Integrated Thyroid NCD Care in the Philippines

Merck KGaA

Submitted as part of Access Accelerated
Contents

Program Description 3
Program Overview 4
Program Strategies & Activities 5
Companies, Partners & Stakeholders 6
Local Context, Equity & Sustainability 8
Additional Program Information 9

Resources 10

Program Indicators 11

Appendix 12

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 Integrated Thyroid NCD Care in the Philippines (2018), Access Observatory Boston, US 2018 (online) available from www.accessobservatory.org
Program Description
Program Overview

1 Program Name
Integrated Thyroid NCD Care in the Philippines

2 Diseases program aims to address
• NCD (Thyroid)

3 Beneficiary population
• Women
• General population

4 Countries
• Philippines

5 Program start date
January 9, 2016

6 Anticipated program completion date
Completion date not specified

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

8 Program summary
On September 16 2015, Merck Serono officially announced the launch of a partnership in the Philippines to improve thyroid disorders' care in the Philippines. The objective of the partnership between the Philippines Department of Health, the Philippines Thyroid Association and Merck Serono, is to implement jointly agreed activities to advance the diagnosis and treatment of the Filipino population suffering from thyroid disorders. Specifically, the partnership aims to:
- raise awareness about thyroid symptoms among the population and health care providers through online, radio, and print information campaigns.
- improve the capacity of primary care physicians to diagnose and manage thyroid disorders which is provided by Philippines Thyroid Association.
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>Online, radio, and print information campaign.</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>Provide training for primary care physicians to diagnose and manage thyroid disorders.</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>Philippines</td>
</tr>
<tr>
<td>Health Service Strengthening</td>
<td>Philippines</td>
</tr>
</tbody>
</table>
# Companies, Partners & Stakeholders

## Company roles

<table>
<thead>
<tr>
<th>COMPANY</th>
<th>ROLE</th>
</tr>
</thead>
<tbody>
<tr>
<td>EMD Serono</td>
<td>Facilitate coordination between partners;</td>
</tr>
<tr>
<td></td>
<td>Funding for awareness activities and for training for physicians;</td>
</tr>
<tr>
<td></td>
<td>Develop and present the awareness campaign materials</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>Philippines Thyroid Association</td>
<td>Provide epidemiologic and clinical information and recommendations on thyroid disorders;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Capacity building of physicians;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Conduct lay and outreach programs</td>
<td></td>
</tr>
<tr>
<td></td>
<td><a href="https://www.philippinemedicalassociation.org/philippine-thyroid-association/">https://www.philippinemedicalassociation.org/philippine-thyroid-association/</a></td>
<td>Voluntary</td>
</tr>
<tr>
<td>The Philippines Department of Health</td>
<td>Develop and implement national thyroid health policies and programs;</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Facilitate the improvement of standards of care</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Provide regulatory oversight on awareness materials</td>
<td></td>
</tr>
</tbody>
</table>
### Funding and implementing partners by country

<table>
<thead>
<tr>
<th>PARTNER</th>
<th>COUNTRY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Philippines Thyroid Association</td>
<td>Philippines</td>
</tr>
<tr>
<td>The Philippines Department of Health</td>
<td>Philippines</td>
</tr>
</tbody>
</table>

### Stakeholders

<table>
<thead>
<tr>
<th>STAKEHOLDER</th>
<th>DESCRIPTION OF ENGAGEMENT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Government</td>
<td>The Republic of the Philippines Department of Health develop and implement national thyroid health policies and programs; facilitate the improvement of standards of care provide regulatory oversight on awareness materials.</td>
</tr>
<tr>
<td>NGO</td>
<td>The Philippine Thyroid Association provide epidemiologic and clinical information and recommendations on thyroid disorders; capacity building of physicians; conduct lay and outreach programs.</td>
</tr>
</tbody>
</table>
Local Context, Equity & Sustainability

Local health needs addressed by program

In the Philippines, the national prevalence of thyroid dysfunction among adults was 8.53% in 2012.\(^2\) In this study by The Philippine Society of Endocrinology and Metabolism, using laboratory documentation of thyroid function tests, the subclinical presentations of hypo or hyperthyroidism were the most common forms (5.33% and 2.18% respectively). The full disorders were present in 0.6% and 0.4% of the population respectively.\(^2\) The impact of lost homeostasis in thyroid function which regulates numerous metabolic processes in the body, can have severe health and quality of life impacts if left untreated, spanning from loss of productivity to overt disability.\(^2\) Moreover, the burden of disease and mortality risk are augmented as comorbidities arise (cardiovascular disease, mental alterations, physical function).\(^2,3\) In addition, the potential consequences are worse for vulnerable populations, like the elderly, pregnant women, cardiovascular patients, and others.\(^2,3\) Despite the public health case for thyroid disorders, the Republic of the Philippines Department of Health, does not have a formal program.\(^5\) As reflected in national health reports, it is unrecognized even for vulnerable populations like pregnant women unlike other areas such as TB, malaria and HIV/AIDS.\(^4\) More awareness, research and surveillance is therefore required for proactive planning and strategic intervention, with a focus on vulnerable populations.\(^3\)

Social inequity addressed

This program aims to increase awareness, amongst health care providers’ and the general population, of thyroid disorders and the capacity of primary care physicians to diagnose and manage thyroid disorders. This program will help reduce the global inequity in thyroid disorder diagnosis and management between Philippine and high income countries.

Local policies, practices, and laws considered during program design

Currently, there are no health programs focused on thyroid care listed under the Republic of the Philippines Department of Health.\(^5\) Likewise, there are no policies on thyroid care. To ensure that the capacity building activities for physicians to diagnose and manage thyroid disorders are consistent with local practices and laws, we engaged the Philippines Thyroid Association to provide physician training.

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.

Health technologies are covered by local health insurance schemes

Not applicable.

Program provides medicines listed on the National Essential Medicines List

No.

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).

This program report is based on the information gathered from the Access Observatory questionnaire below.
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)?

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.