com/about_us/responsibility/csr/business/medical/china/report02.html	One-time event.
31 Data processing	Plan International.	The implementing partner monitored and documented building construction and informed Daiichi when the building was completed.	One-time event.
32 Data validation		Building completion was validated by Daiichi Sankyo through a site visit.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

ITEM	DESCRIPTION
Definition	Number of community groups supported by the company program or its implementing partners.
Method of measurement	Counting of the number of community groups that are supported by the program or its implementing partners. The program administrative records contain information on the community groups that received funding, goods services. CALCULATION Sum of the community groups that are supported by the program or its implementing partners
28 Data source	Routine Program Data.
29 Frequency of reporting	Once per year.

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Plan International; Guangnan County Women's Federation	Guangnan County Women's Federation and Plan International continuously updates the number of parent groups recognized in each area. Programs occur twice a month.	More than once per month.
31 Data processing	Plan International; Guangnan County Women's Federation	A member of Plan International reviews and sums up the number of parents group with Guangnan County Women's Federation once a year.	Once per year.
32 Data validation		A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members from Daiichi Sankyo and Plan International have a meeting every three month to review the list of parents groups and update the final database.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

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	Plan International; Guangnan County Health Bureau.	Guangnan County Health Bureau asks each health-care worker attending IMCI training program to sign their name on an attendance form. Each healthcare worker participates in IMCI training and refresher training once.	Every three months.
31 Data processing	Plan International; Guangnan County Health Bureau.	A member of Plan International reviews the attendance forms with Guangnan County Health Bureau once every 3 months and constructs the final database of attendance.	Every three months.
32 Data validation		A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members from Daiichi Sankyo and Plan International have a meeting every three months to review and construct the final database from the training attendance sheets.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

ITEM	DESCRIPTION
Definition	Number of users that received the tools produced and distributed by the program.
Method of measurement	Counting on the number of users receiving the program tools. CALCULATION Sum of number of users that received the tools produced and distributed by the program.
28 Data source	Routine Program Data.
29 Frequency of reporting	Once per year.

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Guangnan County Health Bureau; Plan International.	The implementing partners (Guangnan County Health Bureau and Plan International) record all information system and tools (e.g. copy of IMCI guidelines) that are used for trained healthcare workers. <ul style="list-style-type: none"> • IMCI training guidelines issued by WHO • EENC training materials issued by WHO • Guidelines for Neonatal Resuscitation and its clinical practice in China issued by WHO • CHP materials. 	Once per year.
31 Data processing	Guangnan County Health Bureau; Imp-Plan International.	The implementing partner, Plan International, reviews the information system and tools (if any) with Guangnan County Health Bureau once a year and creates a list of all tools in use.	Once per year.
32 Data validation		A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members of Daiichi Sankyo and Plan International have a meeting every three month to review and construct the final database of the tools.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

ITEM	DESCRIPTION
Definition	Number of management procedures development and implemented through the program activity. (e.g. appointment system for patients).
Method of measurement	Counting of the number of management procedures in use that have been developed and implemented through the program activity. The management procedures in use can be obtained from the facility supervisor or documents on standard operating procedures. CALCULATION Sum of the number of management procedures in use that have been developed and implemented through the program activity
28 Data source	Routine Program Data.
29 Frequency of reporting	Every three months.

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Guangnan County Health Bureau; Plan International.	The implementing partners (Guangnan County Health Bureau and Plan International) developed program procedures that will support healthcare workers implement IMCI training. These procedures are recorded by implementing partner staff members.	Once per year.
31 Data processing	Plan International; Guangnan County Health Bureau	The implementing partner, Plan International reviews the program procedures with Guangnan County Health Bureau and creates a database of all procedures developed.	Once per year.
32 Data validation		A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members of Daiichi Sankyo and Plan International have a meeting once every three month to review and construct the final database of the program procedure developed by Guangnan County Health Bureau.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

INDICATOR **Number That Adopted Preventive Health Behaviors**



STRATEGY COMMUNITY AWARENESS AND LINKAGE TO CARE

ITEM	DESCRIPTION
Definition	Number of people that reports carrying out preventive health behavior.
Method of measurement	The target population is asked to report on preventive health behaviors related to the program activity. CALCULATION Number of survey responders that report carrying out preventive health behaviors / Number of people surveyed
28 Data source	Routine Program Data.
29 Frequency of reporting	Once per year.

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Plan International; Guangnan County Women's Federation.	A member of the implementing partner counts the participants (community residents, parents) attending the health education program at the community center and interviews them about the preventive health behaviors trained in the programs that they have adopted. Programs occur twice each month and data will be collected at the time of each program.	More than once per month.
31 Data processing	Plan International.	A member of Plan International reviews the results of the interviews and counts the number of people calculates the number of people who reported adopting preventive health behaviors.	Once per year.
32 Data validation		A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members of Daiichi Sankyo and Plan International have a meeting every three month to review and construct the final database.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

ITEM	DESCRIPTION
Definition	Percentage of providers that pass the assessment examining their skills or knowledge. The exam should be designed to assess the possession of the skills and knowledge to be able to company with pre-defined standards.
Method of measurement	<p>The assessment of possession of skills and knowledge occurs through a written, oral, or observational assessment that all providers have to undergo.</p> <p>CALCULATION</p> $\frac{\text{Number of providers who pass the assessment}}{\text{Number of providers trained}} \times 100$
28 Data source	Routine Program Data.
29 Frequency of reporting	Once per year.

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Guangnan County Health Bureau; Plan International.	Guangnan County Health Bureau gives a before-and-after examination to assess the health provider knowledge. Plan international and Guangnan County Health Bureau review the results and record the data.	Every three months.
31 Data processing	Plan International.	The implementing partner, Plan International, reviews the results of the examinations with Guangnan County Health Bureau and calculates the percentage of health who passed the post-training assessment based on a pre-determined pass mark.	Once per year.
32 Data validation		A member of Daiichi Sankyo visits the local team once per year to verify the data collection and management procedures. Members of Daiichi Sankyo and Plan International have a meeting every three month to review and construct the final database of provider knowledge.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

ITEM	DESCRIPTION
Definition	Total expenditure by company to operate program, including all expenditures that can reasonably be defined as necessary to operate the program.
Method of measurement	<p>Program administrative records or accounting or tax records provide details in the expenditures on the program in a defined period of time.</p> <p>CALCULATION</p> <p>Sum of expenditures (e.g., staff, materials) on program in US \$.</p>
28 Data source	Routine program data.
29 Frequency of reporting	Once per year.

	RESPONSIBLE PARTY	DESCRIPTION	FREQUENCY
30 Data collection	Plan International.	Plan International and Daiichi Sankyo records all program expenditures in a timely manner as they occur.	Ongoing.
31 Data processing	Plan International.	Plan International and Daiichi Sankyo review the program administrative record for all expenditures of the program once per year.	Once per year.
32 Data validation		A member of Daiichi Sankyo visits the local team once per year to verify the administrative and financial data collection and management procedures. A member of Daiichi Sankyo audits all expenditures in the report and compares with program receipts.	

33 Challenges in data collection and steps to address challenges

At the present time, we do not have a significant problem.

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)?

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 program meets or exceeds local standards

Is there anything else that you would like to report on how your program meets or exceeds local standards?

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?

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.

