Merck Cancer Access Program

Merck KGaA

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](http://www.accessobservatory.org)

The information contained in this report is in the public domain and should be cited as: Merck KGaA, Merck Cancer Access Program (2018), Access Observatory Boston, US 2018 (online) available from [www.accessobservatory.org](http://www.accessobservatory.org)
Program Overview

1. Program Name
Merck Cancer Access Program

2. Diseases program aims to address
• Cancer (general)

3. Beneficiary population
• General population

4. Countries
• Botswana
• Egypt
• Ethiopia
• Ghana
• India
• Botswana
• Kenya
• Liberia
• Namibia
• Sierra Leone
• South Africa
• Tanzania
• Uganda
• Zambia

5. Program start date
January 1, 2015

6. Anticipated program completion date
Completion date not specified

7. Contact person
Yasmine Rouai (Yasmine.rouai@emdserono.com)

8. Program summary
Beyond the lack of financial resources in Africa and other resource limited regions, the scarcity of trained health care personnel capable to exercise cancer prevention, make early diagnosis, and manage care at all levels of health systems, is an even bigger challenge.\(^1\) To address this challenge, the Merck Cancer Access Program was started by the Merck Foundation, a philanthropic subsidiary organization of Merck.\(^2\) The Program consists of three initiatives to improve cancer care at all relevant levels in numerous low and middle income countries, predominantly in Sub-Saharan Africa. The objectives are to build medical capacity and support the implementation and development of specialized healthcare solutions. This is augmented by community awareness campaigns to contribute to the reduction of cancer incidences and improve survival rates.

The three specific initiatives are:

1. Merck Africa Oncology Fellowship Program: focusing on building additional capacity through medical education and training. By partnering with academia and ministries of health, Merck Foundation is providing one, two and three-year oncology fellowship programs to increase the limited number of oncologists and improve access to quality cancer care in Africa and other resource limited regions. So far, doctors from Uganda, Zambia, Ethiopia, Namibia, Tanzania, Ghana, Sierra Leone, South Africa and Kenya have enrolled in the Merck Africa Oncology Fellowship Program in partnership with the University of Nairobi, Kenya, Tata Memorial Centre, India and Alexandria University, Egypt.\(^1\)

2. Merck More Than a Patient: empowering female cancer survivors to reclaim their lives through activities for reintegration into society. “Merck More than a Patient” in partnership with “Women For Cancer” support women cancer survivors to establish their own small business so that they can lead an independent and productive life.\(^1\)

3. Merck Community Awareness: to bolster the previous initiatives, community prevention & early diagnosis awareness campaigns are conducted through medical camps and social media, to share accurate cancer information to help in tackling myths, misconception and stigma.

Program URL: [https://www.merck-foundation.com/MF_Ourprograms?id=a2tw0000000NDxbAAG](https://www.merck-foundation.com/MF_Ourprograms?id=a2tw0000000NDxbAAG)
Program Strategies & Activities

1. Strategies and activities

Strategy 1: Community Awareness and Linkage to Care

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Communication</td>
<td>Through medical camps and social media, accurate cancer information is shared to help in tackling myths, misconception and stigma.</td>
</tr>
</tbody>
</table>

Strategy 2: Health Service Strengthening

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Training</td>
<td>Partnerships with local organizations on the ground to provide training.</td>
</tr>
<tr>
<td>Funding</td>
<td>Funding to sponsor a number of oncology fellowships to train specialized healthcare workers.</td>
</tr>
</tbody>
</table>

Strategy by country

<table>
<thead>
<tr>
<th>STRATEGY</th>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Community Awareness and Linkage to Care</td>
<td>[No response provided].</td>
</tr>
<tr>
<td>Health Service Strengthening</td>
<td>[No response provided].</td>
</tr>
</tbody>
</table>
Companies, Partners & Stakeholders

11 Company roles

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMD Serono</td>
<td>The Merck Foundation aims to significantly increase the limited number of qualified oncologists across the continent. By partnering with global oncology societies, Academia, ministries of health across the continent, in providing one, two and three year oncology fellowship programs held in Tata Memorial Hospital -India, University of Nairobi – Kenya and Alexandria University in Egypt.</td>
</tr>
</tbody>
</table>

12 Funding and implementing partners

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>ROLE/URL</th>
<th>SECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexandria University in Egypt</td>
<td>The institution serves as an oncology training site. <a href="http://www.alexu.edu.eg/index.php/en/">www.alexu.edu.eg/index.php/en/</a></td>
<td>Public</td>
</tr>
<tr>
<td>Tata Memorial Hospital</td>
<td>The institution serves as an oncology training site. tmc.gov.in/</td>
<td>Public</td>
</tr>
<tr>
<td>University of Nairobi</td>
<td>The institution serves as an oncology training site. <a href="http://www.uonbi.ac.ke">www.uonbi.ac.ke</a></td>
<td>Public</td>
</tr>
</tbody>
</table>
### Funding and implementing partners by country

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexandria University in Egypt</td>
<td>[No response provided].</td>
</tr>
<tr>
<td>Tata Memorial Hospital</td>
<td>[No response provided].</td>
</tr>
<tr>
<td>University of Nairobi</td>
<td>[No response provided].</td>
</tr>
</tbody>
</table>

### Stakeholders

[No response provided].
Local Context, Equity & Sustainability

Local health needs addressed by program
The program is part of Merck Foundation’s commitment to improve patient’s access to care all over the world. Cancer is a leading cause of the growing global burden of disease attributed to non-communicable diseases. It has a detrimental socioeconomic impact, with a particular regressive effect on low and middle income countries, which lack basic resources and health system infrastructure. The deficiencies span the whole continuum of care, from cancer screening to early diagnosis, treatment and palliative care. In Sub-Saharan Africa, as in other resource limited regions, the few cancer services available and the lack of awareness of early signs and symptoms of cancer, cause most patients to seek care at late stages. The diverse access issues, compounded by the lack of education on the disease, often leads patients to consult traditional treatments first, leaving palliative care as the only option left when they reach appropriate health services. Yet, palliative care is generally inadequate as well, either because of access barriers to essential treatments (e.g. morphine) or because of the lack of strong evidence-based clinical practice. The latter, is explained by the lack of oncologists and specialized nurses in low and middle income countries, in addition to the weak training programs in medical curricula. Consequently, most specialists must go abroad to train themselves, many of whom do not return.

Social inequity addressed
Oncology treatments are generally expensive and poorly accessible, which is more pronounced in low and middle income countries that have a lack of financial and human resources. It is expected that by increasing the number of trained oncologists in Africa and other countries, the social inequity, which feeds upon the socioeconomic impacts of cancer, can be reduced. By having a larger offer of providers, this would mean that more patients would have the chance to be treated by a skilled physician, not only limited to those at higher socioeconomic levels. Likewise, a stronger health workforce in low and middle income countries, aligned to cancer awareness and education campaigns could contribute to ease the gap of economic development in an aggregate manner. This is particularly urgent as the burden of non-communicable diseases is expected to grow disproportionately faster for the low and middle income countries, with the potential to cause more devastating socioeconomic effects that can further increase the existing inequity gaps.

Local policies, practices, and laws considered during program design
In Africa, the lack of financial means is not the only challenge, but a scarcity of trained health care personnel capable to tackle the prevention, early diagnosis and management of cancer at all levels of the health care systems is even a bigger challenge. Oncology and palliative training is usually weak in medical school curricula, meaning that doctors and nurses have to go to other countries to specialize. Through this program, resources are given for select local providers who are aware of local culture, policies and practices to go abroad and train themselves, with the incentive to return to their home countries once their studies are completed. It is envisioned that this can help bridge the knowledge gap that exists in high quality and culturally appropriate cancer care practice. The training that they receive at the three hospitals in Kenya, India and Egypt is in line with be international guidelines on education of oncologist and certified by the respective national authorities.

How program meets or exceeds local standards
[No response provided].

Program provides health technologies (medical devices, medicines, and vaccines)
No.

Health technologies 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
[No response provided].
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


Program Indicators

Not yet available for this program
Appendix

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

12 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.

13 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.