Secure The Future
Multinational Lung
Cancer Control Program (MLCCP)

Bristol-Myers Squibb Foundation

Submitted as part of Access Accelerated
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Program Description
Program Overview

1. Program Name
Secure The Future - Multinational Lung Cancer Control Program (MLCCP)

2. Diseases program aims to address
- Cancer (Lung cancer registries)

3. Beneficiary population
- General population

4. Countries
- Kenya
- South Africa
- Swaziland
- Tanzania

5. Program start date
October 01, 2017.

6. Anticipated program completion date
March 31, 2019.

7. Contact person
Kyla Cook (kmcook@texaschildrens.org)
Michael Seiders (Michael.Seiders@bms.com)
Dr Themba G. Ginindza (Ginindza@ukzn.za.ac)

8. Program summary
Globally, there are approximately 1.8 million new cases of lung cancer per year.\(^1\) Lung Cancer accounts for highest cancer-related mortality globally. Despite this, many African countries lack information regarding the epidemiology of lung cancer and its control. There is also the compounding heavy burden of comorbidities in Sub-Saharan Africa, including HIV and TB.

This is the first proposal of a collaboration between 4 African countries on lung cancer across the continent. We propose to develop a lung cancer control program in the specified regions of the four participating countries with emphasis on improvement of access to early diagnostics and addressing the barriers to optimal outcomes.

Contextual introduction:
This is a multinational study covering four countries in sub-Saharan Africa. However, this proposal is mainly focusing on the KwaZulu-Natal (KZN) study sites in South Africa, in line with the federal system arrangement as proposed by the funder: Bristol-Myers Squibb Foundation (BMSF). Therefore, information pertaining to the other three (Kenya, Swaziland and Tanzania) participating countries may not be of sufficient detail.

a. Goal:
The goal of the MLCCP is to improve access to early diagnostic services for lung cancer by addressing the barriers of cancer care through working with communities and the Ministries of Health in the identified regions in the four countries with a potential for scale-up.

b. Project Scope:
The project will span three years and will involve a mix of interventions and evaluations (2 years for South Africa). The overall methodological approach is one of pragmatic studies. Pragmatic studies, as opposed to explanatory trials, seek to answer a research question in the context of usual clinical practice, without requiring extraordinary additional changes.

(continued on next page)
They have the advantages of being easier to conduct in real-world conditions, and they apply the research question to generalized populations as opposed to explanatory trials, where the intervention is applied in optimal conditions, to highly selected and controlled populations.\textsuperscript{2,3}

The scope of the overall multinational project covers the following:
1. Assessing the readiness of the health system to prevent and control lung cancers.
2. Identify pathways of care of lung cancer.
3. Identify the enablers to achieving earlier diagnosis.

However, there are some country differences in the manner in which the project will be implemented in each country. For example, in South Africa the project will cover the following four sub-projects:

Project 1: Raising awareness on lung cancer in the communities of KwaZulu-Natal, South Africa and evaluating the impact of oncological services on cancer among the three hospitals in KwaZulu-Natal.

Project 2: Conducting a needs assessment in order to identify facilitators and barriers to lung cancer patient access, referral, diagnosis and treatment in the study settings.

Project 3: Assessing the risk factors associated with lung cancer in the study settings.

Project 4: Assessing the factors determining progressive utilization of palliative care services by patients with cancer (at public and private sectors).
# Program Strategies & Activities

## 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>Raising awareness on lung cancer in the communities of KZN, South Africa.</td>
</tr>
<tr>
<td>Planning</td>
<td>The Program has a series of research questions related to lung cancer burden, risk factors, KAPB, patient pathway and access to care, support and services. This information will inform interventions and also policy and programs by relevant governments.</td>
</tr>
<tr>
<td>Mobilization (e.g. support provided to mobilize communities)</td>
<td>Community and leadership mobilization to support interventions.</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>Strengthen hospital-based cancer surveillance/registries through trainings. Skills and Capacity Building: The Project aims to result in more than 20 post graduates degrees from young researchers involved involved as Co-PIs or research assistants; 5 PhDs are expected and 15 Masters Degrees across countries. We have adopted a unique strategy of utilizing the program and grants to add to the body of knowledge, improve experts in the topics and fields, improve academic achievement and groom young researchers.</td>
</tr>
<tr>
<td>Infrastructure</td>
<td>Improving Bio-banking in Kenya and Tanzania.</td>
</tr>
<tr>
<td>Technology</td>
<td>Introducing electronic Data collection and management.</td>
</tr>
</tbody>
</table>

### Strategy 3: Health Service Delivery

<table>
<thead>
<tr>
<th>ACTIVITY</th>
<th>DESCRIPTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Diagnosis</td>
<td>Strengthening the link and sharing resources utilizing tele medicine especially for radiology Mobile X-Ray units deployed in communities.</td>
</tr>
<tr>
<td>Treatment</td>
<td>Kenya and Tanzania partner are fully fledged oncology and radio therapy centers and will treat patients according to existing standard of care.</td>
</tr>
<tr>
<td>-----------</td>
<td>----------------------------------------------------------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>Retention</td>
<td>Psycho-social support components as well and enhanced palliative care.</td>
</tr>
</tbody>
</table>

10 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>Kenya, South Africa, Swaziland, Tanzania</td>
</tr>
<tr>
<td>Health Service Strengthening</td>
<td>Kenya, South Africa, Swaziland, Tanzania</td>
</tr>
<tr>
<td>Health Service Delivery</td>
<td>Kenya, South Africa, Swaziland, Tanzania</td>
</tr>
</tbody>
</table>
### Companies, Partners & Stakeholders

#### Company roles

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bristol-Myers Squibb</td>
<td>Sponsor and funder.</td>
</tr>
</tbody>
</table>

#### Funding and implementing partners

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>ROLE/URL</th>
<th>SECTOR</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kenya Ministry of Health</td>
<td>Kenyan Ministry of Health: In all countries the partners have signed MOUs with provincial and/or national governments to provide services. All the projects are undertaken by Teaching and Referral hospitals, Academic Institutions which are extensions of government and public health care provision. The Ministries of Health are also involved in providing ethical approval especially as these project have strong research components. <a href="http://www.health.go.ke/">http://www.health.go.ke/</a></td>
<td>Public</td>
</tr>
<tr>
<td>Swaziland Ministry of Health</td>
<td>Swaziland Ministry of Health: In all countries the partners have signed MOUs with provincial and/or national governments to provide services. All the projects are undertaken by Teaching and Referral hospitals, Academic Institutions which are extensions of government and public health care provision. In case of Swaziland by the Ministry of Health, National cancer registry. The Ministries of Health are also involved in providing ethical approval especially as these project have strong research components. <a href="http://www.gov.sz/index.php?option=com_content&amp;view=article&amp;id=267&amp;Itemid=403">http://www.gov.sz/index.php?option=com_content&amp;view=article&amp;id=267&amp;Itemid=403</a></td>
<td>Public</td>
</tr>
<tr>
<td>Tanzania Ministry of Health</td>
<td>Tanzanian Ministry of Health: Ministry of Health: In all countries the partners have signed MOUs with provincial and/or national governments to provide services. All the projects are undertaken by Teaching and Referral hospitals, Academic Institutions which are extensions of government and public health care provision. The Ministries of Health are also involved in providing ethical approval especially as these project have strong research components. <a href="http://www.moh.go.tz/en/">http://www.moh.go.tz/en/</a></td>
<td>Public</td>
</tr>
<tr>
<td>KwaZulu Natal Non-Communicable Diseases Directorate</td>
<td>To develop and implement a sustainable, coordinated, integrated and comprehensive health system at all levels, based on the Primary Health Care approach through the District Health System, to ensure universal access to health care <a href="http://www.kznhealth.gov.za/health.asp">http://www.kznhealth.gov.za/health.asp</a></td>
<td>Public</td>
</tr>
</tbody>
</table>
South Africa Ministry of Health: Ministry of Health: In all countries the partners have signed MOUs with provincial and/or national governments to provide services. All the projects are undertaken by Teaching and Referral hospitals, Academic Institutions which are extensions of government and public health care provision. The Ministries of Health are also involved in providing ethical approval especially as these project have strong research components.


Funding and implementing partners by country

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<th>PARTNER</th>
<th>COUNTRY</th>
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<tr>
<td>Bristol-Myers Squibb Foundation</td>
<td>Kenya, South Africa, Swaziland, Tanzania</td>
</tr>
<tr>
<td>Kenya Ministry of Health</td>
<td>Kenya.</td>
</tr>
<tr>
<td>Swaziland Ministry of Health</td>
<td>Swaziland.</td>
</tr>
<tr>
<td>Tanzania Ministry of Health</td>
<td>Tanzania.</td>
</tr>
<tr>
<td>KwaZulu Natal Non-Communicable Diseases Directorate</td>
<td>South Africa.</td>
</tr>
<tr>
<td>South Africa Ministry of Health</td>
<td>South Africa.</td>
</tr>
</tbody>
</table>

Stakeholders

<table>
<thead>
<tr>
<th>STAKEHOLDER</th>
<th>DESCRIPTION OF ENGAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>Kenyan Ministry of Health: In all countries the partners have signed MOUs with provincial and/or national governments to provide services. All the projects are undertaken by Teaching and Referral hospitals, Academic Institutions which are extensions of government and public health care provision. The Ministries of Health are also involved in providing ethical approval especially as these project have strong research components. Raising awareness on lung cancer in the communities. Community and leadership mobilization to support interventions</td>
</tr>
<tr>
<td>NGO</td>
<td>Community and leadership mobilization to support interventions.</td>
</tr>
<tr>
<td>Local Hospitals / Health Facilities</td>
<td>Strengthen hospital-based cancer surveillance/ registries through trainingsSkills and Capacity Building: The Project aims to result in more than 20 post graduates degrees from young researchers involved involved as Co-PIs or research assistants; 5 PhDs are expected and 15 Masters Degrees across countries. We have adopted a unique strategy of utilizing the program and grants to add to the body of knowledge, improve experts in the topics and fields, improve academic achievement and groom young researchers. Improving Bio-banking in Kenya and Tanzania.</td>
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</table>
Local Context, Equity & Sustainability

15 Local health needs addressed by program

Lung cancer is the most common cancer worldwide, and disproportionately affects developing countries where over 58% of cases occur. This however is in sharp contrast with low incidence rates of lung cancers reported in Africa (7.7 per 100,000 in men and 2.6 per 100,000 in women, respectively). This apparently low burden of lung cancers in the context of critical lack of accurate data, likely reflects enormous underestimations of the true burden, considering the high prevalence in the African setting of some major risk factors for lung cancer, such as pulmonary tuberculosis and HIV infection. Indeed, most African countries lack nationwide or regional population-based cancer registries, and have no reliable source of mortality data. The epidemiology of lung cancer is largely unknown in Africa, reflecting until recently, the low priority given to cancer and non-communicable diseases (NCDs) research in this setting.

In most African settings, there is low cancer awareness, uncoordinated or absent screening services, late cancer diagnoses, when therapeutic solutions, where available, are less likely to be effective. In addition, cultural beliefs in these settings influence health seeking behavior, with patients with warning signs and those with clinical signs suggestive of cancer or diagnosed with cancer resorting to alternative medicine either preferentially, or in parallel with modern medicine. For example, the number of lung cancer cases reported from 2 of the collaborating centers (Eldoret in Kenya and Mwanza in Tanzania), over the preceding period was extremely small, for Eldoret-Kenya only 53 cases 2011-2014 and for Mwanza 69 cases over 5 years. All these factors have contributed to lack of a true burden estimation in this region, which this program will address.

16 Social inequity addressed

Yes. Globally, there are approximately 1.8 million new cases of lung cancer per year. Lung cancer accounts for highest cancer-related mortality globally. Despite this, many African countries lack information regarding the epidemiology of lung cancer and its control. There is also the compounding heavy burden of comorbidities in Sub-Saharan Africa, including HIV and TB. This is the first proposal of a collaboration between 4 African countries on lung cancer across the continent. We propose to develop a lung cancer control program in the specified regions of the four participating countries with emphasis on improvement of access to early diagnostics and addressing the barriers to optimal outcomes.

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

Collaboration, involvement and participatory approaches have been the key to our Program. The KZN Non-communicable Diseases Directorate, Research directorate, and CEOs of the health facilities are in support of the Program. Local policies, practices and law has been taken into consideration. The Program is in line with the country policies.

18 How program meets or exceeds local standards

Unknown at this time.

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

No.

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

Not applicable.
Health technologies are covered by local health insurance schemes
Not applicable.

Program provides medicines listed on the National Essential Medicines List
No.

Sustainability plan
Wish to leave blank at this time.
Additional Program Information

Additional program information
Not at this time. The program was only recently launched, so perhaps when more data/information is available, it can be further reported upon.

Access Accelerated Initiative participant
Yes.

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. Sometimes ‘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.